



## **HOUSE HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS COMMITTEE**

**January 31, 2018**

### **HB 1769, relative to maintenance of certification by physicians or applicants for a license to practice medicine in New Hampshire**

#### **Testimony**

Good afternoon, Mr. Chairman and members of the Committee. My name is Steve Ahnen, President of the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals and all of our specialty hospitals.

Board certification has historically been an important credential for physicians in many medical specialties. It has served as an objective, third-party verification that a physician has obtained and is maintaining the knowledge and skills necessary to hold him or herself out to the public as an expert in a specific medical specialty. As such, insurers have required that physicians be board certified in order to participate in the networks of their various health plans. And hospitals have found it an important benchmark when they and other providers determine whether or not to accept a physician as a member of their medical staff. And board certification of physicians is often used by certain outside accrediting agencies, such as the American College of Radiology for radiation oncology programs, to receive accreditation by those independent agencies.

Many of our hospital CEO's, including those who are physicians, have spoken with me about the importance of board certification as a credential when recruiting a physician to join their medical staff. When considering a physician, especially someone who may be new to the community, board certification provides a level of assurance of the individual's qualifications. If maintenance of board certification can no longer be a determining factor, there needs to be clarity around alternatives, and at present there are no benchmarks that provide that level of assurance.

But as you have heard from the bill sponsor, the Medical Society and individual physicians, the maintenance of certification process is not perfect. They have raised several important concerns about the ongoing maintenance of certification process. Those concerns are legitimate and absolutely must be addressed. We believe, however, that the proper venue for resolution of these concerns is not in the State House, but rather in discussion and negotiation among physicians, state and national medical societies, the American Board of Medical Specialties (ABMS) and the individual boards themselves.

We have shared our views directly with the ABMS that these issues must be resolved so that board certification and maintenance of certification (MOC) is relevant and timely for physicians, better reflects their practice, and helps to improve the care they provide to their patients. It is my understanding that the ABMS and the individual specialty boards are working to make

improvements to the MOC process. A meeting was held in December in Chicago with the ABMS, many of the specialty boards, state and national medical and specialty societies, to focus on many of these issues which provided an important opportunity to communicate directly with one another and has produced some ongoing work and dialogue. Whether those efforts provide the platform for resolving these issues is yet to be determined. It is certainly our hope that they lead to meaningful changes that address the many issues that have been raised by physicians here in New Hampshire and around the country. It is our hope that this dialogue can continue before we move to adopting legislation that would intercede in these matters.

I do want to acknowledge and thank the sponsor, Representative William Marsh, MD, for his openness in discussing this legislation with us late last year. I want to thank him for listening to the concerns we had raised about the initial draft of his bill and his willingness to make some modifications to it. Namely, we were very concerned that the bill would have applied not only to maintenance of certification, but to the physician's initial board certification. As we have discussed, that is an important distinction and felt it was important that should any changes be made in this area, that it not apply to that initial board certification.

And secondly, we were very concerned that the initial draft of his proposal would potentially violate the Medicare Conditions of Participation by elevating a decision by the hospital's medical staff above the governing body of the institution which is legally responsible for the conduct of the hospital. Again, I want to thank Representative Marsh for making this change, which as I understand is contained in the following language,

“(c) An entity described under subparagraph (a) may differentiate between physicians based on a physician's maintenance of certification if the voting physician members of the entity's organized medical staff vote to authorize the differentiation and that vote is recommended to and approved by the entity's governing body.”

While we certainly appreciate these important modifications, we again believe that resolution of this issue would be better addressed by the ABMS and specialty boards sitting down and working with state and national medical societies and physicians to ensure that board certification continues to be relevant, timely and an important credential for physicians. For that reason, we cannot support the legislation before you.

Mr. Chairman, thank you again for the opportunity to share our views with the Committee. I would be happy to answer any questions.