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Health Committee
Ohio House of Representatives
Proponent Testimony

Testimony in Support of Ohio Bill No. 273 to Prohibit a Physician from Being Required to Secure Maintenance of Certification as a Condition of Maintaining Licensure, Reimbursement, or Employment

Chairman Huffman, Vice-Chair Gavarone, and members of the House Health Committee:

My name is Susan Williams, MD and I am a practicing physician at the Cleveland Clinic. Thank you for the opportunity to provide testimony in support of House Bill No 271 to prohibit requiring Maintenance of Certification (MOC) for physicians.

Over the past several years, both fees and requirements to remain "board certified" have continued to escalate in direct opposition to scientific evidence that there is no benefit to patient care by doing so (1). From 1936 to1989, "Board Certification" was a voluntary lifetime professional credential that physicians earned by passing a rigorous, closed-book, day-long examination, similar to the existing American Bar Association's "Bar Exam" is to lawyers. After 1990, the American Board of Internal Medicine (ABIM) changed "Board Certification" into a time-limited, rebranded "Maintenance of Certification" and required full-day (10-hours), closed-book examinations every 10 years. Of note, this change was not based or driven by scientific evidence nor was it created by practicing physicians, but it substantially increased the fees charged to each practicing physician in the United States (2). Furthermore, in 2014, despite continuing to state that this was a "voluntary process" those physicians who chose not to participate in MOC were publicly labeled as "not meeting maintenance of certification requirements".

Physicians in Ohio are required to earn 100 Continuing Medical Education (CME) credit hours every 24 months in order to stay licensed. This is not only a very reasonable requirement, it is practical, and mirrors how physicians approach their profession: by attending lectures,

conferences, reading peer-reviewed journal articles, and otherwise keeping up with medical knowledge to provide the best possible care for their patients. To have a self-appointed credentialing authority such as the ABIM mandate their own brand of certification beyond that required by the State of Ohio is not only unnecessary but it has become onerous, expensive, extraordinarily time-consuming and for some, career-limiting.

The State of Ohio is facing a physician shortage. In two recently published articles (3,4) it was stated that in order to maintain current rates of utilization, it is estimated that Ohio will need an additional 681 primary care physicians by 2030; this is an increase of 8%. Ohio is rapidly losing its ability to compete for good physicians. To date, eight states have passed anti-MOC legislation, including our neighbor to the south, Kentucky. Now that several states have eliminated MOC requirements, Ohio is becoming a far less attractive option. Non-MOC states will draw away our physicians as well as attract the best-of-the-best from world-renowned medical hubs such as Houston, Texas. Similarly, large medical centers such as the Cleveland Clinic are rapidly losing their ability to hire top physicians, knowing that once they arrive, they will have to recertify by closed book exam at a cost to the Clinic of thousands of dollars per physician.

In fact, the results of a cost analysis of the ABIM MOC program were published in the Annals of Internal Medicine in 2015. Even though the data are two years old, the quoted costs are staggering, especially in our current climate of the need for healthcare cost containment. The results of the base-case analysis stated: "Internists will incur an average of $23,607 in MOC costs over 10 years, ranging from $16,725 for general internists to $40,495 for hematologists-oncologists. Time costs account for 90% of MOC costs. Cumulatively, 2015 MOC will cost $5.7 billion over 10 years, $1.2 billion more than 2013 MOC. This includes $5.1 billion in time costs (resulting from 32.7 million physician-hours spent on MOC) and $561 million in testing costs"(5).

Preparation for board recertification is no small undertaking. It is a very expensive, time-intense process, often involving attendance at a week-long review course, countless hours of studying nights and weekends over several months' time, and memorizing outdated clinical guidelines. It takes, on average, three years for a question to become validated for these exams. What that means in current-day medicine it that what is tested is outdated and does not reflect current clinical knowledge or medical practice.

But perhaps even more compelling is the fact that this is not how medicine is practiced in 2017. One of the greatest failings of board recertification is that many physicians become sub-specialized and/or go into clinical research – far and away from the medicine which these recertification exams are testing. I am one such physician, having advanced my unique skill set in a top-notch medical institution to provide care for very complex patients suffering from a variety of metabolic derangements. I have literally cared for patients who have come from all over the world in need of my expertise. And yet, despite not having worked in my boarded specialty for the better part of a decade, I still must study and pass the recertification exam in order to continue to practice medicine in Ohio. Colleagues who have sub-specialized in neurological disease, breast cancer, clinical research, diabetes, thyroidology, and bone and mineral metabolism (just to name a few), have to interrupt their work, continued research, and lives in order to prepare for a clinically/medically irrelevant MOC exam.

Of note, 33 professional medical associations have spoken out against MOC and include the prestigious American Medical Association (AMA), the Association of American Physicians and Surgeons, the American Association of Clinical Endocrinologists, and the American Board of Physicians and Surgeons, just to name a few.

Please give these facts careful consideration. I am confident that those who profit from the MOC process will be present to argue against this extraordinarily well-written Bill, but do not be fooled by their disinformation campaign and unfounded threats to patient safety. The scientific articles published in well-respected peer-reviewed journals speak to the safely and quality of patient care in the absence of MOC. Similarly, studies claiming that MOC improves quality are rife with conflicts of interest.

I thank you again for the opportunity to testify before this esteemed committee and respectfully ask that each of you place your full support behind HB 273.

Thank you.

1. Hayes J, McNutt G, Jackson J, et al. Association between physician time-limited vs. time-unlimited internal medicine board certification and ambulatory patient care quality. Journal of the American Medical Association 2014;312(22):2363-2358.

2. Fees for Certification and Finances of Medical Specialty Boards. Journal of the American Medical Association 2017;318(5):477-479.

3. Petterson SM, Cai A, Moore M, et al. State-level projections of primary care workforce, 2010-2030. Robert Graham Center, Washington D.C. 2013

4. Dall T, Chakrabarti R, Iacobucci W, et al. The Complexities of Physician Supply and Demand: Projections from 2015 to 2030. 2017 Association of American Medical Colleges.

5. Sandhu AT, Dudley A, Kazi DS, et al. A Cost Analysis of the American Board of Internal Medicine's Maintenance of Certification Program. Annals of Internal Medicine 2015;163(6):401-408