

Click here for PDF file of this document: <https://goo.gl/Ju3RMt>

Updated Model Bill for 2017: <https://goo.gl/5PDT54>

AMA model legislation: <https://goo.gl/EpsQBi>

Model from Paul Kempen, MD, PhD: <https://goo.gl/nJgWJh>

2017 Update: *Green = passed, Red = not passed*

Bills Introduced in 2017 (AK, CA, **FL**, **GA**, MA, **MD**, ME, MI, **MO**, NY, **OK**, RI, **TN**, **TX**):

Bills Introduced in 2016 (**MO**, KY, AZ, NC, **OK**, **MI**)

Alaska HB 191:

(a) A hospital may not revoke, suspend, condition, restrict, or refuse to grant hospital privileges to a person licensed under AS 08.64 to practice as (1) a physician because of the physician's failure to participate in or secure a maintenance of certification; or (2) an osteopath because of the osteopath's failure to participate in or 10 secure an osteopathic continuous certification.

Text as introduced: <http://www.legis.state.ak.us/PDF/30/Bills/HB0191A.PDF>

Status: <http://www.akleg.gov/basis/Bill/Detail/30?Root=HB%20191>

California SB 487:

the award or maintenance of hospital or clinical privileges, or both, shall not be contingent on participation in a program for maintenance of certification.

Text: http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB487

Status: http://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=201720180SB487

Florida House Bill 723: prohibits MOC as a requirement while allowing initial board certification to be used as a qualification.

Notwithstanding any other provision of law, the board, the department, a health care facility licensed under chapter 395, or an insurer as defined in s. 624.03 may not require maintenance of certification or recertification as a condition of licensure, reimbursement, ["employment" removed in amended version] or admitting privileges for a physician who practices medicine and has achieved initial board certification in a **specialty** or subspecialty pursuant to this chapter.

Link to bill: <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=57784>

[Note: The original bill only mentioned a prohibition of MOC requirements related to subspecialty certification. This was amended in committee to “specialty or subspecialty.” Also the word “employment” was removed in the same committee amendment. Later amendments made major changes to the bill and attempted to allow the State of Florida to regulate what MOC could consist of, instead of prohibiting MOC requirements.]

The companion Senate bill in Florida is SB 1354:

<https://www.flsenate.gov/Session/Bill/2017/01354/?Tab=Amendments>

SB 1354 was subject to essentially a committee substitute which seemed initially to allow non-ABMS certification entities (like NBPAS) to be recognized by the state of Florida.

Georgia HB 165 * [Passed and signed by Governor, May 8, 2017]

Nothing in this article shall be construed to require a physician to secure a maintenance of certification as a condition of licensure to practice medicine pursuant to this article or as a prerequisite for employment in state medical facilities, reimbursement from third parties, or malpractice insurance coverage." [Note: this is similar language to the 2016 Oklahoma bill].

<http://www.legis.ga.gov/legislation/en-US/Display/20172018/HB/165>

Maine LD 1200 HP0837

Nothing in this chapter may be construed to require a physician or surgeon licensed under this chapter to secure a maintenance of certification as a condition of licensure, reimbursement, employment or admitting privileges at a hospital in the State. For the purposes of this subsection, "maintenance of certification" means a process, subsequent to initial board certification, that requires periodic recertification examinations to maintain specialty medical board certification.

http://legislature.maine.gov/legis/bills/bills_128th/billtexts/HP083701.asp

Hearing on Apr. 11, Tabled April 20. New work day, May 3.

Maryland: Senate Bill 989 & House Bill 1054 would prohibit certification or MOC for licensure [5/4/2017 Signed into law by Governor]

NOTWITHSTANDING ANY OTHER LAW, THE BOARD MAY NOT REQUIRE AS A QUALIFICATION TO OBTAIN A LICENSE OR AS A CONDITION TO RENEW A

LICENSE CERTIFICATION BY A NATIONALLY RECOGNIZED ACCREDITING ORGANIZATION THAT SPECIALIZES IN A SPECIFIC AREA OF MEDICINE; OR MAINTENANCE OF CERTIFICATION BY A NATIONALLY RECOGNIZED ACCREDITING ORGANIZATION THAT SPECIALIZES IN A SPECIFIC AREA OF MEDICINE THAT INCLUDES CONTINUOUS REEXAMINATION TO MEASURE CORE COMPETENCIES IN THE PRACTICE OF MEDICINE AS A REQUIREMENT FOR MAINTAINING CERTIFICATION.

Link to Bills:

<http://mgaleg.maryland.gov/webmga/frmMain.aspx?pid=billpage&tab=subject3&id=hb1054&stab=01&ys=2017RS>

<http://mgaleg.maryland.gov/webmga/frmMain.aspx?pid=billpage&tab=subject3&id=sb0989&stab=01&ys=2017RS>

Potential Maryland Statutes to be amended include §19–319 related to hospital license requirements, which may authorize this section of Maryland regulatory code on hospital staff credentialing: <http://www.dsd.state.md.us/comar/comarhtml/10/10.07.01.24.htm>

Massachusetts H.2446

Each hospital, or other institution, licensed under section fifty-one shall not require a physician to secure a Maintenance of Certification (MOC) as when considering or acting on an application for employment or staff membership or clinical privileges to practice. For the purposes of this paragraph, "Maintenance of Certification (MOC)" shall mean a continuing education program measuring core competencies in the practice of medicine and surgery and approved by a nationally-recognized accrediting organization.

The medical professional mutual insurance company approved by the commissioner shall not require a physician to secure a Maintenance of Certification (MOC) as qualifying for credentialing or otherwise receiving reimbursement for medical services provided. For the purposes of this paragraph, "Maintenance of Certification (MOC)" shall mean a continuing education program measuring core competencies in the practice of medicine and surgery and approved by a nationally-recognized accrediting organization.

The medical services corporation approved by the commissioner shall not require a physician to secure a Maintenance of Certification (MOC) as qualifying for credentialing or otherwise receiving reimbursement for medical services provided. For the purposes of this paragraph, "Maintenance of Certification (MOC)" shall mean a continuing education program measuring core competencies in the practice of medicine and surgery and approved by a nationally-recognized accrediting organization.

The health maintenance organization shall not require a physician to secure a Maintenance of Certification (MOC) as qualifying for credentialing or otherwise receiving reimbursement for medical services provided. For the purposes of this paragraph, "Maintenance of

Certification (MOC)" shall mean a continuing education program measuring core competencies in the practice of medicine and surgery and approved by a nationally-recognized accrediting organization.

Organizations shall not require a physician to secure a Maintenance of Certification (MOC) as qualifying for credentialing or otherwise receiving reimbursement for medical services provided. For the purposes of this paragraph, "Maintenance of Certification (MOC)" shall mean a continuing education program measuring core competencies in the practice of medicine and surgery and approved by a nationally-recognized accrediting organization.

; and (xi) That the ACO shall not require a physician to secure a Maintenance of Certification (MOC) as qualifying for membership, credentialing or otherwise receiving participating in the ACO or receiving reimbursement for medical services provided. For the purposes of this paragraph, "Maintenance of Certification (MOC)" shall mean a continuing education program measuring core competencies in the practice of medicine and surgery and approved by a nationally-recognized accrediting organization

<https://malegislature.gov/Bills/190/H2446>

Michigan: HB 4134 & HB 4135

A hearing was held on May 24:

[http://us1.campaign-archive1.com/?e=\[UNIQID\]&u=30a32513ae04f5445c95f3239&id=3137899db2](http://us1.campaign-archive1.com/?e=[UNIQID]&u=30a32513ae04f5445c95f3239&id=3137899db2)

HB 4134: NOTWITHSTANDING ANY PROVISION OF THIS ACT TO THE CONTRARY, THE DEPARTMENT OR THE BOARD OF MEDICINE OR BOARD OF OSTEOPATHIC MEDICINE AND SURGERY SHALL NOT BY ORDER, RULE, OR OTHER METHOD REQUIRE A PHYSICIAN APPLICANT OR LICENSEE UNDER ITS JURISDICTION TO MAINTAIN A NATIONAL OR REGIONAL CERTIFICATION THAT IS NOT OTHERWISE SPECIFICALLY REQUIRED IN THIS ARTICLE BEFORE IT ISSUES A LICENSE OR LICENSE RENEWAL TO THAT PHYSICIAN APPLICANT OR LICENSEE UNDER THIS ARTICLE.

<http://legislature.mi.gov/doc.aspx?2017-HB-4134>

HB 4135: AN INSURER THAT DELIVERS, ISSUES FOR DELIVERY, OR RENEWS IN THIS STATE A HEALTH INSURANCE POLICY ISSUED UNDER CHAPTER 34 OR 36 OR A HEALTH MAINTENANCE ORGANIZATION THAT ISSUES A HEALTH MAINTENANCE CONTRACT UNDER CHAPTER 35 SHALL NOT REQUIRE AS A CONDITION PRECEDENT TO THE PAYMENT OR REIMBURSEMENT OF A CLAIM UNDER THE POLICY OR CONTRACT THAT AN ALLOPATHIC OR OSTEOPATHIC PHYSICIAN MAINTAIN A NATIONAL OR REGIONAL CERTIFICATION NOT OTHERWISE SPECIFICALLY REQUIRED FOR LICENSURE UNDER ARTICLE 15 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.16101 TO 333.18838.

<http://legislature.mi.gov/doc.aspx?2017-HB-4135>

Missouri: House Bill 529 is similar to Oklahoma's SB 1148 passed last year. Here is the relevant language from the bill: [The 2017 MO legislative session adjourned without action on this bill.]

No provision of law shall be construed as to require any form of maintenance of licensure as a condition of physician licensure, reimbursement, employment, or admitting privileges at a hospital in this state, including requiring any form of maintenance of certification. Current requirements, including continuing medical education, shall suffice to demonstrate professional competency.

The state shall not require any form of specialty medical board certification or any maintenance of certification to practice medicine within the state. There shall be no discrimination by the state board of registration for the healing arts or any other state agency against physicians who do not maintain specialty medical board certification, including recertification.

<http://www.house.mo.gov/billtracking/bills171/hlrbillspdf/1235H.01I.pdf>
<http://www.house.mo.gov/Bill.aspx?bill=HB529&year=2017&code=R>

New York Assembly Bill 4914: This proposed legislation could likely be improved by removing the word "solely." This word gives the hospitals and insurers too much wiggle room. And in fact the similar CMS & JCAHO provision has been deemed by CMS to be essentially meaningless because of the word solely.

It shall be an improper practice for a governing body of a hospital to refuse to act upon an application or to deny or to withhold staff membership or professional privileges of a physician solely because such physician is not board-certified.

An insurer may not refuse to approve an application from a physician for participation in the in-network portion of the insurer's network solely because such physician is not board-certified.

Link to bill:

http://nyassembly.gov/leg/?default_fld=&leg_video=&bn=A04914&term=2017&Summary=Y&Text=Y

Oklahoma Bill HB 1710: Builds on last year's great start.

Hospitals and health plans shall not discriminate, on the basis of education, against eligible physicians who have: 1. Graduated from medical schools and postdoctoral programs approved by either the American Osteopathic Association or the Accreditation Council for Graduate Medical Education; or Been awarded board eligibility or board certification by specialty boards recognized by either the American Osteopathic Association or the American Board of Medical Specialties, **irrespective of recertification status or participation in Osteopathic Continuing Certification or Maintenance of Certification.**

Link to Bill:

<http://www.oklegislature.gov/BillInfo.aspx?Bill=HB1710&Session=1700>

[note OK HB 1710 was defeated in the OK House in March 2017 despite unanimous approval by the House Public Health Committee. The ABMS and health plans spoke out against the bill and documents these groups distributed to legislators to oppose the bill can be found here:

<https://goo.gl/bn9EZH>]

Rhode Island: HB 5671

The state and its instrumentalities are prohibited from requiring any form of maintenance of licensure as a condition of physician licensure, including requiring any form of maintenance of licensure tied to maintenance of certification. Current requirements, including continuous medical education, shall suffice to demonstrate professional competency.

The state and its instrumentalities are prohibited from requiring any form of specialty medical board certification and any maintenance of certification to practice medicine within the state. Within the state, there shall be no discrimination by the board of medical licensure and discipline, or any other agency or facility which accepts state funds, against physicians who do not maintain specialty medical board certification, including re-certification.

<http://webserver.rilin.state.ri.us/BillText/BillText17/HouseText17/H5671.pdf>

Also of note are HB 5672 and HB 5673 which enact license reciprocity preempting the need for the state to join the Interstate Medical Licensure Compact

<http://webserver.rilin.state.ri.us/BillText/BillText17/HouseText17/H5672.pdf>

<http://webserver.rilin.state.ri.us/BillText/BillText17/HouseText17/H5673.pdf>

Tennessee: SB 298 and HB 413.

Signed by Governor 5/25/2017: The amended bill as passed prohibits MOC for licensure and creates a committee to study the need for further legislation.

<http://www.capitol.tn.gov/Bills/110/Amend/SA0296.pdf>

As with the New York bill, this proposed legislation would likely be improved by removing the word "solely." The bill seeks to prohibit MOC as a requirement for licensure, hospital privileges, and insurance participation. **[5/13 The bill has been amended to strip out provisions prohibiting MOC for hospital and insurance participation, and now contains language to create a committee to study this issue.]**

No facility licensed under this chapter shall deny a physician a hospital's staff privileges based solely on the physician's decision not to participate in any form of maintenance of licensure, including requiring any form of maintenance of licensure tied to maintenance of certification. This section does not prevent a facility's credentials committee from requiring physicians licensed pursuant to title 63, chapters 6 and 9, to meet continuing medical education requirements, as outlined in the rules of the appropriate state licensing board. (c) A facility licensed under this chapter shall not deny physician hospital staff or admitting privileges or employment based solely on the absence of maintenance of certification. This section does not prohibit a facility from requiring a physician to undergo remedial or corrective courses or training as required by a quality improvement committee.

The board shall not deny physician licensure based solely on a physician's non-participation in any form of maintenance of licensure, including requiring any form of maintenance of licensure tied to maintenance of certification. The board's regular requirements, including continuing medical education, demonstrate professional competency. (c) The board shall not require any form of specialty medical board recertification or any maintenance of certification to practice medicine in this state.

A health insurance entity, as defined in § 56-7-109, shall not deny reimbursement to, or prevent a physician from, participating in any of the entity's provider networks based solely on a physician's decision not to participate in any form of maintenance of licensure or maintenance of certification. (c) A health insurance entity, as defined in § 56-7-109, shall not discriminate with respect to reimbursement levels based solely on a physician's decision not to participate in any form of maintenance of licensure or maintenance of certification.

<http://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=SB0298&GA=110>

[4/3/2017 note: it appear that the bill will be stripped of provisions related to hospitals and insurers and only keep the provision prohibiting MOC requirements for licensure. The hospital and insurers provisions will be discussed during the Tennessee legislature's summer study session.]

Texas: SB 1148 & HB 3310 [SB 1148 signed by Governor Abbott June 15, 2017]

An entity described by Subsection (a) may differentiate between physicians based on a physician's maintenance of certification only:

- (1) if the entity that administers the physician's maintenance of certification is certified under Chapter 170; and
 - (2) after the entity considers the physician's:
 - (A) training;
 - (B) experience;
 - (C) competence; and
 - (D) judgment.
- (c) An entity described by Subsection (a) may not differentiate between physicians based on the entity that administers a physician's maintenance of certification.

<http://www.capitol.state.tx.us/BillLookup/History.aspx?LegSess=85R&Bill=SB1148>
<http://www.capitol.state.tx.us/BillLookup/History.aspx?LegSess=85R&Bill=SB3310>

FINAL VERSION AS PASSED: <http://www.lrl.state.tx.us/scanned/85ccrs/sb1148.pdf>

Passed in 2016: Kentucky, Oklahoma, Arizona, Missouri, North Carolina

The Kentucky law may be a bit stronger on the particular point of curbing MOL (than Oklahoma) but is silent on MOC requirements by hospitals and insurance companies.

Here's the **Kentucky** language: (SB 17)

The board shall not require any form of maintenance of licensure as a condition of physician licensure, including requiring any form of maintenance of licensure tied to maintenance of certification. The board's regular requirements, including continuing medical education, shall suffice to demonstrate professional competency. The board shall not require any form of specialty medical board certification or any maintenance of certification to practice medicine in Kentucky.

<http://www.lrc.ky.gov/record/16RS/SB17/bill.pdf>

vs. **Oklahoma (SB 1148)**

G. Nothing in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall be construed as to require a physician to secure a Maintenance of Certification (MOC) as a condition of licensure, reimbursement, employment or admitting privileges at a hospital in this state. For the purposes of this subsection, "Maintenance of Certification (MOC)" shall mean a continuing education program measuring core competencies in the practice of medicine and surgery and approved by a nationally recognized accrediting organization.

http://webserver1.lsb.state.ok.us/cf_pdf/2015-16%20ENR/SB/SB1148%20ENR.PDF

Note that hospitals in OK are saying that this language does not actually prevent them from requiring MOC. Our model legislation (link at top) is stronger.

And **Missouri's** bill - HB1816 (overall seems good on blocking MOL): [note it looks like this bill has passed and is awaiting signature by the governor. 5/25/2016. Update. Bill signed by Gov. 7/5/2016] <http://www.house.mo.gov/BillActions.aspx?bill=HB1816&year=2016&code=R>

2. The state shall not require any form of maintenance of licensure as a condition of physician licensure including requiring any form of maintenance of licensure tied to maintenance of certification. Current requirements including continuous medical education shall suffice to demonstrate professional competency. The state shall not require any form of specialty medical board certification or any maintenance of certification to practice medicine within the state. There shall be no discrimination by the state board of registration for the healing arts or any other state agency against physicians who do not maintain specialty medical board certification including recertification.

<http://www.house.mo.gov/billtracking/bills161/billpdf/truly/HB1816T.PDF>

The recently passed **Arizona** Compact Bill (HR 2502), signed by the governor, contains the following amendment prohibiting certification for licensure:

THE BOARD MAY NOT REQUIRE AN APPLICANT FOR LICENSURE PURSUANT TO THIS ARTICLE TO HOLD OR MAINTAIN A SPECIALTY CERTIFICATION AS A CONDITION OF LICENSURE IN THIS STATE. THIS SUBSECTION DOES NOT PROHIBIT THE BOARD FROM CONSIDERING AN APPLICANT'S SPECIALTY CERTIFICATION AS A FACTOR IN WHETHER TO GRANT A LICENSE TO THE APPLICANT.

B. FOR THE PURPOSES OF THIS SECTION, "SPECIALTY CERTIFICATION" MEANS CERTIFICATION BY A BOARD THAT SPECIALIZES IN ONE PARTICULAR AREA OF

MEDICINE AND THAT MAY REQUIRE EXAMINATIONS IN ADDITION TO THOSE REQUIRED BY THIS STATE TO BE LICENSED TO PRACTICE MEDICINE.

http://www.azleg.gov/FormatDocument.asp?inDoc=/legtext/52leg/2r/adopted/2502biggs116.doc.htm&Session_ID=115

North Carolina: HB 728

SECTION 2.(g) G.S. 90-8.1 reads as rewritten: "§ 90-8.1. Rules governing applicants for licensure. (a) The North Carolina Medical Board is empowered to adopt rules that prescribe additional qualifications for an applicant, including education and examination requirements and application procedures. (b) The Board shall not deny an application for licensure based solely on the applicant's failure to become board certified.

(h) The Board shall not deny a licensee's annual registration based solely on the licensee's failure to become board certified.

<http://www.ncleg.net/Sessions/2015/Bills/House/PDF/H728v5.pdf>

<http://www.ncleg.net/Sessions/2015/Bills/House/PDF/H728v5.pdf>

Legislation in other states that hasn't passed yet:

Here are the bills the Michigan State Medical Society has succeeded in introducing in 2016 (see above for bills from 2017). These seem the strongest on stopping MOC requirements by insurers and hospitals but possibly not as strong on MOL : <http://right2care.org/LearnMore.aspx>

Relevant sections from Michigan bills:

AN INSURER THAT DELIVERS, ISSUES FOR DELIVERY, OR RENEWS IN THIS STATE AN EXPENSE-INCURRED HOSPITAL, MEDICAL, OR SURGICAL POLICY OR CERTIFICATE ISSUED UNDER CHAPTER 34 OR 36 OR A HEALTH MAINTENANCE ORGANIZATION THAT ISSUES A HEALTH MAINTENANCE CONTRACT UNDER CHAPTER 35 SHALL NOT REQUIRE AS A CONDITION PRECEDENT TO THE PAYMENT OR REIMBURSEMENT OF A CLAIM UNDER THE POLICY, CERTIFICATE, OR CONTRACT THAT AN ALLOPATHIC OR OSTEOPATHIC PHYSICIAN MAINTAIN A NATIONAL OR REGIONAL CERTIFICATION NOT OTHERWISE SPECIFICALLY REQUIRED FOR LICENSURE

NOTWITHSTANDING ANY PROVISION OF THIS ACT TO THE CONTRARY, THE DEPARTMENT OR THE BOARD OF MEDICINE OR BOARD OF OSTEOPATHIC MEDICINE AND SURGERY SHALL NOT BY ORDER, RULE, OR OTHER METHOD REQUIRE A PHYSICIAN APPLICANT OR LICENSEE UNDER ITS JURISDICTION TO

MAINTAIN A NATIONAL OR REGIONAL CERTIFICATION THAT IS NOT OTHERWISE SPECIFICALLY REQUIRED IN THIS ARTICLE BEFORE IT ISSUES A LICENSE OR LICENSE RENEWAL TO THAT PHYSICIAN APPLICANT OR LICENSEE UNDER THIS ARTICLE.

THE OWNER, OPERATOR, OR GOVERNING BODY OF A HOSPITAL THAT IS LICENSED UNDER THIS ARTICLE SHALL NOT DENY ADMITTING PRIVILEGES TO A PHYSICIAN BASED SOLELY UPON WHETHER THE PHYSICIAN MAINTAINS A NATIONAL OR REGIONAL CERTIFICATION THAT IS NOT OTHERWISE SPECIFICALLY REQUIRED IN ARTICLE 15. **[Note, I think the language in this paragraph could be stronger.** Existing similar language in the Code of Federal Regulations (see below) has already been "interpreted" by CMS to be essentially ineffective due to the work "solely." **Here's a suggestion to make this section stronger:** "Hospitals licensed in the State of Michigan shall not require a physician to maintain a national, specialty, or other certification for staff membership or professional privileges."]

And Arizona's bill that failed to pass in 2015 after approval by Senate HHS Committee:

A. THE BOARD MAY NOT REQUIRE A LICENSEE TO PASS ANY PERIODIC LICENSING EXAMINATION TO DEMONSTRATE PROFESSIONAL COMPETENCY UNLESS SPECIFICALLY AUTHORIZED BY STATUTE.

B. THE BOARD MAY NOT REQUIRE A SPECIALTY CERTIFICATION OR MAINTENANCE OF A SPECIALTY CERTIFICATION AS A CONDITION OF LICENSURE IN THIS STATE.

A. ANY STATE AGENCY, BOARD OR COMMISSION MAY NOT REQUIRE A SPECIALTY CERTIFICATION OR MAINTENANCE OF A SPECIALTY CERTIFICATION FOR A PHYSICIAN LICENSED PURSUANT TO TITLE 32, CHAPTER 13 OR 17 AS A CONDITION OF PARTICIPATION IN ANY PROGRAM THAT ACCEPTS STATE MONIES.

http://www.azleg.gov/DocumentsForBill.asp?Bill_Number=SB1257&Session_ID=114

NOTE on CFR §482.12(a)(7)

CFR §482.12(a)(7) "Ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society."

http://www.ecfr.gov/cgi-bin/text-idx?SID=800896e2e91e2b999baa93e232aa4f76&mc=true&node=se42.5.482_112&rgn=div8

And here is the CMS “interpretive guidance” for this rule:

Interpretive Guidelines §482.12(a)(7): In making a judgment on medical staff membership, a hospital may not rely solely on the fact that a MD/DO is, or is not, board-certified. This does not mean that a hospital is prohibited from requiring board certification when considering a MD/DO for medical staff membership, but only that such certification must not be the only factor that the hospital considers. In addition to matters of board certification, a hospital must also consider other criteria such as training, character, competence and judgment. After analysis of all of the criteria, if all criteria are met except for board certification, the hospital has the discretion to decide not to select that individual to the medical

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R37SOMA.pdf>

Original ALEC model language <https://goo.gl/9pqHfY>