Dear Representative [insert name],

I am a practicing physician in Oklahoma. I am writing to voice my disappointment at the recent failure to pass **Oklahoma HB 1710**. **Last year Oklahoma lead the country in passing SB 1148 which prohibits Maintenance of Certification (MOC) required by the ABMS as a condition of licensure or reimbursement from third parties but it didn't go far enough**. **If Oklahoma HB 1710 had passed it would have significantly strengthened this law and actually addressed the concerns of practicing physicians like myself. I urge you to reintroduce this Bill in order to complete the objective of SB 1148 and put an end to the ABMS monopoly.** Similar legislation has passed in GA and is currently pending in FL, ME, MI, MO, NY, TN, and TX.

I am writing to reinforce the importance of this issue. Currently, the American Board of Medical Specialties and its various member boards (the "ABMS") have inordinate control over the regulation of doctors throughout our state which, in turn, has resulted in a useless and costly program called Maintenance of Certification (the "MOC Program"). This private program in addition and unrelated to the state's licensing, requires doctors to prepare and pay for time consuming continuous testing. There is no evidence that this MOC requirement provides any improvement in medical care for our patients. In 2014, the American Board of Internal Medicine, the largest ABMS member board, had $26.9M in revenue from its MOC program. The MOC requirement is time consuming and costly while providing no patient benefit.

I see hundreds of patients on a regular basis as do my colleagues. Our patients' care is our upmost priority which includes keeping up to date in the areas of medicine in which we practice. This additional MOC requirement only serves to take time away from our numerous patients and increase the cost of medical care in our state.

At a time when our country is increasingly concerned about unnecessary over regulation and the cost of medical care, to permit this time worn private monopoly to continue to "govern" the practice of medicine in our state is simply unjustified.

Thank you for your careful consideration.

Respectively,

Joe Smith MD,

Street, State, zip code

For a more detailed critique of MOC, please see below:

Dear Representative [insert name],

I am a physician and a resident of Oklahoma. I believe it is critically important for physicians to keep up with changes in medicine. **This is why I am writing to ask for strong legislation in Oklahoma to prohibit MOC as a condition of licensure, hospital privileges or reimbursement from third parties.**

Physicians are licensed by the state medical board to practice medicine, but in recent years, certification by one or more of the American Board of Medical Specialties (ABMS) member boards, has become a de

facto requirement to practice medicine in our state. Medicare does not require ABMS member board certification, but without ABMS board certification, most physicians in our state cannot obtain contracts with insurers or obtain hospital admitting privileges. The ABMS member boards are private organizations with no governmental or other organizational oversight. They impose onerous and expensive certification requirements on physicians that are time intensive, expensive, yet result in no proven or even perceived benefit to patient care. ABMS certification requirements have crept into the fabric of physician regulation. Almost all insurance companies require contracted physicians be ABMS board certified and hospitals usually require ABMS certification for hospital privileges. Thus, in recent years, the private ABMS member boards have become key regulators of physician practice.

While the majority of physicians support **initial** ABMS certification (a multi-year ACGME training program followed by a test), in recent years, ABMS boards have imposed "**Maintenance of Certification**" requirements on physicians called "**MOC.**" MOC is comprised of computer modules, formal testing and other activities that have no perceived or demonstrated value to patient care yet are time consuming and cost thousands of dollars.

A recent Mayo Clinic survey found only 15% of physicians agreed with the statement "MOC was worth the time and effort required of me," and that number drops to 6% if physicians who only "slightly agree" with that statement are excluded (ref 1). A study by the VA found patients treated by physicians participating in MOC had the same clinical outcomes as patients treated by non-MOC compliant physicians (Ref 2). Another recent study conducted and funded by ABMS boards found no difference in clinical outcomes following imposition of MOC requirements (Ref 3**). It must be emphasized there is no evidence or even perception that MOC is a valid measure of quality assurance to health care institutions, third party payers or the public.** Yet MOC activities require an enormous amount of physician time that takes us away from our patients. When patients learn about the amount of time required to spend on MOC they strongly support my anti-MOC position.

The ABMS requirement for MOC has created enormous conflicts of interest. For example, on their most recent tax Form 990 the ABIM, the largest ABMS member board, reports nearly $60M in annual revenue (ref 4), $27M of which comes from MOC. The CEO of ABIM, a gerontologist who no longer practices medicine, receives an annual salary of over $800K from the ABIM. This revenue comes from physician MOC application fees, a gross conflict of interest.

The overwhelming majority of physicians believe it is critical to stay current and keep up with changes in medicine. Most physicians believe participating in AACME accredited Continuing Medical Education (CME), as required by the state medical licensing board, is the best method of keeping current. Accredited CME is highly regulated, can be tailored to a physician's specialty, is usually reasonably priced, and is subjected to competitive market forces, ie if a CME program does not provide value, physicians will go elsewhere for their CME. In contrast, MOC is provided by a single organization that has a monopoly on MOC, and provides a "one size fits all" program that cannot possibly be directed to the focus of an individual physician. For example, an orthopedic surgeon treating only adults in his/her practice, must study pediatric orthopedics to pass the MOC tests. An analogy would be a state bar requiring practicing lawyers who concentrate on a specific legal specialty to pass the state's comprehensive bar exam every 2 years.

Passage of the pending bill will return the regulation of physician's practices to the state medical board, not the ABMS boards, which are conflicted, self-appointed private certification organizations. **Please**

create legislation similar to that already passed in GA and currently pending in FL, ME, MI, MO, NY, TN and TX.

Respectively,

Joe Smith MD,

Street, State, zip code

References:

1) Cook et al, Physician Attitudes about Maintenance of Certification. Mayo Clin Proc. n October 2016;91(10):1336-1345 n http://dx.doi.org/10.1016/j.mayocp.2016.07.004
2) Hayes et al, Association Between Physician Time-Unlimited vs Time-Limited Internal Medicine Board Certification and Ambulatory Patient Care Quality JAMA. 2014;312(22):2358-2363. doi:10.1001/jama.2014.13992
3) Association Between Imposition of a Maintenance of Certification Requirement and Ambulatory Care–Sensitive Hospitalizations and Health Care Costs. Bradley et al. JAMA. 2014;312(22):2348-2357. doi:10.1001/jama.2014.12716
4) https://www.abim.org/~/media/ABIM%20Public/Files/pdf/revenue-expenses/abim-990-form.pdf