



NATIONAL BOARD OF PHYSICIANS AND SURGEONS

NBPAS.ORG

NBPAS Legislative Advocacy Materials

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Introduction

- **Maintenance of Certification (MOC) is onerous and brings enormous revenue to the private certifying boards (ABMS member boards and the AOA) yet has no proven or even perceived patient benefit.**
- **The private certifying boards who mandate MOC have become an anti-competitive, regulatory monopoly, that discriminates against younger physicians, women and minorities, while exempting older physicians, who are mostly Caucasian.**
- **Alternatives to ABMS/AOA mandated MOC now exist.**
- **We respectfully request your support of strong anti-MOC legislation that prohibits the use of maintenance of certification as a condition of licensure, reimbursement, employment or admitting privileges at a hospital in this State.**

NBPAS Goal: To Steward Legislation to Prohibit Maintenance of Certification (MOC) as a Requirement for Medical Licensure, Hospital Privileges, or Insurance Contracts

- **Definitions:**

- **ABMS = The American Board of Medical Specialties, composed of 24 member specialty boards, ie internal medicine, family practice, thoracic surgery etc**
- **AOA = The American Osteopathic Association, an organization that certifies doctors of osteopathy (DOs) in 18 specialties similar to the ABMS specialties. Note, for this presentation, most comments on ABMS also apply to AOA.**
- **MOC = Maintenance of Certification: (example from Texas bill) a continuous professional development program through which physicians certified by one or more of the medical specialty boards of the American Board of Medical Specialties or American Osteopathic Association maintain specialty certification.**

BACKGROUND:

- **A license to practice medicine is provided by individual states after 4 years of medical school and passing 4 exams (USLME steps 1-3 with 2 exams for step 3).**
- **The license is maintained by doing 50 hours (in most states) of continuing medical education (CME) which is accredited by the ACCME (a private, not for profit organization).**
- **For CME to be accredited by the ACCME it must comply with a long list of rigorous rules addressing content, evaluations, needs assessment, conflicts of interest etc.**
- **Accredited CME cannot be provided by industry. CME is not a drug company boondoggle.**

BACKGROUND:

- **The American Board of Medical Specialties (ABMS) 24 member boards are private, not for profit organizations. The ABMS member boards provide a “certification” which is intended to denote a level of excellence above and beyond the state’s medical license.**
- **This certification is earned by spending several years in an ACGME accredited training program. The ACGME is another, separate, private, not for profit organization. ACGME accreditation is rigorous, *i.e.* numerous specific requirements, evaluations, audits and site visits of the hospital offering the program.**
- **After training for the required number of years in an ACGME accredited training program, a physician is “signed off” by the program’s director to sit for the ABMS member board’s exam. The exam is typically 1-2 days, and given at a formal test center with security checks.**
- **A physician often goes through several training programs and sits for several exams becoming board certified in several areas over the course of his/her education, *i.e.* internal medicine (3 years of training), cardiology (3 years of training), then interventional cardiology (1 year of training).**
- **The ABMS member board’s role is fairly limited, *i.e.* to create the test exam questions. The initial board exam generally costs the physician about \$2000.**

BACKGROUND:

- **There is little controversy regarding the initial training and certification process. In many ways, it is similar to going to law school and taking the bar exam. Most physicians consider this a good process.**

PROBLEM: New Requirement of Maintenance of Certification (“MOC”)

- **ABMS member board certification was originally life-long but in 1990 most ABMS member boards moved to “time limited” certification, requiring a repeat test usually every 10 years at a cost of approximately \$2000 per board certification.**
- **In 2014 ABMS member boards moved to Maintenance of Certification (“MOC”) requiring exams, computer modules and various practice improvement activities every 1-2 years. These MOC activities require approximately 20 hours of work per year, are time consuming, expensive (\$200-300/year), and there is no evidence MOC activities improve patient care. Much of the testing is irrelevant to an individual physician’s practice. For example, an orthopedic surgeon who only treats adult patients must spend time learning pediatric orthopedics just so they can pass the tests**

The Problem:

- **There is general agreement that there is no proven method of ensuring or measuring physician excellence or even competence.**
- **Attending continuing medical education lectures and conferences (like continuing legal education activities) has become the de facto measure of “keeping up” similar to CLEs in the legal profession.**
- **Several studies have attempted to evaluate the impact of MOC on patient outcomes by comparing physicians who complete MOC with those who do not. All have failed to show MOC provides any benefit to patient care. But, most agree, the ability to test the impact of MOC is limited.**
- **Of note, many of the negative studies in this area were performed and funded by ABMS member boards who are themselves, conflicted. A recent Mayo Clinic* study found less than 15% of physicians agree with the phrase “MOC is worth the time and effort” so there is neither hard evidence nor general consensus that MOC provides benefit to patient care.**
- **MOC activities are held by the ABMS to be a marker for “quality” but there is no evidence to support this, nor general belief in MOC’s value by physicians.**

***Cook, D. et al; Physician Attitudes About Maintenance of Certification: A Cross-Specialty Nation Survey. May Clin Proc 206:91(10):1116-1345**

Problem: Costs of MOC

- **The ABMS member boards charge physicians approximately \$200-300 per year per board certification maintained, *i.e.* since many physicians have more than one board certification they often pay over \$400 per year. On top of this is time away from practice for review courses and travel. Over the course of a career, a recent *Annals of Internal Medicine** publication estimated a physician will typically pay \$23,000 over a 10 year cycle (ie nearly \$100,000 over the course of a 40 year career) to complete MOC activities.**

***Sandhu, A et al; A Cost Analysis of the American Board of Internal Medicine's maintenance-of-Certification Program; *Ann Intern Med.* 2015 Sep 15;163(6):401-8. doi: 10.7326/M15-1011.**

Problem: Financial Conflicts of Interest

- **The ABMS member boards obtain considerable revenue from MOC. The American Board of Internal Medicine (ABIM) is by far the largest ABMS member board with 200,000 diplomates, and has annual revenue (derived from its 2014 tax Form 990) of \$57M, with \$27M deriving from MOC activities. Senior administrators of ABIM receive \$400-850K in compensation.**
- **Thus, MOC is expensive, onerous, and time consuming; brings enormous revenue to ABMS member boards yet has no proven or even perceived patient benefit.**

REGULATORY MONOPOLY: The anti-competitive aspects of MOC

- Perhaps most disturbing are the anti-competitive aspects of MOC requirements.
- While ABMS member board certification originated as mark of distinction, over the decades ABMS member board certification has virtually become a requirement to practice medicine in the United States. Medicare does not require ABMS member board certification (or MOC), but most private payers require physicians contracting with them have ABMS member board certification. Most hospitals now require ABMS member board certification for staff privileges.
- Neither insurance companies nor hospitals accept alternative certifications. So, by requiring ABMS MOC to maintain certification, the ABMS member boards have made MOC a requirement to practice medicine.

REGULATORY MONOPOLY: ABMS and Payers

- **Most insurance companies are “certified” by the National Committee for Quality Assurance (NCQA). The NCQA is yet another private not for profit organization.**
- **One of the “quality metrics” used by the NCQA to evaluate insurance companies is physician certification by the ABMS.**
- **The originator and CEO of the NCQA (who is paid >\$750K per year) is also on the board of the ABMS, illustrating how these private boards work together to maintain exclusivity in the “quality assessment” business.**

REGULATORY MONOPOLY: Restraint of Trade

- **Patients and physicians are harmed by this “certification monopoly” in many ways. Physicians take a significant amount of time away from their practice each year to fulfill ABMS MOC. Those that don’t participate in MOC, or have trouble passing the tests (which are believed by most to be poor measures of physician competence) are blocked from the practice of medicine. Patients of physicians who do not participate in MOC, therefore, lose the ability to be treated by those physicians.**
- **ABMS has restrained trade by inducing health insurance companies and health plans to exclude physicians who do not purchase and comply with the ABMS MOC program.**

REGULATORY MONOPOLY: MOC Discriminates Against Women and Minorities

- **ABMS has also restrained trade by applying its MOC program unfairly. Physicians certified prior to 1990 are “Grandfathered.” Approximately 40% of physicians are grandfathered at this time. Grandfathered physicians are given life-long certification and are exempt from MOC.**
- **Grandfathering means ABMS requires MOC by younger physicians while exempting older physicians, thereby increasing barriers to entry and reducing competition. In addition to age discrimination, such policies are discriminatory towards women and minorities given the changing demographics in medicine.**
- **As the practice of medicine has shifted to include more women and minorities, these are the groups that are being forced to participate in MOC. Older physicians that are Grandfathered are mostly Caucasian males.**

SOLUTIONS: Alternative Certification Boards

- **One alternative to ABMS member board and AOA required MOC is another, 501(c)3 not for profit organization, the National Board of Physicians and Surgeons (see NBPAS.org).**
- **NBPAS was initiated by concerned, academic and private practicing physicians, many of whom are thought leaders in their various medical specialties.**
- **NBPAS is a volunteer organization. The physician board members and President of NBPAS are unpaid.**
- **Certification by NBPAS requires initial ABMS (or AOA) member board certification, but ongoing certification is primarily based on the physician completing 50 hours of ACCME accredited CME every two years and good citizenship (ie unrestricted medical license and no involuntary denial of hospital privileges)**
- **NBPAS certification is inexpensive (\$75/year) and does not require the irrelevant, expensive, and onerous requirement of MOC.**
- **NBPAS has been providing board re-certification for over 2 years and is growing rapidly, having certified over 6000 diplomates to date. However, NBPAS is currently not accepted by any payers and is only accepted for admitting privileges by approximately 60 hospitals. This precludes the ability of NBPAS to effectively compete with the ABMS.**

SOLUTIONS: Legislative Action

Numerous anti-MOC bills have recently been introduced in many states. The ABMS has lobbied strongly against them. Current Scorecard:

At this time:

- States that have passed Anti-MOC legislation = 8
- States that have Anti-MOC legislation in process = 9
- States that have attempted and failed to pass Anti-MOC legislation = 4

State	Bill #	Most Recent Action
Oklahoma	OK SB1148	Signed 4/11/2016
Missouri	MO HB1816	Signed 7/5/2016
Kentucky	KY SB17	Signed 4/8/2016
Maryland	MD SB989/HB1054	Signed 5/4/2017
Georgia	GA HB165	Signed 5/8/2017
Tennessee	TN SB298	Signed 5/25/2017
Maine	ME LD1200	Enacted Unsigned 6/13/2017
Texas	TX SB1148	Signed 6/15/2017
Alaska	AK HB191	Introduced 3/22/2017
Massachusetts	MA HB2446	Referred To Committee 1/23/2017
Oregon	OR HB3081	Referred To Committee 3/6/2017
Rhode Island	RI SB754/HB5671	SB Introduced Senate 4/12/17 HB Held for Study 3/15/17
South Carolina	SC HB4116	Introduced 4/6/2017
California	CA SB487	Hearing Sked 4/12/2017
New York	NY A.B. 9066	Referred to Committe on January 21, 2016
Ohio	OH H.B.273	Referred to Committe on June 20, 2017
New Jersey	NJ S.B. 3362	Introduced 6/26/2017 & Referred to committee
Florida	FL SB1354 HB723	SB Failed Senate 5/4/2017 HB Failed House 5/4/2017
Arkansas	AR HB1857	Withdrawn 3/23/2017
Michigan	MI HB5090	Prefiled 12/2/2015
Mississippi	MS SB2493	Died in Committee

NBPAS keeps a running spreadsheet on pending and passed anti-MOC bills

Some bills are stronger than others

State	Bill ID	Summary	Action/Date
Alaska	HB 191	Nothing in this chapter may be construed to require a physician to secure a maintenance of certification as a condition of licensure, reimbursement, employment, or admitting privileges at a hospital in this state.	Introduced 3/22/2017 Referred to Health and Social Services
Arkansas	HB 1857	TO PROHIBIT DISCRIMINATION AGAINST A 16 PHYSICIAN FOR A DECISION TO NOT 17 PARTICIPATE IN ANY FORM OF MAINTENANCE OF 18 LICENSURE OR MAINTENANCE OF 19 CERTIFICATION.	Prefiled Mar2, 2017 Reported by Comm with Amendment Mar 9, 2017 Withdrawn by Author 3/23/2017
California	SB 487	This bill would expand those specified provisions to include a provision that the award or maintenance of hospital or clinical privileges, or both, shall not be contingent on participation in a program for maintenance of certification, and, in the case of a public hospital, as defined, a provision that physicians and surgeons providing substantial direct patient care, as defined, may limit hospital committee voting rights on issues affecting patient care to those physicians and surgeons providing substantial direct patient care.	Introduced Senate and First reading Feb16, 2017 Referred to Committees Mar 2, 2017 Hearings either Postponed or rescheduled Mar 20, 27,28, Apr 12!
Florida	SB 1354 HB 723	SB 1354 prohibits the medical board, osteopathic board, the Department of Health, health care facilities, and insurers from requiring physicians to maintain board certification in a subspecialty as a condition of licensure, reimbursement, employment, or admitting privileges. The bill specifies that this prohibition does not impact the board's ability to require continuing medical education.	SB 1354 Prefiled March 1 Withdrawn May 4, 2017 Died in Banking and Insurance HB723 Failed House on May 7,2017 Died in Health and Human Services Comm
Georgia	HB 165	Practicing Medicine Certification House Bill 165 would eliminate the maintenance of certification requirement for those who wish to practice medicine in Georgia. HB 165 passed with a vote of 52 to 1.	Jan 26, 2017 Initiated Mar 1, 2017 House Passed Mar28,2017 Senate Passed 8 May Signed by Governor Effective Date 1 July 2017
Kentucky	SB 17 (BR 125)	AN ACT relating to physicians. Create a new section of KRS 311.530 to 311.620 to prohibit the Board of Medical Licensure from requiring any maintenance of certification and related continuing education requirements for licensure as a physician. The board shall not require any form of maintenance of licensure as a condition of physician licensure, including requiring any form of maintenance of licensure tied to maintenance of certification.	Jan 06, 2016 - introduced in Senate Jan 07, 2016 - to Licensing, Occupations, & Administrative Regulations (S) Jan 26, 2016 - reported favorably, 1st reading, to Calendar Apr 08, 2016 - signed by Governor (Acts, ch. 53)
Maine	LD 1200	Nothing in this chapter may be construed to require an osteopathic physician or surgeon licensed under this chapter to secure a maintenance of certification as a condition of licensure, reimbursement, employment or admitting privileges at a hospital in the state.	Introduced 27 March, 2017 Referred to Committee 27 March, 2017 Passed Senate on May 30, 2017 Passed to Be Enacted, in Concurrence. Passed Senate on May 30, 2017 Passed to Be Enacted, in Concurrence
Maryland	SB 989 HB 1054	FOR the purpose of prohibiting the State Board of Physicians from requiring, as a 5 qualification to obtain a license or as a condition to renew a license, certification by 6 a certain accrediting organization that specializes in a specific area of medicine or 7 maintenance of certification by a certain accrediting organization that includes 8 certain reexamination as a requirement for maintaining certification; and generally 9 relating to physician licensure by the State Board of Physicians.	Introduced Feb 3, 2017 Passed Senate Mar 16, 2017 Passed House Apr 4, 2017 Signed by the Governor on May 4, 2017

Warning: Anti-MOC Bills can be Complex

- **Often this is because many special interests get involved and work to create loopholes.**
- **Note, the language of some bills is not always crystal clear.**
- **When lawyers are asked to evaluate the “strength” of different bills, they do not always agree.**
- **The special interests usually have a financial interest in undermining the anti-MOC movement (Ie American Board of Internal Medicine, American Board of Surgery etc).**
- **There are several very strong bills, some less strong bills and a few bills so weak as to be nearly meaningless**
- **We and other anti-MOC groups must work to combat the pro-MOC special interest groups that are working to defeat or severely weaken the anti-MOC bills.**

We need Strong Anti-MOC Bills

Examples of Strong Vs. Weak Anti-MOC Bills:

- Strong bill = AMA proposed “model legislation”

Key excerpts:

- **A facility licensed under this chapter shall not deny physician hospital staff or admitting privileges or employment based solely on the absence of maintenance of certification**
- **A health insurance entity, as defined in [state law], shall not deny reimbursement to, or discriminate with respect to reimbursement levels, or prevent a physician from participating in any of the entity's provider networks, based solely on a physician's decision not to participate in maintenance of certification**

We need Strong Anti-MOC Bills
Examples of Strong Vs. Weak Anti-MOC Bills:

- Strong bill = Florida as introduced
 - A health care facility or an insurer may not require maintenance of certification or recertification as a condition of licensure, reimbursement, employment, or admitting privileges for a physician who practices medicine and has achieved initial board certification in a specialty or subspecialty pursuant to this chapter.

We need Strong Anti-MOC Bills

Examples of Strong Vs. Weak Anti-MOC Bills:

- Fairly strong bill = Texas as passed.

“(a) Except as provided by Subsection (b), the following entities may not differentiate between physicians based on a physician’s maintenance of certification in regard to: (1) paying the physician; (2) reimbursing the physician; or (3) directly or indirectly contracting with the physician to provide services to enrollees.” (The entities listed include licensed health facilities etc.).

Subsection (b) below weakens the bill slightly:

(b) An entity described by subsection(a) may differentiate between physicians based on MOC if the voting physician members of the..medical staff vote to authorize the differentiation.

Note: Some see (b) as a good thing since it does not limit power of hospitals to set criteria for joining the medstaff, yet ensures this power goes to the entire medstaff.

We need Strong Anti-MOC Bills

Examples of Strong Vs. Weak Anti-MOC Bills:

Weak Bill = Maine

“Nothing in this chapter may be construed to require a physician or surgeon licensed under this chapter to secure a maintenance of certification as a condition of licensure, reimbursement, employment or admitting privileges at a hospital in the State.”

Don't be fooled. This might look strong at first glance, however it is not a prohibition on MOC, but rather a prohibition on state law [Chapter 48 of Title 32 of Maine Revised Statute] being construed as requiring MOC requirements..

A better law in Maine, might look like this:

This chapter prohibits the use of MOC as a requirement for licensure, reimbursement, employment or admitting privileges at a hospital in the State

We need Strong Anti-MOC Bills

Examples of Strong Vs. Weak Anti-MOC Bills:

- **VERY Weak Bill = Kentucky**
 - **The board shall not require any form of specialty medical board certification or any maintenance of certification to practice medicine in Kentucky**

This bill only prohibits MOC requirements tied to licensure. Not meaningful since no state has this requirement; but note the history of efforts by ABMS and FSMB to tie MOC to Maintenance of Licensure (MOL) which this bill does protect against.

FEDERATION OF STATE MEDICAL BOARDS
OF THE UNITED STATES, INC.

SPECIAL COMMITTEE ON MAINTENANCE OF LICENSURE

INTERIM REPORT TO THE BOARD OF DIRECTORS
FEBRUARY 2005

certification should they fail to meet the MOC requirements. Implementation of maintenance of licensure requirements could motivate this subgroup of certified physicians to comply with the MOC requirements in order to meet licensure requirements.

ABMS is discussing the possibility of allowing physicians who are not eligible for certification by an ABMS board (approximately 10 to 12 percent of all licensed physicians) access to some of the tools and resources being developed through the MOC program for their use in meeting maintenance of licensure requirements.



ABMS has been lobbying against anti-MOC bills.

ABMS LOBBYING MATERIALS – details are analyzed on next Power Point

Please vote “NO” on HB 1710

HB 1710 is a very confusing bill and difficult to understand...

Essentially, the bill prohibits Health Plans and Hospitals from considering whether a physician has participated in his or her specialty’s continuing education (maintenance of certification) when credentialing that provider.

The bill says that a Health Plan may not refuse a physician into their network because the physician has not kept up his or her board certification (maintenance of certification).

- Health Plans and Hospitals need to have confidence that the board-certified physicians they are credentialing to provide highly specialized medical care to their members and patients are keeping up with new medical knowledge in their specialties.

Boards require physicians to engage in continuing education in order to maintain their board certification status. That is what “maintenance of certification” means.

- This is a critical piece of their ongoing education, as medicine is changing all the time.

Oklahoma patients, families, and communities expect and trust that when they receive medical care from a board-certified physician, that physician has exceptional expertise in

Anti-MOC Response to ABMS Talking Points

ABMS Lobbying Materials:

“The bill says that a Health Plan may not refuse a physician into their network because the physician has not kept up his or her board certification (maintenance of certification).

- **Health Plans and Hospitals need to have confidence that the board-certified physicians they are credentialing to provide highly specialized medical care to their members and patients are keeping up with new medical knowledge in their specialties.”**

Anti-MOC Response:

- **The essence of the anti-MOC movement is there is neither proof nor general belief that MOC measures physicians success at “keeping up with new medical knowledge.”**

ABMS Lobbying Materials:

“Oklahoma patients, families, and communities expect and trust that when they receive medical care from a board-certified physician, that physician has exceptional expertise in his or her declared specialty or subspecialty.

- **In order for this to be true, it is imperative that the doctor is up-to-date in the knowledge and skills of the specialty – not just at the point of initial certification, but throughout the physician’s professional career.**

Patients and the public can only be assured of this if board certified physicians are actively participating in a professional development process that includes external assessment, medical education, and practice improvement. For American Board of Medical Specialties Board Certified physicians, Maintenance of Certification (MOC) is that essential process.”

Anti-MOC Response:

- **The essence of the anti-MOC movement is there is neither proof nor general belief that MOC assures “the doctor is up-to-date in the knowledge and skills of the specialty”**

ABMS Lobbying Materials:

Please do not let Oklahoma become the only state in the Nation that puts its patients' quality of care at risk by removing Maintenance of Certification requirements for physicians practicing specialized medicine.

We appreciate your “no” vote on HB 1710.

Anti-MOC Response:

There is neither evidence, nor general belief that not participating in MOC “puts patient’s quality of care at risk.”

Incidentally, if not participating in MOC puts patients at risk, why does ABMS exempt half of their certified doctors from MOC because they received their initial boards before 1990?

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.

**ABOVE ABMS LOBBYING
MATERIALS – enlarged text**



“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.”

“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 their ability to contract with such individuals.”

Anti-MOC response:

- 1) True, the bill does restrict hospital's rights. However, since the ABMS/AOA has a monopoly on accepted board certification, a balance between hospital's rights and physician's rights must be legislated.**
- 2) A significant amount of state funding flows to hospitals and insurers. It is not unreasonable to enact provisions on hospitals and insurers protecting patients' ability to seek treatment from physicians of their choice and protecting taxpayers from increased costs driven by counter-productive and expensive mandates.**
- 3) There is no evidence or consensus that MOC helps “select the best-trained and most appropriate individuals.”**



Summary:

- MOC is expensive, onerous, time consuming, brings enormous revenue to ABMS member boards and the AOA yet has no proven or even perceived patient benefit.
- ABMS/AOA mandated MOC is an example of an anti-competitive, regulatory monopoly, that discriminates against younger physicians, women and minorities, while exempting older physicians, who are mostly Caucasian.
- Alternatives to ABMS/AOA mandated MOC exist.
- We respectfully request your support of strong anti-MOC legislation that prohibits the use of maintenance of certification as a condition of licensure, reimbursement, employment or admitting privileges at a hospital in this State.

