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Health Committee
Ohio House of Representatives
Proponent Testimony for HB 273
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Testimony in Support of Ohio Bill No. 273

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio and members of the House Health Committee:

On behalf of the American College of Gastroenterology (ACG) and over 400 members in Ohio, we appreciate the opportunity to convey our support for HB 273. This bill allows, but prohibits as a prerequisite, physicians having to secure maintenance of certification (MOC) in order to obtain licensure, reimbursement, employment, or hospital admitting privileges. Without the passage of legislation similar to HB 273, physicians that do not participate in MOC are currently at risk of losing their ability to practice.

The ACG is a physician organization that currently represents over 14,000 members providing gastroenterological specialty care. We focus on the issues confronting the gastrointestinal specialist in delivering high quality patient care.

MOC is an exorbitantly priced, high-stakes testing program, requiring the completion of practice-based activities, computer modules and continuing medical education (CME) levied by a third party as a prerequisite for employment, credentialing, or reimbursement. Many MOC-required activities are redundant, and are already being performed by physicians as required for state licensure or medical staff participation. MOC has not been demonstrated to correlate with physician competency or the quality of care that physicians provide to their patients in the practice of medicine. MOC is overly burdensome and costly, which ironically, requires significant time away from practicing medicine and taking care of patients. There are no independent studies or medical evidence that substantiate the value of MOC.

The ACG wants to clarify that MOC is a different from initial board certification and state medical licensure, which is an important milestone to distinguish physicians that have undergone and mastered subspecialty medical and surgical training.

As the College is committed to physician demonstration of lifelong learning, not lifelong testing, **we urge revisions in the bill's language**. Specifically, the bill includes continuing educational activities in the definition of "MOC." ACG instead urges the definition to focus on the periodic recertification, or maintenance requirements for a physician after the initial board certification.

A study published in 2015 by the New England Journal of Medicine states, "although the ABIM argues that there is evidence supporting the value of MOC, high-quality data supporting the efficacy of the program will be very hard, if not impossible, to obtain. In fact, close examination of the reports cited by the ABIM reveals that the data are ambiguous at best: in a meta-analysis of 33 studies, 16 described a significant association between certification status and positive clinical outcomes, 14 found no association, and 3 found a negative association. Moreover, the authors of the meta-analysis concluded that the research methods of most published studies on this topic are inadequate. Almost all published studies evaluate initial board certification, not recertification or MOC, and the rigorous requirements for initial certification should not be equated with the busywork required for the MOC every 2 years. One of the few studies examining lapsed certification showed no effect of physicians' certification status on patient outcomes after coronary intervention. Two very recent studies found no association between recertification and performance or quality measures; one, conducted by ABIM members, found a minor reduction in cost of care. No study provided level-A data, and these findings relate only to recertification, not the controversial new MOC requirements." N Engl J Med 2015; 372:106-108

An October 2016 article in the *Mayo Clinic Proceedings* concluded that only 24 percent of physicians agreed that MOC activities are relevant to their patients, only 15 percent thought they were worth the time and effort, and 81 percent believed that they were a burden. These results were "pervasive, and not localized to specific sectors or specialties."

Also, "internists will incur an average of $23,607 (95% CI, $5380 to $66 383) 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. The ABIM MOC program will generate considerable costs, predominantly due to demands on physician time. A rigorous evaluation of its effect on clinical and economic outcomes is warranted to balance potential gains in health care quality and efficiency against the high costs identified in this study." Ann Intern Med. 2015 Sep 15;163(6):401-8.

The Committee will continue to hear and read testimony from medical organizations that oppose this bill. Many of these organizations also hold that MOC should never be the sole, principal, overriding, or absolute element to be considered for such credentialing or reimbursement for medical services provided to patients. ACG believes that this bill is actually consistent with these positions. HB 273 allows physicians and facilities to consider MOC, if they mutually choose to do so, but not mandate as a prerequisite the use of MOC as is currently done in everyday practice across the state of Ohio.