



**Statement of the
Ohio State Medical Association
to the House Health Committee**

H.B. 273 - Prohibit requiring physician to have maintenance of certification

**Presented by Tim Maglione, JD, Senior Director, Government Relations,
the Ohio State Medical Association**

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Chairman Huffman and members of the House Health Committee, my name is Tim Maglione and I am the Senior Director of Government Relations for the Ohio State Medical Association (OSMA). On behalf of the 12,000 members of the OSMA, I offer testimony today in support of H.B. 273, legislation that would prohibit a physician from being required to secure a maintenance of certification (MOC) as a condition of obtaining medical licensure, reimbursement, employment, or admitting and surgical privileges at a hospital or health care facility.

Before discussing the issue of MOC, it would be helpful to understand Ohio law relating to licensure requirements for physicians. Generally, to be eligible for licensure an individual must:

- Complete four years of premedical education in a college or university
- Earn a medical degree (MD or DO) from an accredited medical school
- Pass an acceptable medical licensure examination

Once licensed, physicians are required to renew their licenses biennially in order to maintain an active certificate to practice and must complete at least 100 hours of continuing medical education (CME).

Many physicians go beyond these minimum requirements by also:

- Completing a three to seven year, full-time experience in a specialty specific residency training program (becoming board eligible)

- Passing a written, and in some cases an oral exam, administered by a private, national specialty board (becoming board certified)

When a physician has obtained initial board certification in a particular specialty, in order to keep that specialty designation, he or she is required by their specialty board to participate in certain continuing education, which is referred to as MOC.

As Representative Gavarone mentioned in her sponsor testimony, MOC is a contentious issue between many physicians and their professional certification boards. Physicians in Ohio and across the country have questioned the value of the lengthy and financially-burdensome current MOC process as a meaningful tool to measure continuing competency, especially given the lack of evidence to support its relationship to the quality of care.

Earlier this summer, when House Bill 273 was introduced, it made our state just the latest to address issues related to using MOC for licensure, privileges, or health insurance contracting. Eight states have already enacted laws addressing this issue in some manner and another eight states - including Ohio - have legislation currently pending.

As you know, HB 273 will prohibit the medical board from using MOC as a requirement of licensure and will prohibit hospitals and insurers from using MOC as a condition of employment, privileges or reimbursement.

The OSMA supports HB 273 and we look forward to working with the sponsor and others in the medical community on this legislation, and thus accomplishing reform in the most meaningful way for Ohio physicians. In addition, as we move forward, we hope to clarify a few areas of language in the bill text in an effort to fine-tune the language used to overall strengthen the legislation and its impact.

Conclusion

In summary, the OSMA has traditionally supported lifelong learning opportunities for physicians in the pursuit of quality healthcare outcomes, assuring patient safety, and improving the practice of medicine. We strongly believe that current Ohio licensure requirements, including the existing 100 hour biennial CME mandate, are sufficient to demonstrate ongoing professional competency for Ohio's physicians. We believe HB 273 represents a positive effort to eliminate the additional, and at times duplicative, burden imposed by MOC mandates.

Thank you again, Mr. Chairman, and members of the committee, for the opportunity to comment on H.B. 273. I would welcome any questions or comments that you may have.