TO: The Honorable Shane E. Pendergrass, Chair  
Members, House Health and Government Operations Committee  
The Honorable Chris West

FROM: J. Steven Wise  
Pamela Metz Kasemeyer  
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DATE: February 28, 2018

RE: SUPPORT WITH AMENDMENTS – House Bill 857 – Health Occupations – Physicians  
– Specialty Certifications

The Maryland State Medical Society (MedChi), which represents more than 7,000 Maryland physicians and their patients, supports with amendments House Bill 857.

House Bill 857 addresses a major issue for Maryland physicians related to their professional board certification. As background, every physician must be licensed by the State, and in Maryland that is done by the Board of Physicians. Separate from that, and through a private entity, most physicians also become “board certified” by a specialty board, in areas such as internal medicine, anesthesiology, or obstetrics. This is done by becoming initially certified through an exam. See Tab 1.

Those physicians who became “board certified” after 1990 must also maintain that board certification, a time consuming and costly process known as “maintenance of certification” or MOC. This process has no proven relationship to improved quality of care (see Tab 2), and consists of significant busywork and travel to take modules and tests that are not always related to the specific area of specialty of the physician. The problem is, insurance companies and hospitals have come to require MOC by physicians in order for them to be accepted into provider networks or be credentialed at a hospital. House Bill 857 untangles this needless web spun by the specialty boards solely to enhance their profits.

Through House Bill 857, the public remains protected because the Continuing Medical Education (CME) required to remain licensed by the State is untouched by this legislation. Physicians must continue to hone their skills and knowledge by earning 50 credit hours of CME every 2 years. The public is also protected because State law will continue to require a physician to be initially certified by their specialty board in order to represent to the public that they are “board certified”. But the ongoing
process of MOC would no longer be required. And why should it, given its unproven value in improving care?

Many other states are considering legislation in this area or have already acted to remedy this issue, and MedChi asks that Maryland do the same. As noted in the article “Boarded to Death”, attached as Tab 2: “Much of the U.S. health care system is now focused on value, and physicians are working hard to provide better patient care at lower cost. MOC provides the opposite—an activity with no proven efficacy, at high cost.”

For these reasons, MedChi urges you to adopt House Bill 857 as amended.

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