Ohio HB 273 Evidence Packet

Preventing the Proprietary American Board of Medical Specialties' "Maintenance of Certification" re-certification mandate used as basis for physician hospital credentials, insurance payments, or licensure.

Westby G. Fisher, MD

Director, Cardiac Electrophysiology
NorthShore University HealthSystem
Clinical Associate Professor of Medicine
Pritzker School of Medicine, University of Chicago

Blog: "Dr. Wes" http://drwes.blogspot.com
Twitter: @doctorwes

PPA
Practicing Physicians of America

BACKGROUND:

- A license to practice medicine is provided by individual states after 4 years of medical school and passing 4 exams (USLME steps 1-3 with 2 exams for step 3).
- The license is maintained by doing 50 hours (in most states) of continuing medical education (CME) which is accredited by the ACCME (a private, not for profit organization).
- For CME to be accredited by the ACCME it must comply with a long list of rigorous rules addressing content, evaluations, needs assessment, conflicts of interest etc.
- Accredited CME cannot be provided by industry. CME is not a drug company boondoggle.

BACKGROUND:

- **The American Board of Medical Specialties (ABMS) 24 member boards are private, not for profit organizations. The ABMS member boards provide a "certification" which is intended to denote a level of excellence above and beyond the state's medical license.**
- **This certification is earned by spending several years in an ACGME accredited training program. The ACGME is another, separate, private, not for profit organization. ACGME accreditation is rigorous*, i.e.* numerous specific requirements, evaluations, audits and site visits of the hospital offering the program.**
- **After training for the required number of years in an ACGME accredited training program, a physician is "signed off" by the program's director to sit for the ABMS member board's exam. The exam is typically 1-2 days, and given at a formal test center with security checks.**
- **A physician often goes through several training programs and sits for several exams becoming board certified in several areas over the course of his/her education, *i.e.* internal medicine (3 years of training), cardiology (3 years of training), then interventional cardiology (1 year of training).**
- **The ABMS member board's role is fairly limited, *i.e.* to create the test exam questions. The initial board exam generally costs the physician about $2000.**

TIMELINE: Board Certification and Maintenance of Certification® (MOC®)

1936	American Board of Internal Medicine (ABIM) established, first certification in Internal Medicine, followed by CV, GI, Pulm Specialties
1973	Nine subspecialties added
1987	Voluntary Recertification tried but unsuccessful – unilateral decision was made to make mandatory
1990	Time-limited certification implemented, but ONLY for those certified after 1990 (Discriminatory)
2000	Required certification / MOC® introduced
2006	Conversion to computer exams complete
2014	Continuous MOC® program, Cert and MOC® exams begins separating blueprints and standards
2018	Alternative maintenance pathway (Corporate partners: Wolters Kluwer, NEJMGroup, PearsonVue, ABMS Solutions, LLC, Caveon and Kryterion Internet Test Security Firms, CECity (a.k.a., Premier, Inc.), etc.

No Proof of Improved Patient Care Quality or Reduced Admissions with MOC®

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Original Investigation | December 10, 2014

Association Between Physician Time-Unlimited vs Time-Limited Internal Medicine Board Certification and Ambulatory Patient Care Quality FREE

John Hayes, MD[1]; Jeffrey L. Jackson, MD, MPH[2]; Gail M. McNutt, MD[3]; Brian J. Hertz, MD[4]; Jeffrey J. Ryan, MD[5]; Scott A. Pawlikowski, MD[4]

[+] Author Affiliations

JAMA. 2014;312(22):2358-2363. doi:10.1001/jama.2014.13992.

Text Size: A A A

(Non-ABIM Authors)

Conclusions and Relevance Among internists providing primary care at 4 VA medical centers, there were no significant differences between those with time-limited ABIM certification and those with time-unlimited ABIM certification on 10 primary care performance measures. Additional research to examine the difference in patient outcomes among holders of time-limited and time-unlimited certificates in non-VA and nonacademic settings and the association with other ABIM goals may help clarify the potential benefit of Maintenance of Certification participation.

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December 10, 2014, Vol 312, No. 22 >

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Original Investigation | December 10, 2014

Association Between Imposition of a Maintenance of Certification Requirement and Ambulatory Care–Sensitive Hospitalizations and Health Care Costs

FREE

Bradley M. Gray, PhD[1]; Jonathan L. Vandergrift, MS[1]; Mary M. Johnston, MS[2]; James D. Reschovsky, PhD[3]; Lorna A. Lynn, MD[1]; Eric S. Holmboe, MD[4]; Jeffrey S. McCullough, PhD[5]; Rebecca S. Lipner, PhD[1]

[+] Author Affiliations

JAMA. 2014;312(22):2348-2357. doi:10.1001/jama.2014.12716.

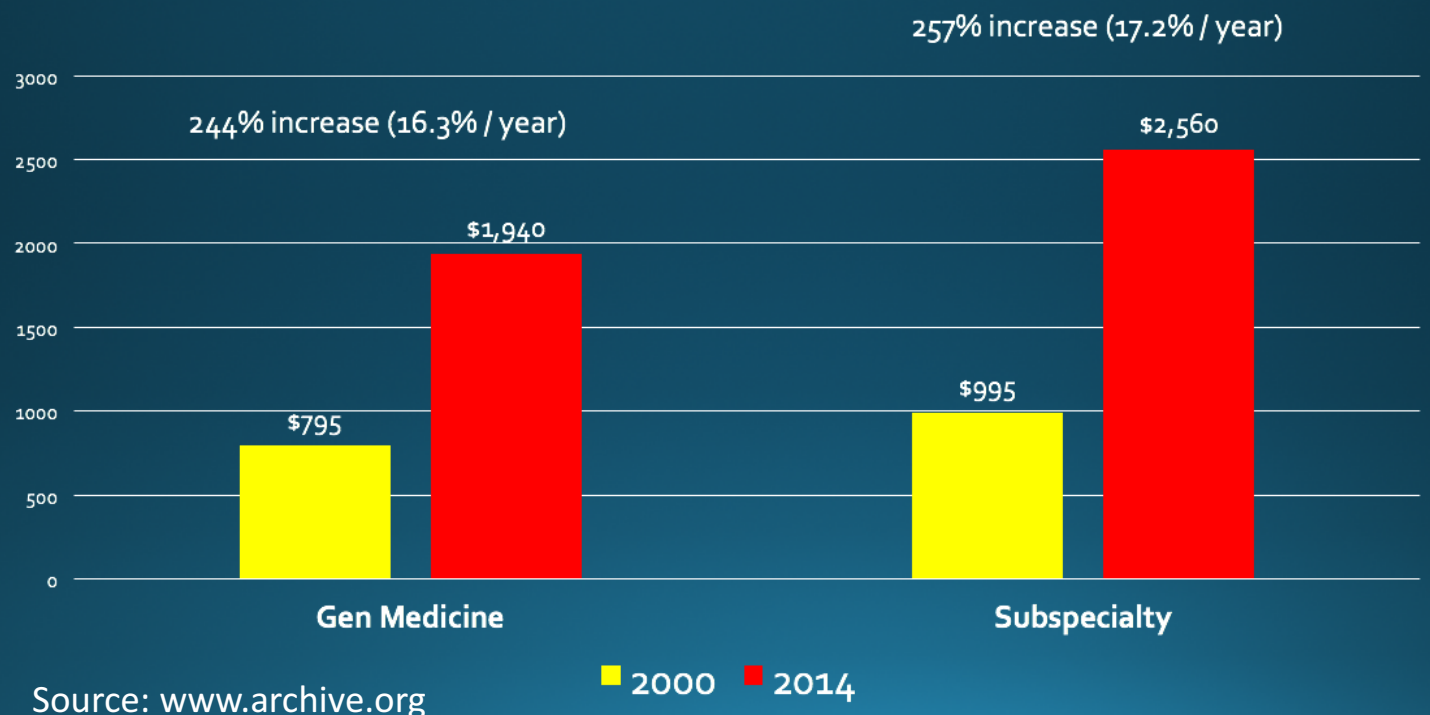
Text Size: A A A

(ABIM Authors)

Conclusion and Relevance Imposition of the MOC requirement was not associated with a difference in the increase in ACSHs but was associated with a small reduction in the growth differences of costs for a cohort of Medicare beneficiaries.

(ACSHs - Ambulatory Care-Sensitive Hospitalizations measured using quality indicators)

ABIM MOC: Growth in MOC Fees



Source: www.archive.org

Cost/Time Analysis of MOC® Re-certification

- $23,607 per internist every 10 years (95% CI, $5380 to $66,383)
- 2015: Cumulatively MOC costs $5.7 Billion/10 years
- TIME: 32.7 million physician-hours spent on MOC

Sandhu AT, Dudley RA, Kazi DS. The Cost Analysis of American Board of Internal Medicine's Maintenance of Certification Program. *Ann intern Med* 2015; 163(6): 401-408. doi:10.7326/M15-1011

Evidence of ABMS Collusion with Insurance Company denying MD Affiliation and Patient Care Access Strictly on Basis of MOC®

Insurer subscribes to ABMS CertiFact® database for a fee.

Insurers "disaffiliate" any doctor not "maintaining" their previously lifetime ABMS Board certification, compromising patient access to their physician and profiting insurer (covert rationing).

Insurers must be "certified" by National Committee on Quality Assurance to use only "certified Boards" for physician credentials.

Ms. Margaret E. O'hare is President and founder of NCQA (a 501 c 3 organization) and Board member of ABMS (a 501(c)(6)).

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

January 19, 2017

Disaffiliation Date: 03/20/2017

MEGAN M EDISON, MD

[redacted]

NPI: 1[redacted]

Dear MEGAN M EDISON:

Blue Cross Blue Shield of Michigan has reviewed your request for continued affiliation and, after careful review and consideration, we were unable to approve your continued affiliation with these networks:

- Partnered (36)
- Medicare Plus Blue PPO (61)
- BCN Commercial (36)
- PPO TRUST (55)
- MA PFFS (Medicare Advantage Private Fee for Service)

The committee's decision for disaffiliation was based on the following:

- Failure to have and maintain Board Certification by BCBSM recognized Board

Board certification is a mandatory requirement for all managed care networks. Once this requirement is met or within two years of the date of this letter, you may reapply. Note that BCBSM managed care networks only recognize certain boards. Please refer to our BCBSM or BCN provider manual for our list of acceptable boards.

If you have new documentation or information relevant to this decision, you must submit a written request for appeal or reconsideration within 30 days of receipt of this letter. We are required to notify your members of your forthcoming termination date if an appeal is not received within the 30-day period.

- You have the right to a hearing before a panel of individuals, appointed by BCN, who are not in direct economic competition with you.
- You have the right to representation by an attorney or a person of your choice.
- You have the right to a record of the proceedings, copies of which you may obtain upon payment of reasonable charges associated with the preparation of the record.
- You have the right to call and question witnesses.
- You have the right to present evidence determined to be relevant by the hearing chair.
- You have the right to submit a written statement at the end of the hearing.
- You have the right to receive the written recommendation of the panel, including the basis for the recommendation, and the written decision that includes a statement of the basis for the decision.

Anti-trust/Class Action suits challenge MOC® monopoly

- Antitrust suit filed in NJ in 2013: Association of American Physicians and Surgeons, Inc. vs American Board of Medical Specialties - Civil Case 3:13-cv-2609-PGS-LHG: Basis of suit: Physician with 30 yrs of experience refused to do MOC, hospital revoked his privileges to practice.

- Moved to US Federal District Court, Northern IL (7th Circuit) as Case 1:2014-cv-02705 filed 4/3/2014 (pending) but has not been touched in court docket since January 7, 2015

- Class Action Lawsuit for Osteopaths as well:
  - ALBERT TALONE, D.O., et al. v. THE AMERICAN OSTEOPATHIC ASSOCIATION, Civil Action No.: 1:16-cv-04644-NLH-JS (pending)

ABIM Bylaws Changed 1998
Okay for ABIM Board to Have Unlimited Conflicts

REVISED BYLAWS OF

THE AMERICAN BOARD OF INTERNAL MEDICINE

(Revised October 6, 1998)

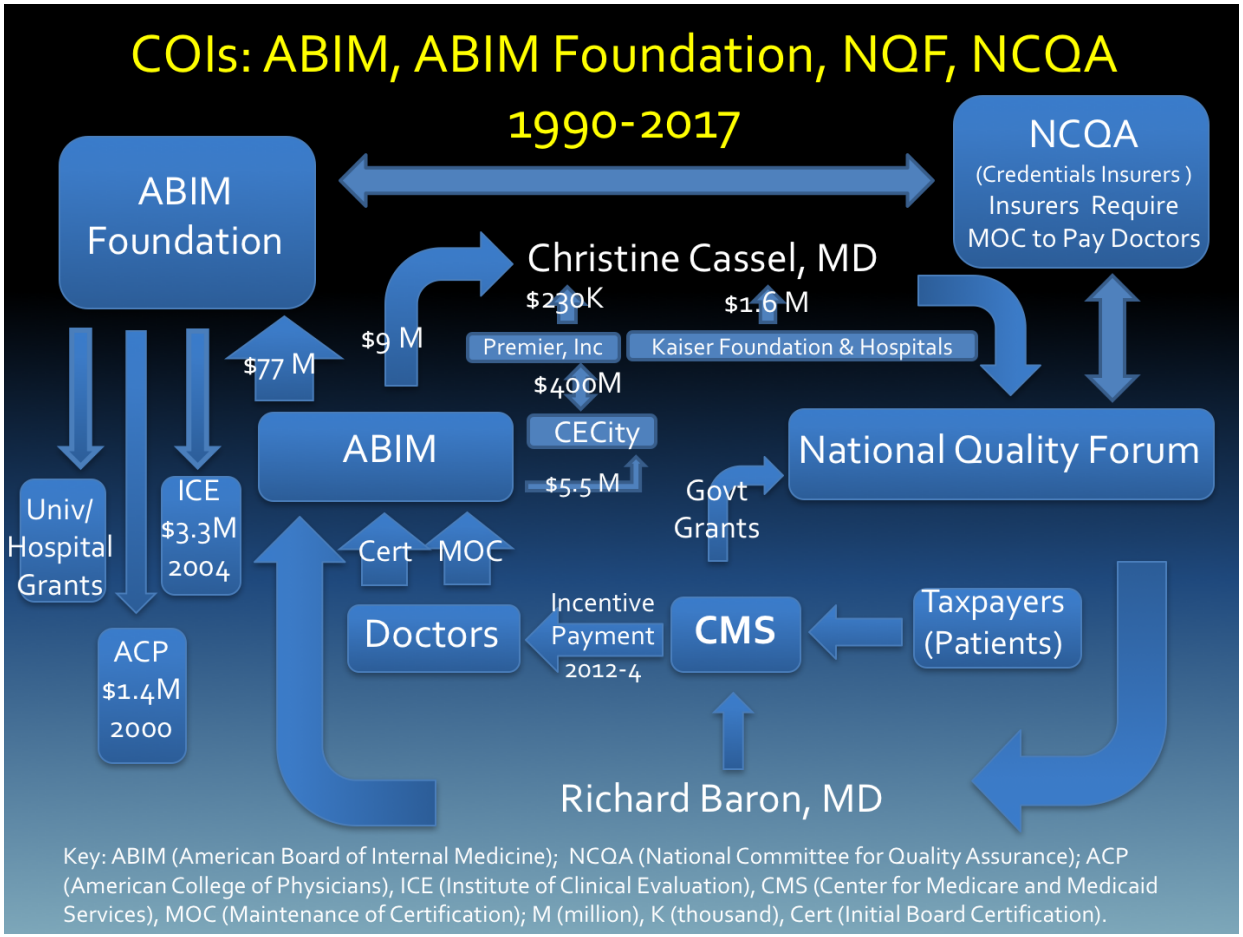
ARTICLE I

OFFICES

Section 1-1. The registered office of The American Board of Internal Medicine, hereinafter referred to as "the Board", shall be in the City of Des Moines, Iowa. The principal office of the Board shall be located in the City of Philadelphia, Commonwealth of Pennsylvania. The Board may have such other offices as the affairs of the Board may require from time to time.

Section 9-5. The Board may accept gifts, grants, devices or bequests of funds or any other property from any public or governmental body or any private person, including private and public foundations, corporations and individuals, for its corporate purposes.

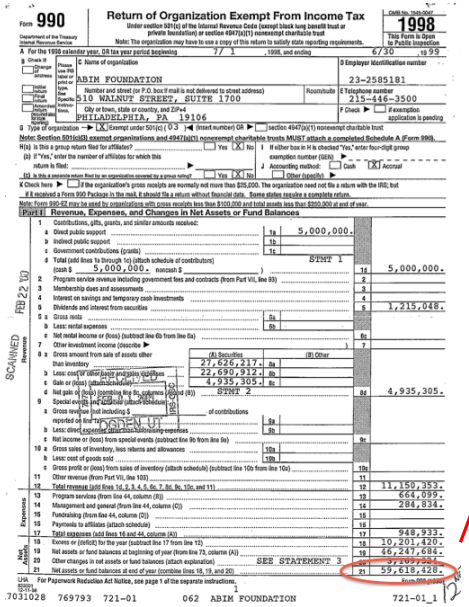
Numerous Financial Conflicts of Interest Exist with MOC®



Funding of ABIM Foundation from ABIM Diplomate Test Fees

"ABIM initially transferred $5 million to the Foundation in 1990. Over nearly 20 years (between 1990 and 2008), approximately $56 million was transferred by ABIM to the ABIM Foundation. There have been no transfers since 2008."[1]

Fact Check:



Form 990 Return of Organization Exempt From Income Tax — 1998

ABIM FOUNDATION
510 WALNUT STREET, SUITE 1700
PHILADELPHIA, PA 19106
23-2585181
215-446-3500

1a Contributions, gifts, grants, and similar amounts received	5,000,000.	
1d Total (add lines 1a through 1c) (attach schedule of contributions)	STMT 1	5,000,000.
2 Program service revenue including government fees and contracts (from Part VII, line 93)		
3 Membership dues and assessments		
4 Interest on savings and temporary cash investments		
5 Dividends and interest from securities		1,215,048.
6a Gross rents		
6b Less: rental expenses		
6c Net rental income or (loss) (subtract line 6b from line 6a)		
7 Other investment income (describe ▶)		
8a Gross amount from sale of assets other than inventory (A) Securities	27,626,217.	
8b Less: cost or other basis and sales expenses	22,690,912.	
8c Gain or (loss) (attach schedule)	4,935,305.	
8d Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2	4,935,305.
9 Special events and activities (attach schedule)		
10a Gross sales of inventory, less returns and allowances		
10b Less: cost of goods sold		
10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		
11 Other revenue (from Part VII, line 103)		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		11,150,353.
13 Program services (from line 44, column (B))		664,099.
14 Management and general (from line 44, column (C))		284,834.
15 Fundraising (from line 44, column (D))		
16 Payments to affiliates (attach schedule)		
17 Total expenses (add lines 16 and 44, column (A))		948,933.
18 Excess or (deficit) for the year (subtract line 17 from line 12)		10,201,420.
19 Net assets or fund balances at beginning of year (from line 73, column (A))		46,247,684.
20 Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3	27,997,994.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		59,618,428.

7031028 769793 721-01 062 ABIM FOUNDATION 721-01_1

FY 1999 Fund balance $59,618,428

Additional Funds Transferred:*
- FY 2000: $3,300,000
- FY 2001: $1,600,000
- FY 2002: $1,000,000
- FY 2006: $7,000,000
- FY 2007: $6,000,000

Total ACTUALLY Transferred: $78,518,428

[1]ABIM Foundation.org Finances webpage, accessed 6 Oct 2017

* Source: IRS Form 990s

ABIM Foundation's $2.3 million Luxury Condominium*

Chauffeur-driven
BMW 7-series
Town Car

Concierge Service

*Unit #11NW, 210 West Washington Square, Philadelphia, PA 19106
Purchased Dec 2007

Who stayed there?
Investment or perk?
Under pressure, sold at loss for $1.65M 6/21/2016

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490131000089

TY 2007 Land etc. Schedule

Name: ABIM FOUNDATION
EIN: 23-2585181

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
computer equipment	33,784	27,871	5,913
furniture	107,794	22,387	85,407
Condominium	2,356,267	47,215	2,309,052
Furniture - artwork	6,955		6,955

ABIM Foundation Off-Shores Diplomate Fees to Cayman Islands - 2014

	ABIM Foundation FY 2015 Offshore Investments*	
Date	**Fund - Cayman Islands**	**Amount**
1/1/14	Aurelius Capital International Ltd Cayman	$640,710
9/1/14	Aurelius Capital International Ltd Cayman	$118,650
7/1/14	Azentus Global Opportunities Fund Ltd Cayman	$228,486
8/1/14	Fort Warren Opportunities Offshore Fund Ltd Cayman	$830,550
7/1/14	Hudson Bay International Fund Cayman	$711,900
6/1/14	Landsdowne UK Equity Fund Ltd Cayman	$237,300
2/1/14	Windacre Partnership International Fund Ltd Cayman	$1,186,500
10/1/14	Soroban Cayman Opporunities Fund Ltd	$593,250
9/1/14	Rimrock High Income Plus (Cayman) Fund Ltd	$711,900
7/1/14	Carrhae Capital Long Fund Ltd	$783,090
	TOTAL:	$6,042,336
	Dublin, Ireland Investments	
5/1/14	Palestra Capital Offshore Fund Ltd Cayman	$474,600
GRAND TOTAL OFFSHORE INVESTMENTS FY 2015		**$6,516,936**

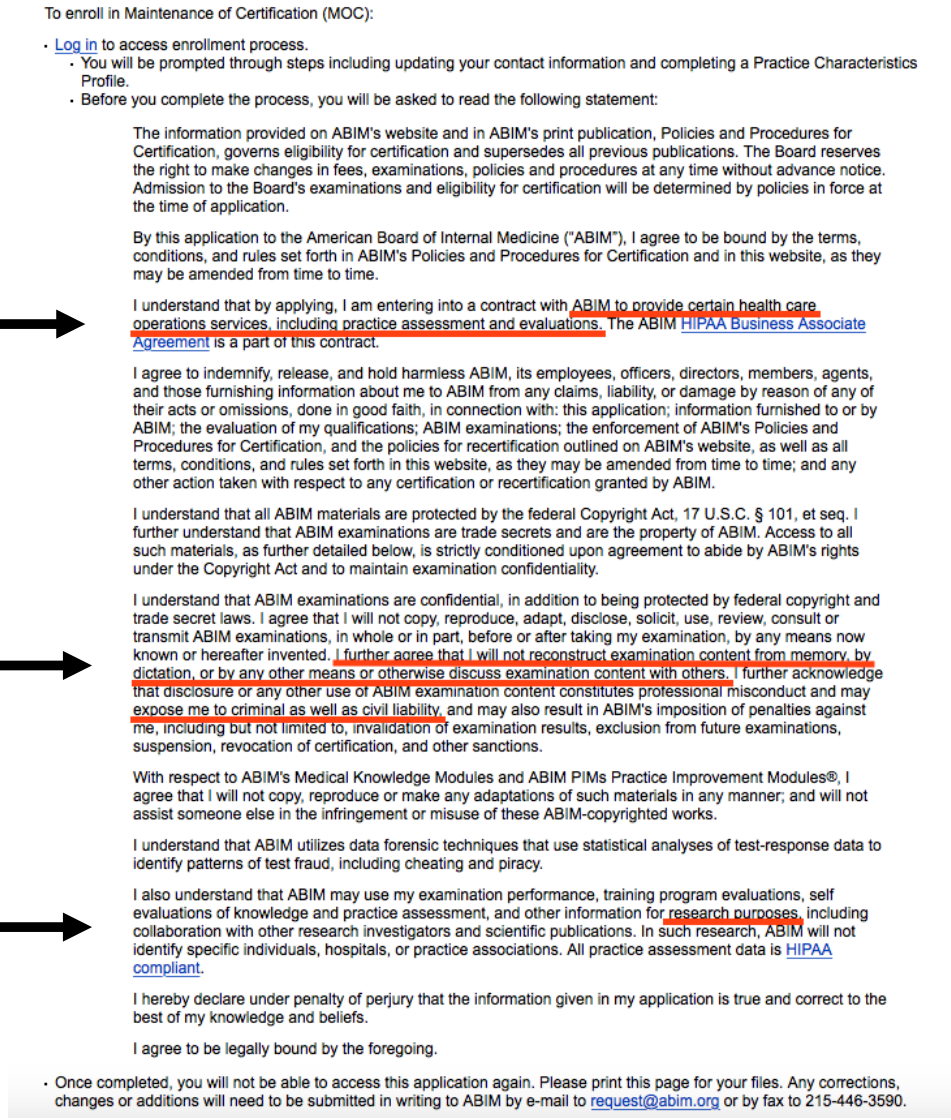
* Source: IRS Form 990

ABIM MOC® CONTRACT

MOC® is not about physician continuing education, but ”health care operation services” and “practice assessment and evaluations.”

MOC® contractually limits a physician’s right to free speech

With MOC®, physicians must agree to serve as research subjects without informed consent or independent Institutional Review Board protections in violation of Federal Policy for Protection of Human Subjects (“Common Rule”) 45 CFR Part 46.



To enroll in Maintenance of Certification (MOC):

- Log in to access enrollment process.
  - You will be prompted through steps including updating your contact information and completing a Practice Characteristics Profile.
  - Before you complete the process, you will be asked to read the following statement:

The information provided on ABIM's website and in ABIM's print publication, Policies and Procedures for Certification, governs eligibility for certification and supersedes all previous publications. The Board reserves the right to make changes in fees, examinations, policies and procedures at any time without advance notice. Admission to the Board's examinations and eligibility for certification will be determined by policies in force at the time of application.

By this application to the American Board of Internal Medicine ("ABIM"), I agree to be bound by the terms, conditions, and rules set forth in ABIM's Policies and Procedures for Certification and in this website, as they may be amended from time to time.

I understand that by applying, I am entering into a contract with ABIM to provide certain health care operations services, including practice assessment and evaluations. The ABIM HIPAA Business Associate Agreement is a part of this contract.

I agree to indemnify, release, and hold harmless ABIM, its employees, officers, directors, members, agents, and those furnishing information about me to ABIM from any claims, liability, or damage by reason of any of their acts or omissions, done in good faith, in connection with: this application; information furnished to or by ABIM; the evaluation of my qualifications; ABIM examinations; the enforcement of ABIM's Policies and Procedures for Certification, and the policies for recertification outlined on ABIM's website, as well as all terms, conditions, and rules set forth in this website, as they may be amended from time to time; and any other action taken with respect to any certification or recertification granted by ABIM.

I understand that all ABIM materials are protected by the federal Copyright Act, 17 U.S.C. § 101, et seq. I further understand that ABIM examinations are trade secrets and are the property of ABIM. Access to all such materials, as further detailed below, is strictly conditioned upon agreement to abide by ABIM's rights under the Copyright Act and to maintain examination confidentiality.

I understand that ABIM examinations are confidential, in addition to being protected by federal copyright and trade secret laws. I agree that I will not copy, reproduce, adapt, disclose, solicit, use, review, consult or transmit ABIM examinations, in whole or in part, before or after taking my examination, by any means now known or hereafter invented. I further agree that I will not reconstruct examination content from memory, by dictation, or by any other means or otherwise discuss examination content with others. I further acknowledge that disclosure or any other use of ABIM examination content constitutes professional misconduct and may expose me to criminal as well as civil liability, and may also result in ABIM's imposition of penalties against me, including but not limited to, invalidation of examination results, exclusion from future examinations, suspension, revocation of certification, and other sanctions.

With respect to ABIM's Medical Knowledge Modules and ABIM PIMs Practice Improvement Modules®, I agree that I will not copy, reproduce or make any adaptations of such materials in any manner; and will not assist someone else in the infringement or misuse of these ABIM-copyrighted works.

I understand that ABIM utilizes data forensic techniques that use statistical analyses of test-response data to identify patterns of test fraud, including cheating and piracy.

I also understand that ABIM may use my examination performance, training program evaluations, self evaluations of knowledge and practice assessment, and other information for research purposes, including collaboration with other research investigators and scientific publications. In such research, ABIM will not identify specific individuals, hospitals, or practice associations. All practice assessment data is HIPAA compliant.

I hereby declare under penalty of perjury that the information given in my application is true and correct to the best of my knowledge and beliefs.

I agree to be legally bound by the foregoing.

- Once completed, you will not be able to access this application again. Please print this page for your files. Any corrections, changes or additions will need to be submitted in writing to ABIM by e-mail to request@abim.org or by fax to 215-446-3590.

The Nuremberg Doctrine*

- *"The voluntary consent of the human subject is absolutely essential.*

  This means that the person involved should have the legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

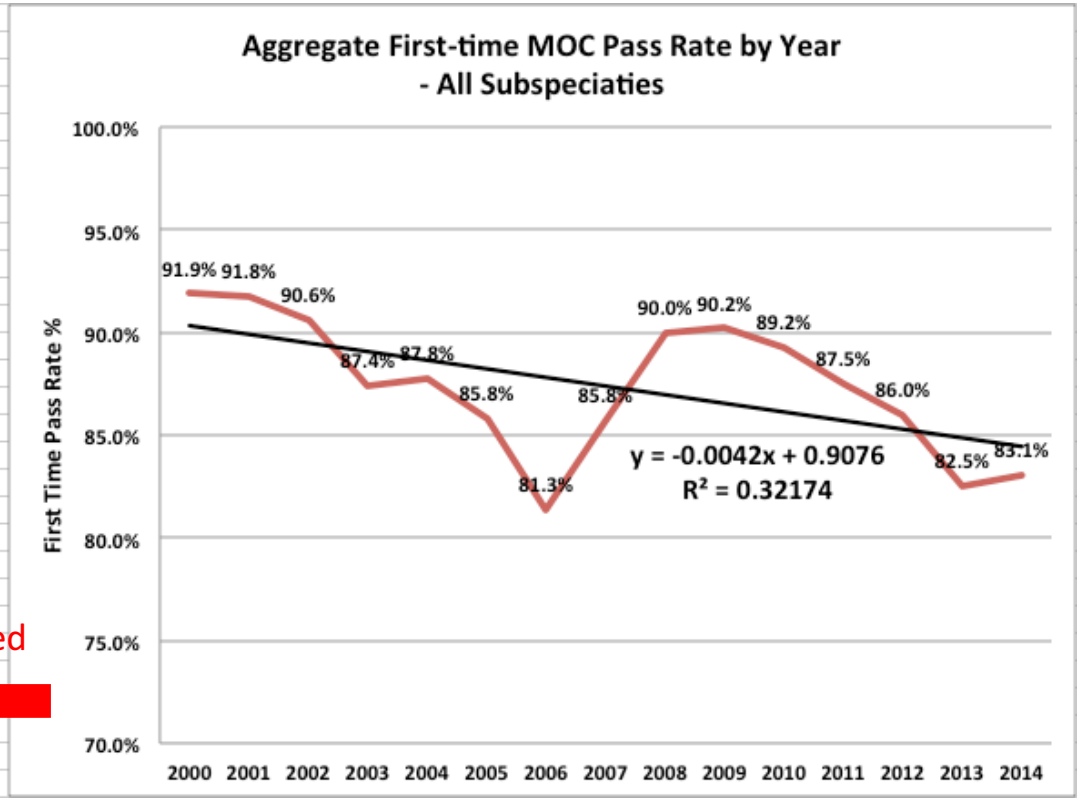
  The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity."

* Source: Collaborative Institutional Training Initiative (CITI) Training Program, "Informed Consent," University of Chicago

ABIM Published First-Time MOC® Pass Rates 2000-2014*

Year	Total Tested (n)	Percent Passed	Percent Failed
2000	5,035	91.9%	8.1%
2001	4,358	91.8%	8.2%
2002	6,171	90.6%	9.4%
2003	6,075	87.4%	12.6%
2004	5,903	87.8%	12.2%
2005	6,985	85.8%	14.2%
2006	7,533	81.3%	18.7%
2007	7,082	85.8%	14.2%
2008	6,733	90.0%	10.0%
2009	8,744	90.2%	9.8%
2010	9,576	89.2%	10.8%
2011	10,951	87.5%	12.5%
2012	11,524	86.0%	14.0%
2013	12,201	82.5%	17.5%
2014	11,371	83.1%	16.9%
Average	8,016	87.4%	12.6%
Standard Deviation	2,541	3.3%	3.3%
Slope	541	-0.42%	0.42%
Total Test Takers over 15 yrs (n)		120,242	
Total n Failed		15,832	
Total n Passed		104,410	
Aggregate Fail Rate		13.2%	
Aggregate Pass Rate		86.8%	

13.2% Failed



* Source: Published pass rates, http://www.abim.org

Social, Economic, and Psychologic Effects of ABMS MOC® on Physicians That Fail Re-certification:

- Never studied.

Potential ABIM 4th Amendment "Search and Seizure" Civil Liberty Violations

- In 2008, ABIM creates "Director of Test Security" position. Salary undisclosed.
- Ex-DC policeman, fired from force for organizing reprisals against a journalist and with felony conviction(s), hired as ABIM "Director of Test Security" in 2008.*
- ABIM leadership authorizes Director of Test Security to coordinate investigation of Arora Board Review course using ABIM personnel to attend and secretly audiotape the ACGME-accredited course
- ABIM obtains writ to seize materials from coarse director's home from federal judge, including his computers. ABIM Director of Test Security and ABIM Lawyers accompany Federal Marshals in seizure. Diplomate candidate email addresses from those computers are acquired and used to issue "sanctions" on physicians accused of violating "Pledge of Honesty." ABIM publishes press release claiming physicians cheated. *Wall Street Journal* article appears June 10, 2009.
- 2017 - ABIM loses copyright suit against Puerto Rican physician from Arora Board Review sting operation 8 years later because it was time-barred. FY2016 legal expenses approach $1M to ABIM diplomates. Countersuit pending.

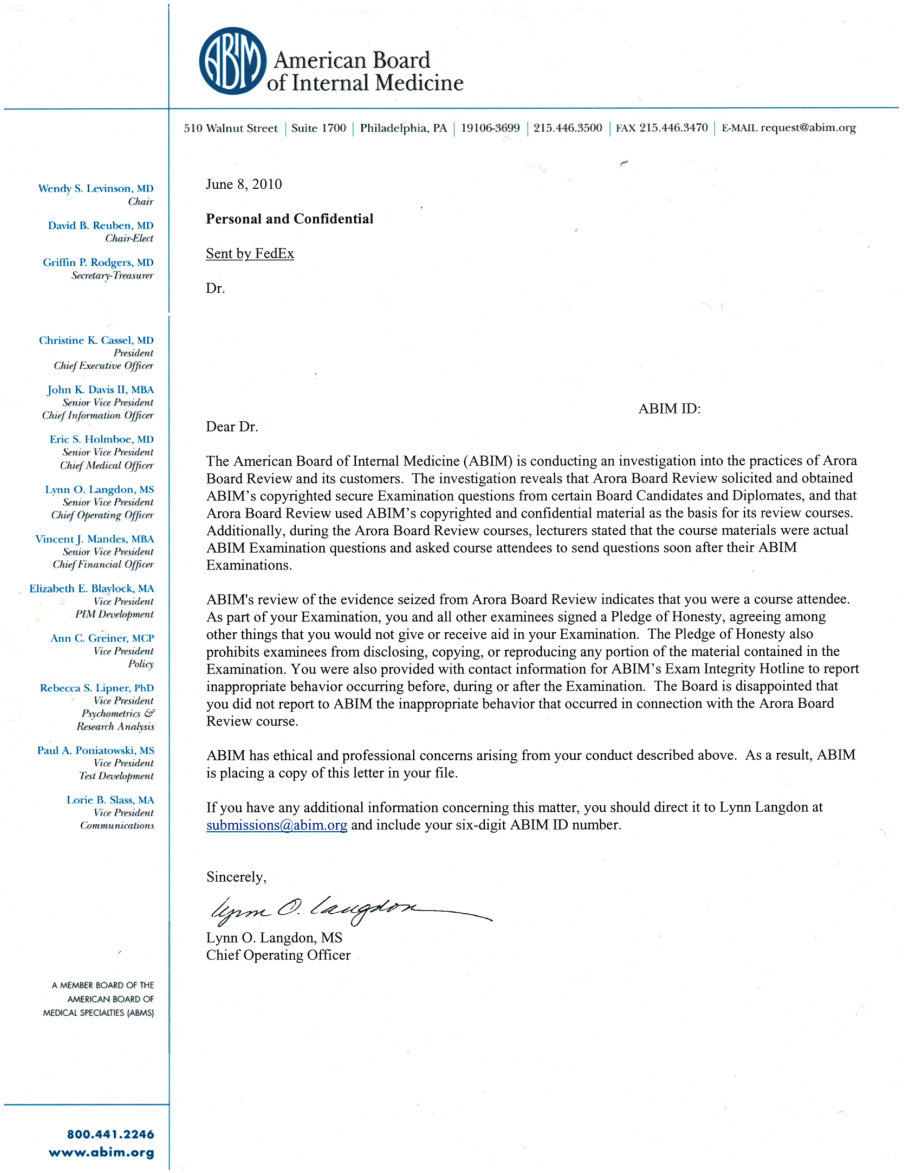
* Fisher WG. Fact Check on ABIM Director of Investigations
http://drwes.blogspot.com/2017/03/fact-check-on-abims-director-of.html

ABIM Strongman Tactics

ABIM Chief Operating Officer sends (and stores) "letter of concern" questioning ethical and professional behavior of doctors after it acquires physicians' emails from a board review course director's home in a raid using Federal Marshals, ABIM lawyers and staff.

"Making doctors appear ignorant became big business, worth millions of dollars, and the ABIM went from being a genial organization celebrated by the medical profession to something more akin to a protection racket."

- Eichenwald, K. "The Ugly Civil War in Medicine." *Newsweek* 3/10/2015.



American Board of Internal Medicine

510 Walnut Street | Suite 1700 | Philadelphia, PA | 19106-3699 | 215.446.3500 | FAX 215.446.3470 | E-MAIL request@abim.org

Wendy S. Levinson, MD, *Chair*
David B. Reuben, MD, *Chair-Elect*
Griffin P. Rodgers, MD, *Secretary-Treasurer*

Christine K. Cassel, MD, *President, Chief Executive Officer*
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Lynn O. Langdon, MS, *Senior Vice President, Chief Operating Officer*
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Rebecca S. Lipner, PhD, *Vice President, Psychometrics & Research Analysis*
Paul A. Poniatowski, MS, *Vice President, Test Development*
Lorie B. Slass, MA, *Vice President, Communications*

A MEMBER BOARD OF THE AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS)

800.441.2246
www.abim.org

June 8, 2010

Personal and Confidential

Sent by FedEx

Dr.

ABIM ID:

Dear Dr.

The American Board of Internal Medicine (ABIM) is conducting an investigation into the practices of Arora Board Review and its customers. The investigation reveals that Arora Board Review solicited and obtained ABIM's copyrighted secure Examination questions from certain Board Candidates and Diplomates, and that Arora Board Review used ABIM's copyrighted and confidential material as the basis for its review courses. Additionally, during the Arora Board Review courses, lecturers stated that the course materials were actual ABIM Examination questions and asked course attendees to send questions soon after their ABIM Examinations.

ABIM's review of the evidence seized from Arora Board Review indicates that you were a course attendee. As part of your Examination, you and all other examinees signed a Pledge of Honesty, agreeing among other things that you would not give or receive aid in your Examination. The Pledge of Honesty also prohibits examinees from disclosing, copying, or reproducing any portion of the material contained in the Examination. You were also provided with contact information for ABIM's Exam Integrity Hotline to report inappropriate behavior occurring before, during or after the Examination. The Board is disappointed that you did not report to ABIM the inappropriate behavior that occurred in connection with the Arora Board Review course.

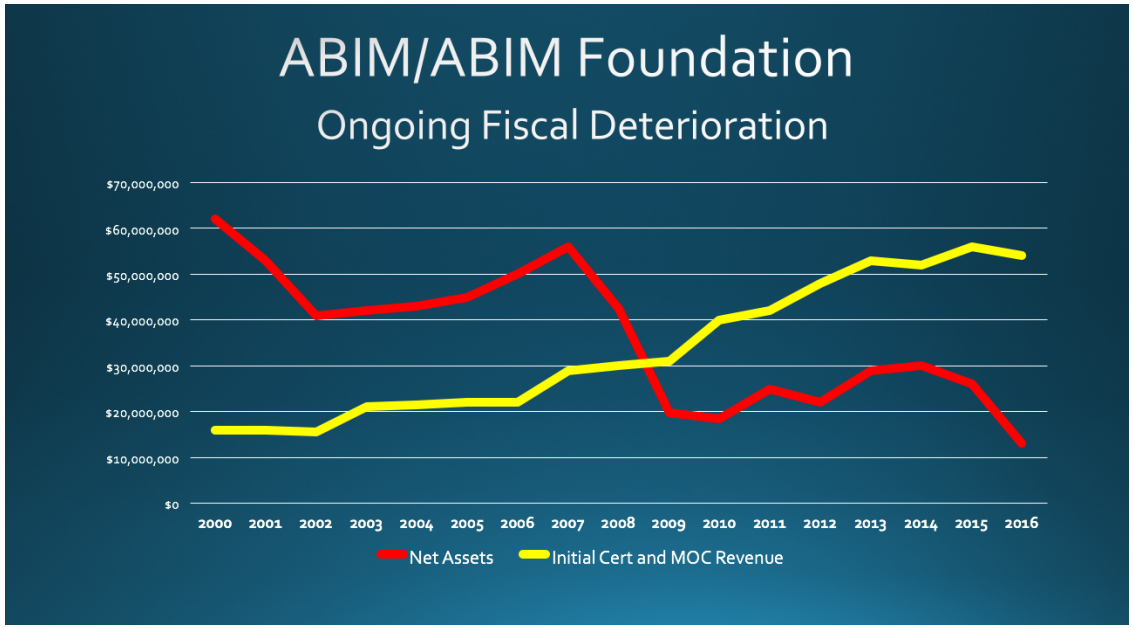
ABIM has ethical and professional concerns arising from your conduct described above. As a result, ABIM is placing a copy of this letter in your file.

If you have any additional information concerning this matter, you should direct it to Lynn Langdon at submissions@abim.org and include your six-digit ABIM ID number.

Sincerely,

Lynn O. Langdon

Lynn O. Langdon, MS
Chief Operating Officer



ABIM/ABIM Foundation's Ongoing Financial Deterioration

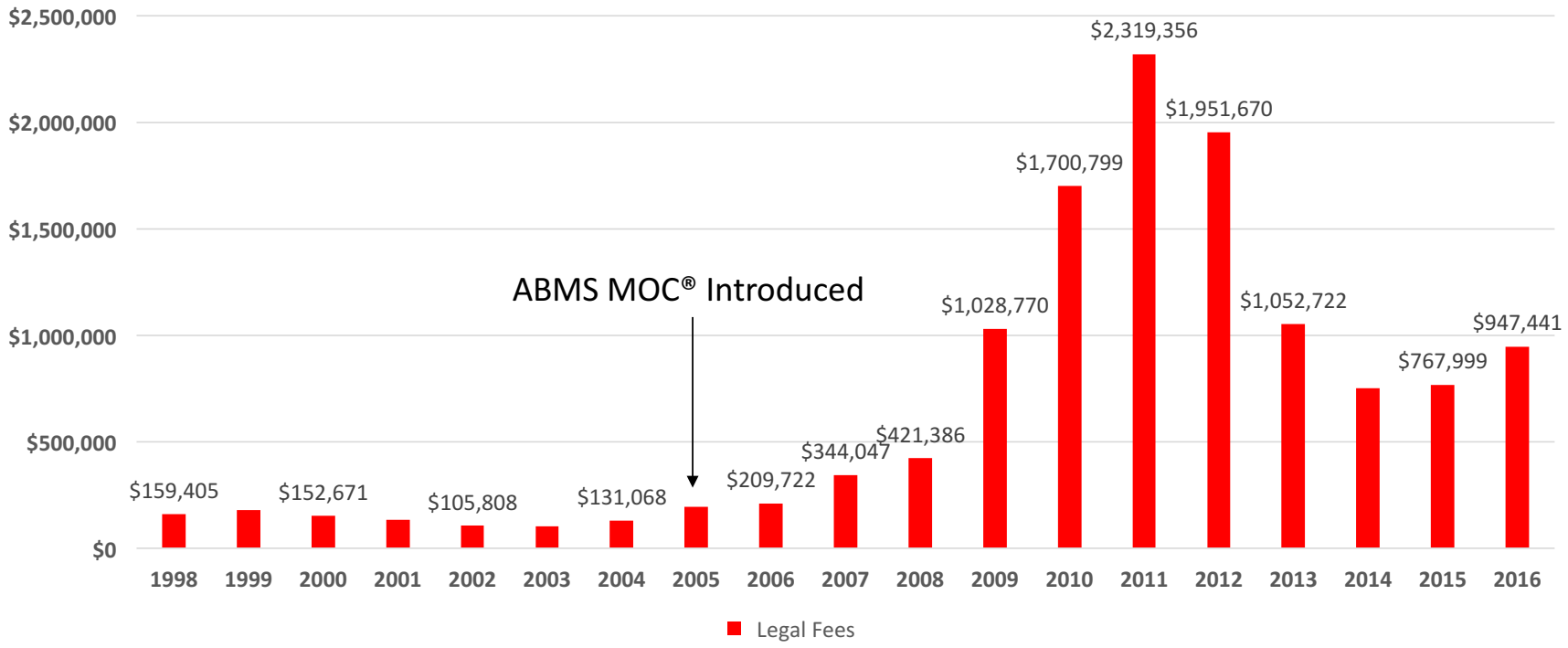
June 30,	Fund Balance (Net Assets) ABIM	Foundation	Consolidated	Revenue
1997	(3,003,107)	38,254,872	35,251,765	
1998	(558,511)	46,247,684	45,689,173	16,233,484
1999	(5,575,747)	59,618,428	54,042,681	12,135,650
2000	(7,119,341)	69,101,955	61,982,614	16,224,212
2001	(8,571,467)	62,580,553	54,009,086	16,539,381
2002	(10,762,954)	52,811,298	42,048,344	15,444,106
2003	(10,930,327)	54,569,335	43,639,008	22,163,746
2004	(13,456,921)	58,635,505	45,178,584	22,983,476
2005	(13,185,617)	59,939,815	46,754,198	23,541,275
2006	(11,814,547)	63,386,683	51,572,136	25,381,025
2007	(21,503,839)	78,833,665	57,329,826	25,892,598
2008	(31,443,856)	75,990,203	44,546,347	30,193,842
2009	(36,475,782)	57,586,843	21,111,061	32,463,536
2010	(40,906,833)	61,015,875	20,109,042	39,547,253
2011	(43,661,272)	71,006,681	27,345,409	44,725,517
2012	(45,394,162)	68,871,666	23,477,504	48,215,609
2013	(43,150,390)	73,841,719	30,691,329	53,912,942
2014	(47,886,654)	79,409,497	31,522,843	53,308,149
2015	(50,642,980)	77,255,188	26,612,208	56,592,968
2016	(57,568,475)	71,194,870	13,626,395	54,449,060
				581,578,695

Physicians have paid over $581 million to ABIM and only $13.6 million remain

Just 23% of revenue used for physician testing

Source: ABIM and ABIM Foundation Form 990s and Consolidated Financial Statements

ABIM's Mounting Legal Fees



ABIM Officer, Director, Trustee, or Key Employee Compensation 2015*

Schedule J (Form 990) 2015 THE AMERICAN BOARD OF INTERNAL MEDICINE 39-0866228 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

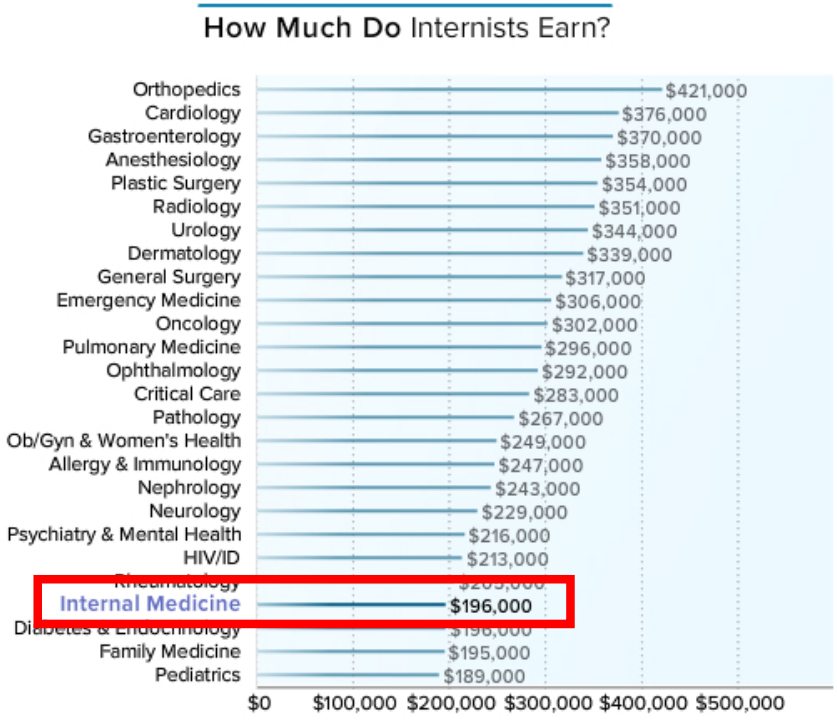
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

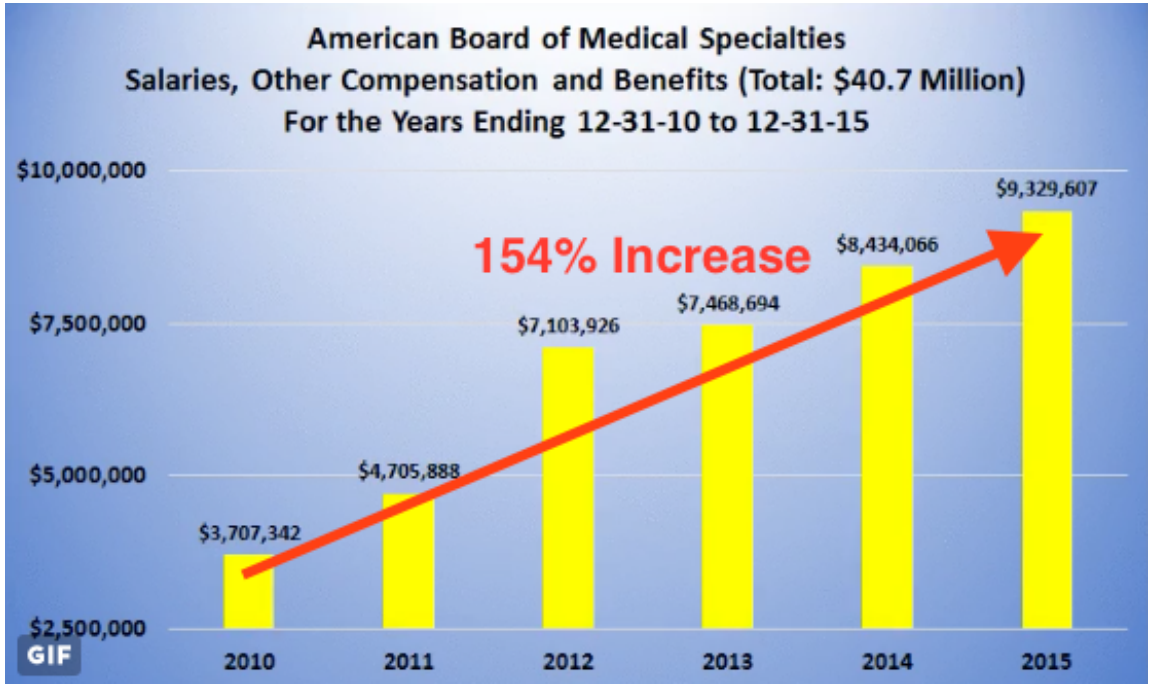
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD J. BARON ABIM Foundation	(i)	450,615.	87,756.	3,539.	55,292.	39,910.	637,112.	}$849,483
PRESIDENT	(ii)	150,205.	29,252.	1,180.	18,430.	13,304.	212,371.	
(2) VINCENT MANDES	(i)	239,320.	53,385.	30,780.	0.	38,520.	362,005.	0.
SENIOR VICE PRESIDENT/CFO	(ii)	26,591.	5,932.	3,420.	0.	4,280.	40,223.	0.
(3) REBECCA LIPNER	(i)	290,120.	61,272.	32,682.	0.	53,267.	437,341.	0.
SVP, ASSESSMENT AND RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FURMAN MCDONALD	(i)	263,505.	52,000.	15,162.	0.	38,082.	368,749.	0.
SVP, ACADEMIC AND MEDICAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAUL PONIATOWSKI	(i)	223,000.	48,110.	34,027.	0.	59,589.	364,726.	0.
VP, TEST DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NKANTA HINES	(i)	262,812.	50,000.	0.	0.	45,950.	358,762.	0.
SVP, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LORIE SLASS	(i)	221,312.	47,053.	10,179.	0.	69,185.	347,729.	0.
SVP, COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERT HARACZ	(i)	186,317.	38,760.	30,169.	0.	62,090.	317,336.	0.
SVP, CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SUZANNE BIEMILLER	(i)	220,485.	44,000.	15,861.	0.	13,506.	293,852.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LESLIE TUCKER	(i)	179,546.	32,892.	35,770.	0.	43,162.	291,370.	0.
VP, POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROBIN GUILLE	(i)	151,175.	34,925.	33,075.	0.	51,193.	270,368.	0.
VP, RESEARCH AND INNOVATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LORNA LYNN	(i)	231,276.	750.	261.	0.	36,542.	268,829.	0.
VP, MEDICAL EDUCATION RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LOUIS GROSS	(i)	155,020.	34,924.	34,074.	0.	26,352.	250,370.	0.
VP, PSYCHOMETRICS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) FRANK MARZULLO	(i)	157,123.	0.	21,934.	0.	51,879.	230,936.	0.
SENIOR DIRECTOR, STRATEGY, PLANNING	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JEFFREY MILLER	(i)	155,767.	0.	18,000.	0.	56,555.	230,322.	0.
SENIOR DIRECTOR, APPLICATIONS DEVELO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

* Reference: ABIM FY2016 IRS Form 990

Average US Internist Compensation 2015**



** Medscape Internist Compensation Report 2015


American Board of Medical Specialties
Salaries, Other Compensation and Benefits (Total: $40.7 Million)
For the Years Ending 12-31-10 to 12-31-15
$10,000,000
$7,500,000
$5,000,000
$2,500,000
154% Increase
$3,707,342
$4,705,888
$7,103,926
$7,468,694
$8,434,066
$9,329,607
2010
2011
2012
2013
2014
2015
GIF

Maintenance of Certification® Legislative Scoreboard

Passed 8 **In Process 8** **Failed 4**

State	Status	Bill No.	Most Recent Act	Effective
Oklahoma	Passed	OK SB1148	Signed 4/11/2016	11/1/2016
Missouri	Passed	MO HB1816	Signed 7/5/2016	7/5/2016
Kentucky	Passed	KY SB17	Signed 3/16/2016	3/16/2016
Maryland	Passed	MD SB989	Signed 5/4/2017	5/4/2017
Georgia	Passed	GA HB165	Signed 5/8/2017	5/8/2017
Tennessee	Passed	TN SB298	Signed 5/25/2017	7/1/2017
Maine	Passed	ME LD1200	Enacted 6/13/2017	6/13/2017
Texas	Passed	TX SB1148	Signed 6/14/2017	1/1/2018
Alaska	In Process	AK HB191	Intro Hse 3/22/2017	
Massachusetts	In Process	MA HB2446	Ref to Pub Hlth Comm 1/23/2017	
Rhode Island	In Process	RI SB754/	SB Intro Senate 4/12/2017	
		RI HB5671	HB Held for further study 3/15/2017	
Oregon	In Process	OR HB3081	In Comm on Adjourn 7/7/2017	
South Carolina	In Process	SC HB4116	Intro Hse 4/6/2017	
California	In Process	CA SB487	Comm Hearing Postponed 4/17/2017	
Ohio	In Process	OH HB273	Ref to Comm 6/20/2017	
New Jersey	In Process	NJ SB3362	Into Senate/Ref Comm 6/26/2017	

Ohio's HB 273 must prevent the unproven American Board of Medical Specialties MOC® mandate from from being used as basis for physician hospital credentials, insurance payments, or licensure.

- It's cost: $0
- WARNING: Anti-MOC bills can be complex. Many special interests get involved and work to create loopholes. The special interests usually have a financial interest in undermining the anti-MOC movement.
- Example of strong language modeled after AMA proposed "model legislation:"
  - "A facility licensed under this chapter shall not deny hospital staff or admitting privileges or employment based solely on the absence of Maintenance of Certification."
  - "A health insurance entity as defined [in state law], shall not deny reimbursement to, or discriminate with respect to reimbursement levels, or prevent a physician from in any of the entity's provider networks, based solely on a physician's decision to not participate in Maintenance of Certification."

Weak Bill = Maine

"Nothing in this chapter may be construed to require a physician or surgeon licensed under this chapter to secure a maintenance of certification as a condition of licensure, reimbursement, employment or admitting privileges at a hospital in the State."

Don't be fooled. This might look strong at first glance, however it is not a prohibition on MOC, but rather a prohibition on state law [Chapter 48 of Title 32 of Maine Revised Statute] being construed as requiring MOC requirements..

A better law in Maine, might look like this:

This chapter prohibits the use of MOC as a requirement for licensure, reimbursement, employment or admitting privileges at a hospital in the State

Anti-MOC Response to ABMS Talking Points

ABMS Lobbying Materials:

"The bill says that a Health Plan may not refuse a physician into their network because the physician has not kept up his or her board certification (maintenance of certification).

- **Health Plans and Hospitals need to have confidence that the board-certified physicians they are credentialing to provide highly specialized medical care to their members and patients are keeping up with new medical knowledge in their specialties."**

Anti-MOC Response:

- **The essence of the anti-MOC movement is there is neither proof nor general belief that MOC measures physicians success at "keeping up with new medical knowledge."**

ABMS Lobbying Materials:

"Oklahoma patients, families, and communities expect and trust that when they receive medical care from a board-certified physician, that physician has exceptional expertise in his or her declared specialty or subspecialty.

- **In order for this to be true, it is imperative that the doctor is up-to-date in the knowledge and skills of the specialty – not just at the point of initial certification, but throughout the physician's professional career.**

Patients and the public can only be assured of this if board certified physicians are actively participating in a professional development process that includes external assessment, medical education, and practice improvement. For American Board of Medical Specialties Board Certified physicians, Maintenance of Certification (MOC) is that essential process."

Anti-MOC Response:

- **The essence of the anti-MOC movement is there is neither proof nor general belief that MOC assures "the doctor is up-to-date in the knowledge and skills of the specialty"**

ABMS Lobbying Materials:

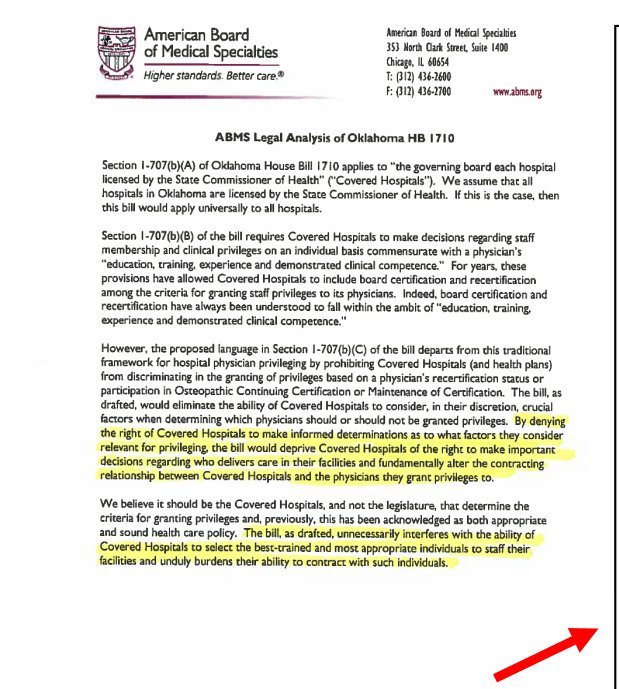
Please do not let Oklahoma become the only state in the Nation that puts its patients' quality of care at risk by removing Maintenance of Certification requirements for physicians practicing specialized medicine.

We appreciate your "no" vote on HB 1710.

Anti-MOC Response:

There is neither evidence, nor general belief that not participating in MOC "puts patient's quality of care at risk."

Incidentally, if not participating in MOC puts patients at risk, why does ABMS exempt half of their certified doctors from MOC because they received their initial boards before 1990?



American Board of Medical Specialties
Higher standards. Better care.®

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ABMS Legal Analysis of Oklahoma HB 1710

Section 1-707(b)(A) of Oklahoma House Bill 1710 applies to "the governing board each hospital licensed by the State Commissioner of Health" ("Covered Hospitals"). We assume that all hospitals in Oklahoma are licensed by the State Commissioner of Health. If this is the case, then this bill would apply universally to all hospitals.

Section 1-707(b)(B) of the bill requires Covered Hospitals to make decisions regarding staff membership and clinical privileges on an individual basis commensurate with a physician's "education, training, experience and demonstrated clinical competence." For years, these provisions have allowed Covered Hospitals to include board certification and recertification among the criteria for granting staff privileges to its physicians. Indeed, board certification and recertification have always been understood to fall within the ambit of "education, training, experience and demonstrated clinical competence."

However, the proposed language in Section 1-707(b)(C) of the bill departs from this traditional framework for hospital physician privileging by prohibiting Covered Hospitals (and health plans) from discriminating in the granting of privileges based on a physician's recertification status or participation in Osteopathic Continuing Certification or Maintenance of Certification. The bill, as drafted, would eliminate the ability of Covered Hospitals to consider, in their discretion, crucial factors when determining which physicians should or should not be granted privileges. By denying the right of Covered Hospitals to make informed determinations as to what factors they consider relevant for privileging, the bill would deprive Covered Hospitals of the right to make important decisions regarding who delivers care in their facilities and fundamentally alter the contracting relationship between Covered Hospitals and the physicians they grant privileges to.

We believe it should be the Covered Hospitals, and not the legislature, that determine the criteria for granting privileges and, previously, this has been acknowledged as both appropriate and sound health care policy. The bill, as drafted, unnecessarily interferes with the ability of Covered Hospitals to select the best-trained and most appropriate individuals to staff their facilities and unduly burdens their ability to contract with such individuals.

ABOVE ABMS LOBBYING MATERIALS – enlarged text

"By denying the right of Covered Hospitals to make informed determinations as to what factors they consider relevant for privileging, the bill would deprive Covered Hospitals of the right to make important decisions regarding who delivers care in their facilities and fundamentally alter the contracting relationship between Covered Hospitals and the physicians they grant privileges to."

"The bill, as drafted, unnecessarily interferes with the ability of Covered Hospitals to select the best-trained and most appropriate individuals to staff their facilities and unduly their ability to contract with such individuals."

Anti-MOC response:

1) **True, the bill does restrict hospital's rights. However, since the ABMS/AOA has a monopoly on accepted board certification, a balance between hospital's rights and physician's rights must be legislated.**
2) **A significant amount of state funding flows to hospitals and insurers. It is not unreasonable to enact provisions on hospitals and insurers protecting patients' ability to seek treatment from physicians of their choice and protecting taxpayers from increased costs driven by counter-productive and expensive mandates.**
3) **There is no evidence or consensus that MOC helps "select the best-trained and most appropriate individuals."**