

Representatives:

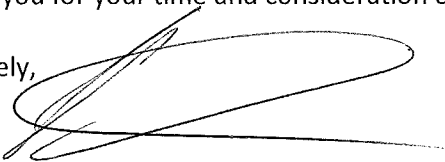
I am submitting this written testimony in support of HB 273.

I am an internal medicine physician in the Dayton, Ohio area. I am currently board certified in internal medicine through ABIM. My objections to mandatory participation in MOC are as follows:

1. Clearly, ABIM's MOC is a big money-maker for ABIM. Because it has a monopoly on credentialing, there is nothing to check the cost (which is exorbitant) to doctors. Fees to physicians have increased 257% from 2000-2014. While the reasons for this increase could be debated, clearly ABIM board members are benefiting. They have funded luxury condominium purchases, health club memberships, first class and spousal travel, and salaries greater than those of the vast majorities of practicing physicians.
2. It is a single proprietary CME program. In other words, this is a **monopoly**. Doctors should not be forced, with threat of losing their ability to practice, to participate in one path towards credentialing without any alternatives. If hospitals and insurance companies feel that credentialing outside of the already mandatory CME requirements of our state are necessary, alternative pathways should be allowed. The National Board of Physicians and Surgeons, for example, should be recognized as such an alternative pathway. <https://nbpas.org/>
3. MOC does not improve medical knowledge or quality of care. There is NO evidence that MOC improves patient outcomes. ANY "study" regarding the question of whether MOC improves quality of care has been laden with bias – all written and funded by employees of ABMS or the subspecialty boards. That is NOT evidence.
4. MOC is discriminatory. There cannot be different criteria for different doctors. Why should some doctors be exempted ("grandfathered in")?
5. This bill does not remove the initial board certification requirement or the need to participate in Continuing Medical Education (CME). A physician is already required to engage in CME not only for state licensure renewal, but also to maintain hospital credentials. Therefore, MOC is redundant.

Thank you for your time and consideration of my testimony.

Sincerely,

A handwritten signature in black ink, appearing to read 'Adam Fershko', written over a horizontal line.

Adam Fershko, MD, FACP