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Chairman, Health Committee

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Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and Members of the House Health Committee, thank you for allowing me the opportunity to present sponsor testimony for House Bill 273, also known as the Patient Access Expansion Act.

As a physician with over 25 years of experience, trained in internal medicine at the Cleveland Clinic, and now in private practice, I strongly support House Bill 273 and its goal to prevent the overly burdensome requirements consistent with the American Board of Medical Specialties' "Maintenance of Certification". While obtaining initial "Board Certification" is considered a valid rite of passage in the medical education process, it was initially designed as an added 'blue ribbon' physicians could earn as a way to assure patients unaware of their skills that they had been vetted for their specialty. Currently being "board certified" has been morphed into a requirement for practice. The Maintenance of Certification (MOC) process, when initially implemented excluded those certified prior to 1990 as a way to not burden those already certified and established in practice. It set forth to burden those certifying after 1990 with every 10-year recertification full day exams that covered an incredibly broad range of medical minutia. As with standardized exams, a certain number of examinees, all of whom passed the initial two-day extremely rigorous exam after residency, would be ear-marked to fail. Failure on this exam would halt the physician's certification status, and jeopardize their hospital privileges, insurance panel eligibility, credibility in malpractice cases, and even medical practice employment contracts that mandated certification as a condition of employment. Even a physician with 25 years of practice like myself could find themselves removed from practice completely due to a poor score on one standardized exam. If that physician had graduated 5 years earlier, he or she would be completely exempted from this drama.

Review courses, both on-line and with travel were established to "help" physicians prepare for the increasingly obscure information placed on the exam in order to preserve a bell curve of passing and failing applicants, and again ALL of whom have already passed the most rigorous initial certification exam. Ongoing and repeated "Maintenance of Certification" activities grew into a cottage industry costing physicians nearly \$1 billion annually *without proven benefit to patient care*. The maintenance of certification process replicates the Continuous Medical Education we already are required to complete in order to maintain our license to practice in each state, and does not permit physicians the freedom to choose the educational material they need for their individual practices, but rather forces them to comply with an unnecessary, expensive, and repetitive mandated computer-based testing exercise. For the lawyers in the room, imagine taking the Bar Exam every 10 years while maintaining a

practice, a family, your health, and sanity. Board Certified physicians literally risk losing “everything” every 10 years.

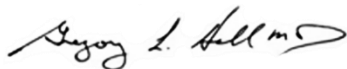
All aspects of the Maintenance of Certification process puts physician-patient access at risk. From the pure increased cost of medical practice, lost time in the office, distracted attention from medical information that pertains to your practice, and the ultimate loss of the ability to see your patient due to insurance and hospital credentialing mandates, Maintenance of Certification is bad for everyone involved except the members of the American Board of Medical Specialties.

I am the Chair of the Ohio Commission on Minority Health, and currently sit on the Medical Advisory Committee for the Ohio Department of Medicaid, the physician credentialing committee for my hospital in Cleveland, residency teacher for physicians-in-training, and am on the faculty of both the Northeastern Ohio Medical University and Case Western Reserve University Schools of Medicine. While I do not speak on behalf of those organizations, I am very familiar with the rigors associated with becoming a physician, completing a residency, passing initial board certification, getting on a hospital staff, an insurance panel, and remaining a productive partner in a medical practice . . . and the burden of “Maintenance of Certification” is completely unnecessary, duplicative, and really only serves as a revenue generator for an organization that is trying to “make a business” out of nothing. The pure torture recounted to me by physicians that have been unsuccessful on recertification exams and now wonder if they will lose their homes and livelihood is criminal . . . and this is not for improved quality or patient care, but for unequivocal greed. If the American Board of Medical Specialties truly believed in what they established, they would not have absolved those many physicians who graduated prior to 1990. They essentially excluded themselves from what they knew would be costly and burdensome.

With physician quality measures being analyzed, tracked, and mandated by Medicaid, Medicare, private insurances, Joint Commission accreditation for hospitals, hospital and practice quality committees, state CME requirements, and malpractice insurance companies, physicians do not need the added financial or mental burden of “Maintenance of Certification”. Becoming Board Certified initially should be all that is required. In 25 years, not one of my many patients has ever asked if I was “Board Certified”.

Please help to lift the incredible burden that mandated “Maintenance of Certification” has placed on over half of Ohio’s board certified physicians.

Sincerely,



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