

MAINTENANCE OF CERTIFICATION® (MOC®) FACT SHEET

Ohio HB 273

- Attacks a national regulatory scandal that is being fixed on a state level.
- 23 states have brought forth legislation against MOC® with 10 states already passed.
- Protects doctors from extortion and the threat of being squeezed out of their profession at the very time there is a doctor shortage
- Protects Ohio's physicians right to work
- Preserves patient access to competent, trusted physicians who are victims of a corrupt regulatory system.
- This bill is the first bill to put pressure on insurance and hospital industries to end MOC® mandate as condition for insurance payments, hospital privileges, or state licensure
- This bill does not remove the initial board certification requirement or the need to participate in continuing medical education, which physician must already perform for state licensure renewal.

What is "Maintenance" of Board Certification?

- From 1936-1989, "Board Certification" was a voluntary LIFETIME professional credential, like the existing American Bar Association's "Bar Exam" is to lawyers
- After 1990, "Board Certification" became TIME-LIMITED and is marketed as MAINTENANCE OF CERTIFICATION® (MOC®)
 - Requires repeated testing
 - First as a 10-year credential
 - Then 5-year credential
 - Then every 2-year credential
 - Soon to morph into costly weekly iPhone test?

So What's The Problem?

- Failing to pay and participate means a physician loses his or her hospital privileges and cannot receive payment from some insurers and is poised to limit physician licensure ability in some states
- MOC® has never been independently shown to improve patient care quality or safety.
- MOC® now costs US physicians \$5.4 billion in direct and indirect costs every 10 years
- MOC® is Corrupt:
 - The American Board of Internal Medicine (the largest ABMS Member Board) and American Osteopathic Association are currently involved in anti-trust, discriminatory, and civil rights violation lawsuits
 - Physician MOC® fees have funded luxury condominium purchases complete with chauffeur-drive town cars, health club memberships, Cayman Island retirement funds, first class and spousal travel for officers

- From 1990-2007, over \$77 million of physician test fees were secretly used to fund the ABIM Foundation
- Despite physicians paying \$582 million dollars in credentialing fees from 2000-2016, the ABIM and its Foundation have only \$13.6 million in remaining assets
- Overspending and high officer salaries have forced Boards to increase physician fees 257% (17.2%/year) from 2000-2014 while generating over \$2 billion to the ABMS member boards

PROS

- If doctors don't self-regulate, someone else will.
- Hospitals claim they need ABMS MOC to retain accredited training/treatment programs
- ABMS MOC is the industry standard for assuring physician Continuing Medical Education

CONS

- Physicians have a long history of self-regulation without MOC® and unlike ABMS, are legally accountable to their patients. Self-regulation requires transparency and accountability, not self-serving mandates by unaccountable organizations with no impact on direct patient care.
- ABMS, the American Hospital Association (AHA), and Association of American Medical Colleges (AAMC) are co-members of the Accreditation Council for Graduate Medical Education (ACGME). By changing the definition of Board certification from LIFETIME to TIME-LIMITED, hospitals (1) capture independent physicians as employees and (2) control patient hospital choice. In turn, ABMS and AAMC benefit from the high revenues generated by MOC®.
- Self-selected physician Continuing Medical Education (CME) remains industry standard for state licensure. MOC® is an unproven, unnecessary metric.