

**House Health Policy Committee  
Testimony of Meg Edison, MD  
May 17, 2016**

Thank you Chairman Callton for this hearing on HB5090 and HB5091. I am a pediatrician from Grand Rapids speaking in strong support of these two bills and the positive impact they will have upon physician education, novel medical research and patient access to health care. This bill assures that specialty board certification remains a voluntary process, and is not tied to licensure, hospital privileges or insurance participation. It assures that our state board of medicine has the final say in the educational requirements, oversight, and discipline of Michigan physicians.

The American Board of Medical Specialties is the parent organization of 24 subspecialty boards who sell a product called "board certification". Of this product, ABMS says: "board certification is a voluntary process, and one that is very different from medical licensure." After completing medical school, residency and/or fellowship, physicians may become sit for their boards and become board certified. This was initially created as a one time "final exam" of sorts, a "feather in the cap". It is not required for a medical license in any state.

Over time, this one time examination has ballooned into an ongoing series of examinations, fees, online tests, and mandated research projects on our patients. In pediatrics, board certification has moved from a one time examination, to a 10 year test, to 7 years, now at 5 year cycles with a pilot program to start weekly testing. The cost to physicians is astounding, the Annals of Internal Medicine recently published a document citing costs of \$25,000 to \$45,000 every 10 years to maintain certification.

The requirements between specialty boards and within specialty boards are incredibly discriminatory. Special groups are given decreased fees or are "grandfathered", while other physicians (specifically young women) are required to pay full rate and complete ongoing onerous testing. Some specialties require very little in terms of MOC, others require a lot.

These changes to the definition of "board certified" wouldn't matter so much, if it weren't for the fact that the definition of "voluntary" has changed as well. The ABMS has strongly lobbied insurance companies and hospitals to require board certification as a condition of physician participation. This is touted as a "quality measure", although there is no data support the claim that board certified physicians are more competent than non board certified physicians.

As it stands right now, even though our State Board of Medicine does not require purchasing "board certification" to get a license, it is nearly impossible to work in Michigan without purchasing this product. Insurance companies are swift to deparicipate physicians on-the-spot for failing to complete even a single portion of the convoluted MOC process. Even though federal code says discrimination based upon board certification status is illegal, Michigan hospitals continue to discriminate and require doctors to participate in MOC.

The requirements of these specialty boards are truly discriminatory, as certain classes are given decreased fees or are "grandfathered", while other doctors have to pay exorbitant fees and must

These out of state board certification companies have more power over physicians than our state board of medicine, and this is something that must stop. MOC is cited as a top reason for

early retirement among physicians. Faced with a looming physician shortage, we cannot allow these boards to push any more Michigan doctors into early retirement, exacerbating patient access.

The Michigan Board of Medicine holds our physicians to the highest standard in the country in terms of Continuing Medical Education, we are required to complete 150 hours every 3 years. As physicians, we are proud of our state's commitment to continuing education. HB5090 and HB5091 are bills that protect our continuing education, by allowing physicians to choose continuing education that suits our unique patient populations, rather than the proprietary and often out-of-touch education products of the boards. These bills also encourage our strong history of medical research and innovation, by keeping our researchers focussed and not taking time away from real research to complete the busywork research modules created by the boards. Lastly, these bills will increase patient access to their doctors as physicians are no longer dropped by insurance companies and hospitals or pushed into early retirement by these board corporations.