Robert E. Moffit, Ph.D.
CHAIR

Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION
4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

[DRAFT September 4, 2018]

The Honorable Shane Pendergrass
Chair
House Health and Government Operations
Room 241 House Office Building
Annapolis, MD 21401

RE: Findings and Recommendations of Physician Maintenance of Certification Work Group

Dear Chair Pendergrass:

In March, you requested that the Maryland Health Care Commission (MHCC) study physician maintenance of certification requirements "with the goal of recommending legislation for consideration during the 2019 session". MHCC convened a work group of key stakeholders and conducted a study on this issue. The four meetings were well-attended and the discussion vigorous. The members of the work group were not able to reach consensus on a legislative approach to this issue. As a result, MHCC does not recommend legislation on this topic for the 2019 legislative session. However, the work group was able to clarify a number of factual issue related to this topic and identify non-legislative approaches that could remedy the current impasse.

Board Certification and recertification background

Board certification is a credential for physicians that indicates a level of expertise in a specialty. Board Certification is provided by boards of physicians in a specialty. These boards are often non-profit organizations, and most individual specialty boards belong to larger non-profit organizations. The two largest organizations of this type are the American Board of Medical Specialties (ABMS) (880,000 Board Certified physicians) and the American Osteopathic Association (AOA) (30,000 Board Certified physicians).[1] Many Boards' requirements for initial board certification include education and training requirements (ex. completion of medical school and a residency and/or fellowship), licensure to practice medicine in a State, and passing a rigorous test.[2]

Historically, board certification was a life-long credential. However, beginning in the 1970's and accelerating in the 1990's, certifying boards began to require periodic renewals, which required exams, continuing medical

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[1] American Board of Medical Specialties, ABMS Board Certification Report 2016-2017, https://www.abms.org/media/139572/abms_board_certification_report_2016-17.pdf, accessed 8/17/2018; Wieting JM, Weaver JL, Kramer JA, Morales-Egizi L. Appendix 2: American Osteopathic Association Specialty Board Certification. J Am Osteopath Assoc 2017;117(4):268–271. doi: 10.7556/jaoa.2017.045.
[2] American Board of Medical Specialties, "ABMS Board Certification Report, 2016-2017", https://www.abms.org/media/139572/abms_board_certification_report_2016-17.pdf, page 14; American Osteopathic Association Board Certification, "About AOA Certification", https://certification.osteopathic.org/about/, accessed 8/23/2018.

education classes, and other requirements.[3] These requirements are referred to as "maintenance of certification, "continuous certification", or similar terms. The term "recertification" or "board recertification" is used to refer to this concept in this letter. Doctors who had obtained board certification before recertification requirements were created were often exempt from the recertification requirements ("grandfathered"). Physicians who are subject to recertification requirements and do not comply with this requirements will lose their board certification status.

Board certification is technically voluntary for physicians. However, hospitals, health systems, and other entities may choose to require board certification as a condition of the physician's employment or privileges. Similarly, insurers may require board certification as a condition of payment or participation in an insurer's network. Consumers/patients may prefer to see board certified physicians. Thus, obtaining and maintaining board certification can be important to a physician's career and/or business.

Board Certification and State Licensure

The State of Maryland prohibits physicians from practicing medicine unless they are licensed in the state.[4] The State of Maryland does not require board certification for licensure in the State.[5] State licenses to practice medicine must be renewed every two years.[6] Renewal requires that the physician complete fifty hours of continuing medical education, a criminal history records check, payment of a fee, and other requirements set by the Maryland Board of Physicians.[7]

Specialty Board Certification is required for an initial expedited licensure under section 3 of the Interstate Compact on Medical Licensure, for physicians who chose to be licensed under the compact.[8] However, physicians are not required to maintain their specialty board certification to renew their licenses under the Compact.[9]

Work Group and Study Process

MHCC convened a work group with sixteen members, including all organizations and individuals named in the Chair's charge letter to MHCC.[10] The work group met four times between June 2018 and September 2018. Before and between meetings, MHCC staff conducted research and prepared materials to inform the work

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[3] American Board of Medical Specialties "Table 2D: ABMS Member Board Requirements for Continuing Certification (MOC)", ABMS Board Certification Report, 2016-2017, https://www.abms.org/media/139572/abms_board_certification_report_2016-17.pdf, page 25; Scheinthal S, Wieting JM, Elko E, Bowling J, Gonzalez F, Librizzi R, Murcek B, Simms B. Evolution of AOA Specialty Board Certification. J Am Osteopath Assoc 2015;115(4):265–267. doi: 10.7556/jaoa.2015.051.

[4] Title 14, MD Health Occ Code (2018). The State of Maryland prohibits physicians from practicing medicine unless they are licensed in the state.MD Health Occ Code § 14-301 (2018). There is a limited, education-related, exception to this rule in MD Health Occ Code § 14-301 (2018) and additional limited exceptions in title 14 of the Maryland Health Occupations Code (2018).

[5] MD Health Occ Code § 14-307 (2018). Physicians that fail the state licensing exam three or more times may use board certification to qualify for a license in Maryland, but board certification is not required. MD Health Occ Code § 14-307(g) (2018).

[6] COMAR 10.32.01.08

[7] COMAR 10.32.01.08; COMAR 10.32.01.10; Maryland Board of Physicians, "Application for Reinstatement of Medical License", https://www.mbp.state.md.us/forms/phyreint.pdf

[8] Section 3(a)(1)(II) of the Interstate Compact on Medical Licensure, MD Health Occ Code § 14–3A–01 (2018).

[9] Section 3(a)(2) of the Interstate Compact on Medical Licensure, MD Health Occ Code § 14–3A–01 (2018).

[10] The Honorable Shane Pendergrass to Ben Steffen, March 13, 2018, available at: https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/Physicians_Specialty_Certifications_Study_HB%20857_Request_HGO.pdf

group and answer questions raised during work group meetings. A list of work group members and attendees is available at: [INSERT LINK]. All meeting materials, including agendas, minutes, and presentations, are available on the work group's webpage on the MHCC website: http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_maintenance_cert.aspx

Physician Board Recertification Requirements: Justifications and Concerns regarding

Justifications for recertification requirements

The leading organizations of certifying boards consider board recertification learning and assessment requirements to be important to ensuring continuous improvement throughout a physician's career. This, in turn should promote health care quality and safety in a field that changes frequently. Certifying Boards also use the recertification process as a way to promote professional skills (like communication and teamwork) and ethics in the medical profession.[11]

Evidence linking recertification requirements to better quality patient care exists.[12] However, counter evidence also exists and the issue of whether recertification requirements are effective at improving patient care was highly debated in the work group.[13]

Concerns about recertification programs

Some physicians have raised concerns about board recertification requirements (physicians do not seem to have concerns about initial Board Certification). The primary concerns fall into four categories.

1. **Fairness**: The discrepancy in treatment between physicians subject to recertification and grandfathered physicians is unfair. In addition, requiring high stakes tests every renewal period is unfair for physicians who do not test well (but may be excellent physicians).[14]
2. **Time Burden and Access**: Physicians find compliance with the recertification requirements (including studying for an exam) to be time consuming. Completing recertification tasks take physicians away from their patients and families, impacting their businesses, hindering patient access, and contributing to physician burnout.
3. **Relevancy**: The exam and other recertification requirements contain material that is not relevant to the physician's practice. This issue is most acute when the physician is practicing a much focused subspecialty and the recertification is for the broader specialty. Some physicians also question the relevancy to the requirements to ensuring quality patient care.[15]

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[11] American Board of Medical Specialties, "ABMS Board Certification Report, 2016-2017", https://www.abms.org/media/139572/abms_board_certification_report_2016-17.pdf, page 13; page 25-27

[12] American Board of Medical Specialties, "The ABMS Program for Maintenance of Certification (ABMS recertification®) is Liked to Better Patient Care", http://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/Studies_on_Impact_of_recertification_on_Patient_Care_and_Safety.pdf

[13] National Board of Physicians and Surgeons, "Journal Club recertification Literature Review", https://nbpas.org/wp-content/uploads/2018/06/recertification-Journal-Club_2018-05-30.pdf, accessed 8/23/2018

[14] As an example, the American Board of Internal Medicine, a member board of ABMS, reports an average pass rate for first time MOC exam test takers of 85 percent, and 96 percent pass within three years, for the period between 2008 and 2013. The pass rate varies by year and subspecialty. American Board of Internal Medicine, "First-Time Taker Pass Rates - Maintenance of Certification", https://www.abim.org/~/media/ABIM%20Public/Files/pdf/statistics-data/maintenance-of-certification-pass-rates.pdf, Accessed August 30, 2018

[15] National Board of Physicians and Surgeons, "Journal Club recertification Literature Review", https://nbpas.org/wp-content/uploads/2018/06/recertification-Journal-Club_2018-05-30.pdf, accessed 8/23/2018

4. **Expense:** Satisfying recertification requirements is expensive due to fees, travel, and test prep costs, as well as opportunity costs from lost productivity.

In addition, physicians who are required to maintain their certification to maintain hospital privileges or employment feel that they have no choice but to participate in the maintenance of certification requirements, contributing to additional frustration.

This frustration is reflected in principal 15 of the American Medical Society's Principles on Maintenance of Certification "The MOC program should not be a mandated requirement for licensure, credentialing, recredentialing, privileging, reimbursement, network participation, employment, or insurance panel participation."[16]

Approaches to addressing physician concerns

Four paths exist to address physician concerns

There are four possible approaches to addressing physician concerns with recertification requirements. The first approach is to work within the existing credentialing boards to encourage change. The second approach is to work with health systems to change the requirements of employment or privileges. The third approach is to form an alternative board certifying organization, to allow for competition against the existing organizations. The fourth approach is to seek statutory change that prohibits health systems, insurers, and other entities from requiring maintenance of certification as a condition of payment, privileges, or employment. Each approach has pros and cons. All four approaches are discussed below.

Changing recertification programs in existing credentialing boards

Both the ABMS and AOA are aware of physician concerns about the current maintenance of certification requirements and have begun to respond. In early 2018, ABMS established a commission (the Vision for the Future Commission) which is studying the issue of recertification and will make recommendations to ABMS in 2019.[17] This commission has collected testimony from a broad set of sources, including state medical societies in eight states, practicing physicians, health systems, and credentialing staff.[18] The commission also conducted a survey and received responses from more than 36,000 individuals (34,600 physicians).[19]

Concurrent with the work of the Vision for the Future commission, some ABMS member boards are making changes to recertification requirements. For example, the American Board of Internal Medicine now offers "knowledge check-ins", more frequent and shorter assessments of physician knowledge as an alternative to the long-form exam.[20] These shorter assessments can be completed at home[21], eliminating travel time and

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[16] American Medical Association, "Issue brief: Maintenance of Certification laws and legislation", 2018. Available on the work group web page: https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/AMA_St_Chart_MOC_laws_legislation.pdf

[17] Vision Initiative for the Future, "Detailed Timeline", https://visioninitiative.org/about/detailed-timeline/, accessed 9/4/2018.

[18] Continuing Board Certification: Vision for the Future Commission," Summary of Testimony", July 2018; https://visioninitiative.org/wp-content/uploads/2018/07/Vision_for_the_Future_Public_Testimony.pdf, accessed 9/4/2018.

[19] Vision for the Future Commission, "Stakeholder Beliefs about the Future of Continuing Certification: Survey Findings", July 2018, https://visioninitiative.org/wp-content/uploads/2018/07/Vision_for_the_Future_Stakeholder_Survey_Summary.pdf, accessed 9/4/2018.

[20] "Knowledge Check-in: ABIM MOC changes mean more choices", blog, NEJM Plus, https://knowledgeplus.nejm.org/blog/knowledge-check-in-abim-moc-changes-mean-more-choices/, accessed 9/4/2018.

[21] Ibid.

expenses. ABMS remains committed to including some form of assessment of physician knowledge as a component of its board recertification programs.

AOA member boards are making similar changes to their recertification programs. AOA continuous certification programs include requirements for both cognitive and practice assessment.[22] In July 2018, the American Osteopathic Board of Radiology became the first board to eliminate the high stakes exam component of their ten year recertification process, moving to a new assessment format.[23] This board also cut the required number of CME hours from 120 hours every 3 years to 60 hours every 3 years (note that this averages to less than Maryland's licensure requirements).[24]

It is too early to determine if recent or future changes to recertification programs will be sufficient to address physician concerns.

Working with hospitals to change medical staff requirements

Hospitals set their own rules for employing physicians, providing physician privileges, and establishing similar relationships, within the bounds of federal and state laws and regulations. In a hospital setting, the medical staff is self-governing and is responsible for credentialing physicians who work in the hospital. All credentialing and privileging decisions and processes set by the medical staff must be approved by the hospital's governing body (i.e. the hospital's Board).[25] Hospitals strongly believe that their ability to independently set evaluation criteria for providers is important to their business and their role in maintaining quality of care within their facilities.

To the extent that a hospital requires continued maintenance of board certification as part of its credentialing requirements for medical staff, physicians must maintain this certification to maintain their employment or privilege status with the hospital. Because medical staff are self-governing, physicians have the option to propose changes to hospital policies, following the process outlined in each hospital's medical staff by-laws and subject to approval by the hospital board. [26]

In 2017, Frederick Memorial Hospital voted to eliminate recertification requirements for physicians on the grounds that the hospital's internal processes, combined with state licensure requirements, ensure high quality care, and that recertification requirements were not necessary.[27] Frederick Memorial continues to require initial board certification through a credentialing board recognized by the hospital.[28]

Some work group members raised concerns that hospitals may risk their certification from the Joint Commission if they made similar decisions. However, the Joint Commission's Certification Manual focuses on the importance of a self-governing medical staff to determine medical staff membership requirements,

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[22] AOA, "Osteopathic Continuous Certification", https://certification.osteopathic.org/osteopathic-continuous-certification/, accessed 9/4/2018.
[23] AOA, "AOBR Pilots New OCC Examination Format", Wednesday, July 11, 2018, https://certification.osteopathic.org/news/aobr-pilots-new-occ-examination-format/, accessed 9/4/2018
[24] Ibid.
[25] The Joint Commission, "Medical Staff", Comprehensive Accreditation Manual for Hospitals, January 2018.
[26] Ibid
[27] Meeting Summary, Physician Maintenance of Certification Work Group, Meeting of June 19, page 2, https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/FINAL_MOC_Meeting_Summary_June_19_2018.pdf, accessed 9/4/2018.
[28] Ibid.

rather than specifying specific requirements.[29] Frederick Memorial underwent Joint Commission review in the fall of 2017, and no concerns were raised about their membership criteria.[30]

Creating an alternative board certifying entity to reduce recertification requirements

As an alternative to working for change within the existing specialty boards, some physicians have created an alternative certifying entity. The National Board of Physicians and Surgeons (NBPAS) is a non-profit that was created in 2014 to provide an option for physicians looking for a less burdensome option for board recertification. In order to qualify for board certification from NBPAS, a physician must have initial certification from an ABMS or AOA member specialty board, a valid license to practice, and not have had clinical privileges revoked in that specialty. For some specialties, active hospital or outpatient privileges in that specialty are also required.[31]

A physician who joins NBPAS is required to complete 50 hours of continuing medical education every two years and pay a small fee (under $200) for renewal of the NBPAS board certification.[32] There is no required assessment component for NBPAS recertification. Thus this approach reduces, but does not eliminate, requirements for recertification activities by physicians. As of mid-2018, approximately 7,000 physicians have board certification through NBPAS.

In order to be successful in reducing the burden of recertification on physicians, NBPAS must be recognized as a valid board certification entity by hospitals, health systems, credentialing entities, and under applicable laws. As of 2018, 77 hospitals in the United States have changed their bylaw to accept NBPAS as a board certifying entity. In Maryland, Frederick Memorial made this change to their bylaws in September of 2015.[33] Sibley, a Hopkin's affiliated hospital in Washington, D.C., also accepts NBPAS certification.

Accepting NBPAS certification does not cause issues with Joint Commission accreditation. The Joint Commission focuses on medical staff independence, as opposed to setting specific requirements.[34] In the years when Frederick Memorial accepted NBPAS certification but had not yet eliminated board recertification requirements all together, only six physicians at Frederick Memorial had switched to NBPAS (less than one percent of the medical staff).[35]

Hospital representatives on the work group are strongly commitment to maintaining their ability to independently set standards for credentialing the providers that they work with. Hospital representatives argued that decisions to accept recertification from NBPAS or other alternative certification organizations should remain under control of the hospital's medical staff and board of directors.

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[29] The Joint Commission, "Medical Staff", Comprehensive Accreditation Manual for Hospitals, January 2018.
[30] Meeting Summary, Physician Maintenance of Certification Work Group, Meeting of June 19, page 2, https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/FINAL_MOC_Meeting_Summary_June_19_2018.pdf, accessed 9/4/2018.
[31] NBPAS, "FAQs", https://nbpas.org/faqs/, accessed 9/4/2018.
[32] Ibid. For comparison, recertification fees for recertification member boards average $262 per year. Drolet BC, Tandon VJ. Fees for Certification and Finances of Medical Specialty Boards. JAMA. 2017;318(5):477–479. doi:10.1001/jama.2017.7464
[33] Meeting Summary, Physician Maintenance of Certification Work Group, Meeting of June 19, page 2, https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/FINAL_MOC_Meeting_Summary_June_19_2018.pdf, accessed 9/4/2018.
[34] The Joint Commission, "Medical Staff", Comprehensive Accreditation Manual for Hospitals, January 2018.
[35] Meeting Summary, Physician Maintenance of Certification Work Group, Meeting of June 19, page 2, https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/FINAL_MOC_Meeting_Summary_June_19_2018.pdf, accessed 9/4/2018.

NBPAS may also seek recognition from the Maryland Board of Physicians. As stated earlier, board certification is not a requirement for licensure in Maryland. However, the Maryland Board of Physicians recognizes board certification entities, regulates physician advertising of board certification status, and requires that peer reviewers in physician disciplinary actions be board certified.[36] Maryland law currently recognizes ABMS and AOA member boards as board certifying entities.[37] Board certifying entities that wish to be recognized by the state of Maryland can apply to the Maryland Board of Physicians for recognition under current law.[38] As of August 2018, NBPAS had not applied to the Maryland Board of Physicians for state recognition. There are no apparent statutory barriers to NBPAS applying for state recognition from the Board of Physicians.

Seeking statutory change to prohibit board recertification requirements

Increasingly, physicians are seeking to change state statutes to prohibit the requirement of board recertification by state licensing boards, hospitals, insurers, or other entities.[39] As of early 2018, eleven states had passed legislation preventing their state licensure board from requiring board recertification. Five states have passed laws related to board recertification that impact hospitals and/or insurers.

The states that have prohibited the use of board recertification requirements by hospitals or other entities have taken one of the following two approaches:

1. Statutes that amend the title of the state code related to professional regulation of physicians to prohibit differentiation between physicians based on MOC for "reimbursement" or "employment" or privileges. Georgia, Oklahoma, and South Carolina have used this approach.[40] This approach may be limited in impact, in part because some of this bills use the language "nothing in this title shall be construed to…." and the amended titles of the state code do not regulate hospitals or insurers.
2. Statutes that amend the titles of the state code related to insurance and hospitals to prevent differentiation between physicians based on board certification status. Texas and Tennessee have taken this approach.[41]

MHCC staff compiled a memo detailing the statutory approaches in all five states mentioned above. This memo is available on the MHCC website at: https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/Memo_5_%20st_%20leg_w_text.pdf

Three primary concerns were raised in the work group about a taking a statutory approach that would impact hospitals and/or insurers.

[36] MD Health Occ Code §§ 14-101, 14–401.1, 14-411.1(b), 14–503 (2018). A compilation of references to board certification in Maryland law is available on the work group web site: https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/MD_Law_Relevant_to_MOC_Work_Group_7_20_18_update2.pdf
[37] MD Health Occ Code § 14-101(c) (2018). The Maryland Board of Physicians also recognizes the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.
[38] MD Health Occ Code § 14-101.1 (2018).
[39] American Medical Association, "Issue brief: Maintenance of Certification laws and legislation", 2018. Available on the work group web page: https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/AMA_St_Chart_MOC_laws_legislation.pdf
[40] GA Code § 43-34-46 (2017); Okla. Stat. Ann. tit. 59, §492(G); S.C. Code Ann. § 40-47-38 (Supp 2018)
[41] T.C.A. §§ 33-2-422, 56-7-1006, 63-6-246, 63-9-123, 68-2-422. Tex. Ins. Code § 1461.001 et seq. Tex. Occ. Code §§ 151.002(a), 151.0515155.003, 156.001(f).

1. *Impact on quality of care:* Some work group members would like to be able to see data on the impact of these statutes on quality of care in other states. However, effective dates for these statutes range from July 1, 2016 to July 1, 2018.[42] Given the recent implementation of these new laws, insufficient data exists at this time to determine if passage of these statutes impact trends in patient safety, hospital quality performance, or physician disciplinary actions.
2. *Hospital Accreditation:* Some group members raised a concern that such statutes could raise difficulty for hospitals in the state seeking accreditation from the Joint Commission. However, an interview between MHCC and Joint Commission staff clarified that accredited hospitals must comply with all applicable state and federal law and that compliance with applicable law is a valid explanation for any concern that might be raised by a Joint Commission review.
3. *Medicare [needs additional research]*
4. *Independence and control:* Hospitals and insurers believe, on principal, that their independence over setting criteria for employment, privileges, and other credentialing-related decisions is fundamentally important. Physicians on the work group expressed a similar preference for self-control over determining their own need for training and assessment. These two positions are not reconcilable at this time.[43]

Additional Finding: Health Insurers in Maryland do not require board recertification, and some do not require initial board certification
Although insurers who were represented on the workgroup strongly opposed legislation that would prohibit them from considering board recertification in network and reimbursement decisions, it appears that insurers in Maryland are not currently requiring board recertification. The work group did not survey all insurers in Maryland on this topic, but did hear from many insurers, including work group members.

Insurers in Maryland generally delegate credentialing to hospitals for practicing Maryland physicians who are affiliated with a hospital.[44] To the extent that the hospital or health system requires board recertification for employment or privileges, that requirement would be carried through to the insurer with respect to physicians affiliated with that hospital. Similarly, changes to medical staff bylaws at the hospital to remove recertification requirements or allow for alternative certifying boards, as described above, would also pass through to the insurer. For independent physicians, the insurers that provided information to the work group did not require board recertification, and at least one major insurer in the state did not require initial board certification.

As a result of this finding, the work group spent relatively little time discussing insurance-related topics. The work group also did not discuss malpractice insurance, another topic raised in legislation in some other states.

Recommendation **[Note: Subject to approval by the Commissioners of the MHCC]**
MHCC supports steps that reduce physician burden and improve physician retention while maintaining quality of care. MHCC shares physician concerns about the burden that board recertification processes have placed on physicians. With respect to physician board certification requirements, MHCC recommends that the General Assembly should not take legislative action on this issue at this time. Key stakeholders in the work group were

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[42] Memo Re: Out-of-State Legislation on MOC affecting hospitals and/or insurers, Regulations, and Related Topics, July 24, 2018, https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/Memo_5_%20st_%20leg_w_text.pdf
[43] Note that Texas's statute addressed this concern by setting a baseline rule that hospitals could not consider board recertification, but allowing hospital medical staff and hospital boards to overrule that rule through their medical staff bylaws. Ibid.
[44] According to MHCC staff analysis of data from the Maryland Board of Physicians 2016 Licensure Renewal Files, 61% of actively practicing physicians in Maryland are affiliated with a hospital or health system. Presentation, Physician Maintenance of Certification Work Group July 24, 2018, https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/moc/7_24_2018_MOC_Wrkgrp_Prst_v2.pdf

unable to reach compromise on a legislative approach and information on the impact of similar legislation in other states is not yet available. In addition, physicians have non-legislative means to change recertification through modernizing requirements within traditional board certifying organizations, encouraging acceptance of alternative board certification organizations with reduced recertification requirements by hospitals and other health facilities, and through changes to hospital medical staff by-laws that could provide physicians with greater flexibility in recertification or relief from recertification requirements altogether.

Maryland should continue to monitor data on quality from states that have adopted legislative changes and hospitals which have removed board recertification requirements from hospital bylaws, recognizing that it will likely be several years before meaningful data is available for evaluation. Maryland should also monitor ongoing changes in recertification requirements at ABMS and AOA.

Conclusion

MHCC thanks all members of the work group for their active engagement on this topic. Additional resources from the work group, including meeting minutes, presentations, research reports, and a summary of state statutory provisions that reference board certification, are available at http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_maintenance_cert.aspx.

MHCC welcomes feedback and questions on this topic. Please contact Megan Renfrew, Chief of Government Affairs and Special Projects, at megan.renfrew@maryland.gov or (443)-615-1338 or contact me directly at 410-764-3566.

Sincerely,

Ben Steffen,
Executive Director
Maryland Health Care Commission

cc: Robert Moffit, PhD., Chairman MHCC
Andrew Pollack, MD, Vice Chairman MHCC
Robert Neall, Secretary, Maryland Department of Health
MOC Workgroup Members [ADD LINK TO LIST]

Attachments:

DRAFT