

## SENATE HEALTH AND HUMAN SERVICES COMMITTEE

March 27, 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 Paula Minnehan, VP, State Government Relations at the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals and all of our specialty hospitals.

Board certification has been and continues to be 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 a radiation oncology program, to receive accreditation by those independent agencies.

Many of our hospital CEO's, including those who are physicians, have spoken with us 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 the same level of assurances.

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

our 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 or if they're viewed as too little, too late 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 in the initial draft.

While we thought initially the amended bill language changes would suffice, after further discussion with our members and other legal advisors, it was determined that further modifications to the bill are necessary for hospitals to be reassured that the hospital's governing body is ultimately responsible for the determination of whether or not maintenance of certification can be considered as a factor, but not the only factor, when determining who will be on their medical staffs. We appreciate the drafting of the amendment being considered today that addresses these ongoing concerns. We support the amendment and believe it is critical in providing reassurances to our members and their governing bodies regarding this legislation.

While we certainly appreciate these important modifications, we continue to 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. Having said that, should the legislature adopt the proposed amendment being considered today, we would be comfortable with that approach.

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