

September 21, 2017

The Honorable Bo Watson
Tennessee Senate
301 6th Avenue North
Suite 307 War Memorial Building
Nashville, TN 37243

Re: Tennessee Maintenance of Certification Task Force

Dear Senator Watson:

On behalf of the American Medical Association (AMA) and our physician and student members, I am pleased to offer comments for consideration of the Tennessee Maintenance of Certification (MOC) Task Force (Task Force). The public relies on members of the medical profession to establish standards for entering the profession to practice medicine and to ensure that they are maintaining certification. Patients expect that their physician's certification reflects ongoing education and practice improvement and that they are competent and provide high-quality care. Patients also expect that physicians are periodically examined to assure that they are up to date in knowledge and practice.

The AMA is committed to ensuring that MOC and Osteopathic Continuous Certification (OCC) support physicians' ongoing learning and practice improvement as well as assuring the public that physicians are providing high-quality patient care in their practice settings. The AMA continues to advocate for a certification process that is evidence-based and relevant to clinical practice as well as cost-effective and inclusive to reduce duplication of work. We offer the Task Force the following information in light of these considerations.

AMA Policy and Action

The AMA has developed a series of comprehensive policy statements and reports on MOC and OCC. MOC and OCC are career-long processes of learning, assessment and performance improvement that are meant to demonstrate proficiency within a chosen discipline, but are separate and not meant to be required for licensure, employment or reimbursement. AMA policy supports the intent of the MOC and OCC programs. In particular, the AMA:

- Believes that MOC and OCC should not be a mandated requirement for licensure, credentialing, recertification, privileging, reimbursement, network participation, employment or insurance panel participation;
- Opposes discrimination against physicians based solely on lack of board certification, or where board certification is one of the criteria considered for purposes of measuring quality of care, determining eligibility to contract with managed care entities, eligibility to receive hospital staff or other clinical privileges, ascertaining competence to practice medicine, or for other purposes.

Currently, MOC and OCC are meant to demonstrate proficiency within a chosen discipline, but are not required for medical licensure in any state. The AMA understands that many hospitals have independently made the decision to require recertification for the granting of privileges, and that various quality organizations and insurers use MOC and OCC to help identify commitment to professionalism and continuous performance improvement. To date, however, the AMA is not aware of comprehensive data demonstrating the use of MOC as a requirement for licensure, credentialing, reimbursement, network participation or employment. As such, we would be very interested in any work product of the Task Force reporting on the use of MOC in this regard.

The AMA continues to work with the American Board of Medical Specialties (ABMS) and its member boards to address AMA concerns about the MOC Part II examination, and is aware of similar engagement between national medication specialty societies and their respective specialty boards. I am pleased to report that, based in part on these constructive efforts, about half of the ABMS member boards have taken steps to make the examination more constructive and less onerous for physicians. These ABMS member boards are addressing issues of convenience, relevance and cost. Moreover, many are moving toward longitudinal low-stakes assessment to reduce the anxiety and burden of the 10-year examination. Concurrent with these efforts, it is our understanding that some ABMS member boards are also looking at ways to innovate assessment of medical knowledge, and some are testing or have already implemented alternatives to the traditional secure, high-stakes examination.

For more detailed information on these improvements, as well as a discussion of current research on the value of MOC and a review of alternatives to the traditional high-stakes exam and alternative pathways to recertification, I encourage the Task Force to refer to the enclosed AMA Council on Medical Education Report entitled, "Update on Maintenance of Certification and Osteopathic Continuous Certification."

Legislative Activity

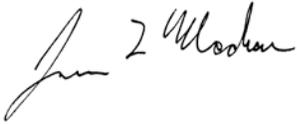
Several states are considering or – like Tennessee – have enacted legislation that prohibits the use of MOC and OCC as a criterion for privileging, employment and reimbursement, though most enacted legislation addresses only licensure requirements. Currently, states including Arizona, Georgia, Kentucky, Maine, Maryland, Missouri, Oklahoma, Tennessee and Texas have enacted legislation prohibiting state licensing boards from requiring MOC and OCC for licensure. One state – Texas – has also taken steps to regulate the use of MOC and OCC in hospital settings, reaffirming the right of the hospital medical staff to continue to set the standards through medical staff bylaws that govern standards for membership and privileges, given the medical staff's responsibility for the provision of quality care.

Pursuant to AMA policy directives, the AMA has created model state legislation intended to prohibit state boards of medicine and osteopathic medicine from requiring physicians to maintain certification or licensure or license renewal; prohibit boards from denying staff privileges or admitting privileges to a physician solely based on the physician's lack of participation in MOC or OCC; and prohibit insurers from denying reimbursement to a physician, or preventing a physician from participating in the insurer's network, based solely on the physician's lack of participation in MOC or OCC. This model legislation is enclosed for the Task Force's information.

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Thank you for the opportunity to submit these comments. If you have any questions, please contact Kristin Schleiter, JD, Senior Legislative Attorney, Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783.

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara".

James L. Madara, MD

Enclosures:

cc: Tennessee Medical Association