



THE WAR OVER MOC HEATS UP

A LOOK AT ANTI-MOC LEGISLATION ACROSS THE COUNTRY

BY NEIL CHESANOW

Many things make doctors angry, but one issue has made them angry enough to join together in a unified effort to demand relief from their medical societies and representatives in state legislatures: mandatory maintenance of certification (MOC).

Pressing state lawmakers to enact anti-MOC legislation are grassroots doctor organizations, among them the National Board of Physicians and Surgeons, American Association of Physicians and Surgeons, and Practicing Physicians of America; physician bloggers (some claiming to have thousands of readers); and individual doctors.

Together, these forces have coalesced into a movement that has been influential in spurring medical

societies to propose legislation to ban mandatory MOC requirements by hospitals and insurers in at least 17 states this year.

Formidable MOC Proponents

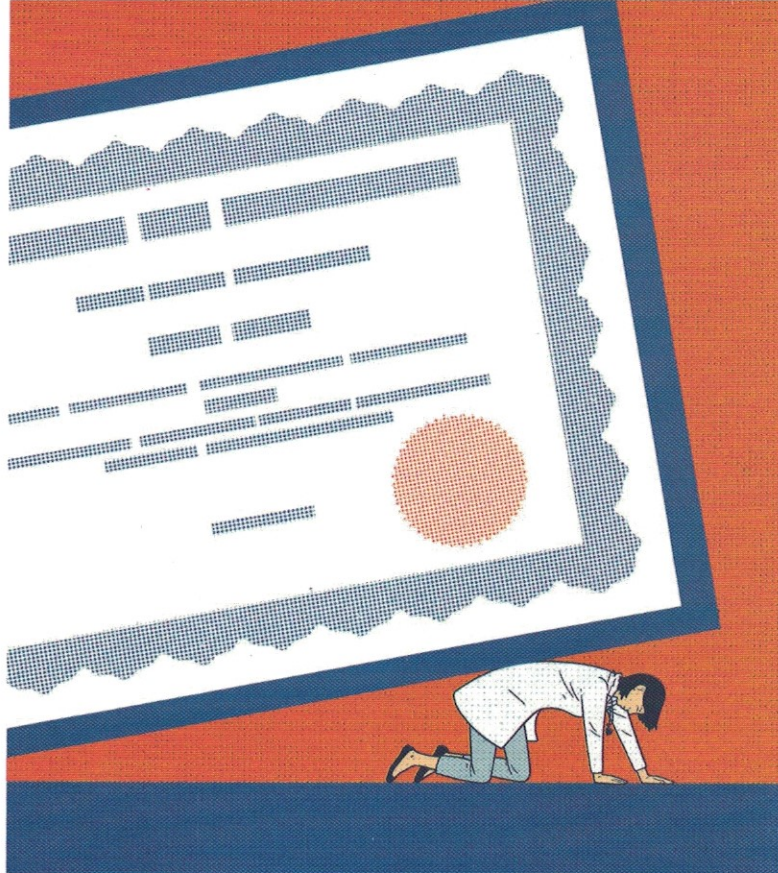
Seeking to block anti-MOC legislation are the American Board of Medical Specialties (ABMS)—which sets the standards for physician certification in partnership with 34 member boards—and some hospitals and health insurers in a given state.

These allies have sought to convince state legislators that hospitals and insurers requiring MOC for credentialing, reimbursement, and network participation should be permitted to continue in the interest of quality of care and patient safety, say physician-legislators who have sponsored anti-MOC legislation.

As to why MOC should remain mandatory, “ABMS believes that this legislation puts patients at risk,” ABMS said in an email to Medscape. “Patients deserve to know that their physicians are up to date. Faced with a physician who was initially certified after residency but who has not kept the certificate current, patients will be in the dark.”

But doctors in the opposition movement charge that MOC has evolved into a money-making scheme that forces them to pay recertification testing fees that are too costly and are required too often.

ABMS has tried to meet the doctors halfway. “Physicians have raised several legitimate concerns about the MOC process, and the ABMS Member Boards have adopted several changes that lower the costs,



Mixed Results on the State Level

Last year, medical societies in Arizona, Kentucky, and Michigan tried getting anti-MOC legislation passed. But they only

Rebel MD. The reason: No state currently conditions medical licensure on MOC.

However, in 2012, the Federation of State Medical Boards sought to convince the Ohio legislature to require MOC for medical licensing renewal. The measure was defeated, but many doctors fear this could happen in other states, so passing a law that explicitly forbids it addresses a real concern, says cardiothoracic surgeon Richard Briggs, MD, a senator in the Tennessee State Legislature who has sponsored anti-MOC legislation.

In Michigan, Dr Edison’s state, an anti-MOC bill stalled in committee. “The pressure from the insurers and the hospitals was just too great,” she says.

This year, four other attempts to get anti-MOC legislation passed—in Oklahoma, Tennessee, Florida, and Georgia—had mixed results:

Oklahoma. In 2016, Oklahoma became the first state to pass anti-MOC legislation that addressed all of the doctors’ concerns. “Unfortunately,” Dr Edison says, “the language was

KEY POINTS

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Anti-MOC legislation was proposed in 17 states this year

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Efforts have had mixed results

3

Doctors encounter challenges when trying to change existing rules

increase the relevance of the process to practice, increase flexibility for meeting the standards, and make the whole process more convenient,” the email to Medscape explained.

But nothing short of lifting mandatory MOC requirements is stopping movement doctors from seeking legislative relief. How successful have their efforts been?

succeeded in making MOC non-mandatory for medical licensure. Any mention of hospitals or insurers was dropped.

Decoupling MOC from medical licensure is a solution in search of a problem, believes Grand Rapids, Michigan, pediatrician Meg Edison, who tracks legislative skirmishes over MOC in the states on her blog

not as tight as first thought, and hospitals found wiggle room to continue forcing MOC on some doctors.”

Mike Ritze, DO, a family physician and representative in the Oklahoma legislature, introduced a new bill this year to clarify the language for hospitals. It “looked like a slam dunk,” Dr Edison recalls, but it “failed miserably” and is now “in legal limbo.”

Dr Ritze vowed to keep fighting. “Take a moment today and contact your state legislators and ask them to support MOC reform in 2018,” he urged Oklahoma doctors.

Tennessee. Anti-MOC legislation was introduced in the Tennessee State Assembly in April that Dr Edison called “elegant,” but after heavy lobbying by hospitals and insurers, the bill was gutted. Now she describes it as “impotent.”

“We plan to sit down with the folks from ABMS this summer and look at this together, because we’re going to bring the bill back next year,” says Dr Briggs, who sponsored the legislation in the state senate. “It’s

the number-one legislative priority of the Tennessee Medical Association, and I think we have a good chance of getting it through.”

Florida. An anti-MOC bill was introduced in April. But the Florida Medical Association (FMA) was forced to rewrite it to move it forward. The new version, far from addressing the concerns of Florida doctors, directed the state to regulate its subspecialty boards, with a complicated plan to control MOC rather than make it voluntary.

FMA had to rewrite the legislation because ABMS, the Florida Hospital Association, and the Florida Healthcare Association, representing the state’s insurers, applied pressure. “To get it out of that committee, it needed to be less controversial,” says Jeffrey Scott, FMA’s general counsel.

The bill died anyway. A new bill could be introduced as early as 2018.

Georgia. On May 8, an anti-MOC bill became law, making Georgia the only state that currently lifts MOC requirements for staff privileges at certain

hospital facilities, insurance network membership, and medical licensure.

The key word is *certain*.

The law applies to Georgia’s six state hospitals, says Derek Norton, director of government relations at the Georgia Medical Association. But the state has nearly 150 acute care hospitals, 17 long-term and rehabilitation hospitals, and 20 psychiatric and chemical dependency facilities that may still require MOC.

Other States to Watch This Year

Anti-MOC bills are pending in Missouri, Maryland, North Carolina, and Texas, and others have been introduced this year in Alaska, California, Maine, Massachusetts, New York, and Rhode Island.

In April, the American Medical Association proposed model anti-MOC legislation. Medscape obtained a copy via a personal communication. Called “The Right to Treat Act,” it provides state legislators with a template for drafting new anti-MOC laws, and it lends medical establishment legitimacy to the anti-MOC movement.

What Recourse Do Doctors Have?

If hospitals and insurers in your state require you to recertify, do you have an option? Not if you want to continue to practice.

Grand Rapids, Michigan, pediatrician Meg Edison tried to buck the system. She refused to pay the

American Board of Pediatrics’ (ABP) \$1,300 fee to recertify. Her name vanished from the database of board-certified pediatricians on the ABP website. “You cease to exist,” she says.

Blue Cross Blue Shield of Michigan, the state’s

largest insurer, sent letters to her patients telling them that they would be reassigned a new doctor. “So I paid the money,” she says. “Within seconds, I was emailed a PDF saying that I was board-certified again. Within hours, Blue Cross

backed down. It’s all about the money.”

If you find the situation untenable, Dr Edison says, “call your lawmakers. It’s all about getting anti-MOC legislation to a vote.”