



**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.

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ABMS Board Certification and Maintenance of Certification

Established in 1933, the American Board of Medical Specialties (ABMS) is a non-profit organization comprising 24 certifying boards that develop and implement professional standards for the certification of physicians in their declared medical/surgical specialty. Certification by an ABMS Member Board is widely recognized as the highest health care industry standard for assuring a physician's knowledge, experience, and skills within a medical specialty.

Certification by an ABMS Member Board is a voluntary process and indicates that a physician specialist has:

- Earned a medical degree (MD, DO, or other appropriate credential approved by the Member Boards) from an accredited medical school in the United States or Canada.
- Completed a three- to five-year full-time residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME).
- Provided letters of attestation from his/her program director and/or faculty.
- Earned an unrestricted medical license to practice medicine in a state or territory of the United States or Canada.
- Passed rigorous exams created and administered by an ABMS Member Board(s).

Once certified, physicians maintain their medical specialty expertise by participating in a robust continuous professional development program called ABMS Maintenance of Certification® (ABMS MOC®). The ABMS MOC program provides physicians a structured approach to improving the effectiveness, safety, and efficiency of their practices through focused assessment, learning, and improvement activities. More than 500,000 physicians across all specialties are participating in an ABMS MOC program today, and the number increases annually.

The ABMS Program of MOC involves ongoing measurement of six core competencies physicians agree are key to the delivery of quality patient care:

- Practice-based Learning & improvement - ability to investigate and evaluate patient care practices; appraise and assimilate scientific evidence; and improve the diplomate's own practice of medicine, the collaborative practice of medicine, or both.
- Patient Care & Procedural Skills - use of clinical skills and ability to provide care and promote health in a manner that incorporates evidence-based medical practice, good clinical judgment, and patient-centered decision-making.
- Systems-based Practice - awareness of, and responsibility to, population health and systems of health care; and ability to use system resources responsibly in providing patient care.
- Medical Knowledge - demonstration of knowledge of established and evolving biomedical, clinical, and cognate sciences, and their application to patient care.
- Interpersonal & Communication Skills - demonstration of skills that result in effective information exchange and partnering with patients, their families, and professional associates.
- Professionalism - demonstration of a commitment to carrying out professional responsibilities; adhering to ethical principles; applying the skills and values to deliver compassionate, patient-centered care; demonstrating humanism; being sensitive to diverse patient populations and workforce; and practicing wellness and self-care.

These competencies are measured using a variety of activities, some of which vary according to the specialty. These activities are built upon evidence-based guidelines, national clinical and quality standards, and specialty best practices. Each Member Board's Program for MOC has four parts:

- Part I - Professionalism and Professional Standing - demonstration of acting in the patients' best interests; behaving professionally with patients, families, and colleagues across the health professions; taking appropriate self-care; and representing Board Certification and MOC status in a professional manner (this includes holding a valid, unrestricted license to practice medicine).
- Part II - Lifelong Learning and Self-Assessment - ongoing participation in high quality, unbiased learning and self-assessment activities that are relevant to the diplomate's specialty and areas of practice within the specialty.
- Part III - Assessment of Knowledge, Judgment, and Skills - engagement in external assessment provides assurance that the diplomate has maintained the necessary commitment to life-long learning and seeks to remain current in the core subject matter of the specialty (examination).
- Part IV - Improvement in Medical Practice - ongoing assessment and improvement in the quality of care provided by diplomates.

ABMS Member Boards certify more than 80 percent of all licensed physicians in the United States.

For more information about ABMS and the ABMS Programs of Certification, visit www.abms.org.