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Dear Honorable Committee Members:

My name is Westby G. Fisher, MD. I am a triple ABMS Board-certified practicing internist, cardiologist, and cardiac electrophysiologist from the Chicago Metro area representing Practicing Physicians of America, a group I co-founded that represents over 40,000 frontline practicing US physicians of all specialties and from all 50 states (including Ohio). We vigorously support Ohio's House Bill 273 that restricts the hospital and insurance industry's ability to prevent experienced physicians from practicing their trade on the basis of an unproven, costly and time-consuming proprietary marketing product called "Maintenance of Certification."

I stand before you, on behalf of my colleagues, as a bedside treating physician with a valid state license. I am not a paid lobbyist. I do not have a political agenda to serve. I do not have hundreds of millions of dollars of funding behind me. I represent the doctor see when you walk in a hospital or a clinic office, feeling scared, vulnerable, or sick.

The issue pertinent to this legislation is the proprietary ABMS product above and beyond *initial* Board certification marketed as "Maintenance of Certification." I stress again, Maintenance of Certification is NOT to be confused with initial ABMS Board Certification, a voluntary once-in-a-lifetime credential analogous to the "bar" examination performed by the legal profession. Most physicians I know, including me, understand the value of *initial*, lifelong certification with ongoing Continuous Medical Education training. We should note that Ohio physicians have a proud tradition of supporting one of the strongest Continuing Medical Education (CME) requirements for maintaining their licensure, requiring 100 hours of CME every two years.

Maintenance of Certification was conceived by the American Board of Internal Medicine, the largest member board of the American Board of Medical Specialties that certifies on quarter of all US physicians, they claimed, to assure "continuous professional development." Initial voluntary attempts failed because doctors already took responsibility for their own Continuing Medical Education and did not see additional centralized Maintenance of Certification testing as helpful or appropriate.

Sadly, this initial failure to voluntarily engage America's doctors resulted in a new chapter of coercion and threats to physicians that continues to this day. Despite 30 years of existence, time-limited certification has never been proven to improve patient safety or care outcomes compared to lifetime Board certification. To be even more clear, let me emphasize that doctors are not picking up their Maintenance of Certification board review packet in order to figure out how to deal with a complicated patient down the hall. This is not the way it works on the ground.

In 1990, the American Board of Internal Medicine abruptly announced the end of life-long Board certification, claiming doctors needed to "keep up" with medical

advances and threatened “uncertain circumstances” if they did not participate in Maintenance of Certification. To avoid significant backlash of the entire physician community, they grandfathered senior, predominantly male physicians certified before 1990. Younger, more economically vulnerable, and increasingly female physicians were discriminated against with this change that persists today. The change also converted the once “voluntary” aspect of lifetime board certification to a mandate, since more hospitals insisted their physicians be board certified (as did insurance companies), thanks to their lobbying efforts. Through this clever regulatory capture, employed doctors were left with no choice but to sign a MOC contract that relinquishes their free speech rights and requires they become research subjects without informed consent.

Using the very real threat of the loss of employment, physician medical education by way of Maintenance of Certification instantly became a remarkably successful business model, providing the American Board of Medical Specialties \$343 million in revenue from certifying and recertifying US physicians in 2011 alone. In fact, the costs of board re-certification for the average physician have mushroomed 244% in the last 15 years, over 4 times the rate of inflation each year.

In 2005, the American Board of Medical Specialties registered the Maintenance of Certification® and MOC® trademarks and insisted all of their member boards end lifetime certification and would only recognize time-limited re-certification as valid while also adding the requirements to perform Practice Assessment, Patient Voice and Patient Safety exercises for physician to perform every 7-10 years, too. These represented even more precious hours of physician time as well as fees. The inevitable consequences of this monetary goldmine were predictable, especially when they operated with little to no oversight for years.

The introduction of this brand of continuous re-certification pre-dated the world wide web. But as the web grew, so did practicing physicians’ ability to fact-check the claims made by the ABMS and their member boards. Many of those facts are in the packet included before you. As resources for fact checking grew, by 2013 physicians uncovered inconsistencies between tax filings and ABMS member board web page disclosures. They found bylaw changes that permitted unlimited conflicts of interest. They found undisclosed lobbying. They uncovered the secret funneling of over \$77 million in their physician testing fees piecemeal from 1990 to 2007 to create the ABIM Foundation that was supposed to define and promote “medical professionalism.” Excessive salaries, multi-million dollar golden parachutes, first-class and spousal air travel, health club memberships, luxury condominium purchases, and off-shoring of fees for retirement funds doctors learned, were all funded by us. Even a felonious ex-cop who had been fired from the Washington DC police force to serve as “Directors of Test Security” for these organizations made them more akin to a protection racket than a protector of the public. It is no wonder, then, that legal fees at the ABIM and its Foundation have grown from an average of \$146,000 per year before Maintenance of Certification was introduced to over \$1 million per year after Maintenance of Certification for its defense against physician

lawsuits. Anti-trust suits and class action law suits are pending against the ABMS and American Osteopathic Association. Rest assured anyone speaking in opposition to House Bill 273 has a financial interest in the program or the data they sell. Keep that in mind in the weeks ahead.

Physician shortages and burnout are real problems today and affect every state in the union. How does Maintenance of Certification affect this? No one has bothered to conduct a study examining the psychological, economic, or employment outcomes of highly experienced physicians who fail a re-certification examination of which there are many. Nor has there been a study on the impact that Maintenance of Certification testing has on a doctor's loyal patients. Hundreds of tweets and emails I receive each year speak to the reality of the tremendous negative effect on decent, highly-respected colleagues too embarrassed to go public with their failure, many of whom quietly leave medicine. The Maintenance of Certification profit-making machine is creating a physician brain drain and a shameful exodus of too many good people.

This is why 23,000 US physicians signed an online petition to end Maintenance of Certification monopoly. That is why the Philadelphia Medical Society issued a formal "Vote of No Confidence" against the American Board of Internal Medicine in June of 2016. That is why the AMA House of Delegates (including the Ohio delegation) voted to end Maintenance of Certification at the same meeting. This is why a new, competing board called the National Board of Physicians and Surgeons led by unpaid board members to independently verify a physician's participation in Continuing Medical Education was created and a growing number of hospitals accept as an alternative to participation in Maintenance of Certification. Physicians across the country are not blind to the corruption, and the burden to practicing physicians and their patients is not trivial. That is why twenty three states have introduced similar bills to this one, and 8 have enacted those laws.

Despite all of this, I am sure that opposition to House Bill 273 will remain strong. This is a \$2 billion dollar-a-year enterprise. Our opposition will tout the duration, breadth, and scope of training required by ABMS member boards as the best validation of physician knowledge, while ignoring a physician's clinical experience entirely. But as Dr. William Osler famously said, "He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all." The fact that this shameful bureaucratic credentialing system has wrapped itself in a blanket of highly respected, well-meaning physician contributors should surprise no one, but it does not change the facts. In other states, opponents to similar bills as Ohio's House Bill 273 have been strangely silent about the corruption, preferring instead to focus on the public's "need to know" talking points as a way to spin away from the ugly truth. Why is that? Do they believe corruption is inevitable? Do they assume practicing physicians will just shrug and write another check?

Winston Churchill once said, "Criticism might not be agreeable, but it is necessary. It fulfills the same function as pain in the human body. It calls attention to an unhealthy state of things." Maintenance of Certification is very unhealthy indeed for our profession. The time we take away to defend our profession in this very sad chapter of our profession is time we take away from our patients, including your constituents. That is why we need your help and your attention to this uncomfortable matter.

In closing, of course initial board certification is important but this has nothing to do with continuous re-Board certification. Of course physician want to self regulate and want to participate in CME, but they should not have to prop up coercive program based on threats to our integrity and civil liberties for their profit. Scare tactics about patient safety and physician self-regulation are just that, that ditch efforts to prop up the gravy train.

Thank you for having the courage to vote against the status quo, against the multimillion dollar lobbyists, and thank you for protecting Ohio physicians and their patient's access to them.