

Testimony of Representative Edward 'Ned' Canfield, DO

HBs 5090, 5091

May 17, 2016

Thank you, Mr. Chairman, and thank you to the committee for allowing me to testify before you today. Mr. Chairman, with your permission, I will be speaking to both bills HB 5090 & HB 5091.

Ladies and Gentlemen, I am here today, as are some of my medical colleagues, to talk about a problem doctors have within medicine. A problem that, in my opinion puts at risk the lives of Michigan citizens. Most of you are aware that Michigan is experiencing a shortage of physicians. Sources indicate that Michigan will likely have a shortage of approximately 4,500 or more physicians by the year 2020.

As a rural practicing osteopathic family physician this concerns me further because it is rural and urban areas which will suffer the most from these shortages.

The fastest growing demographic in our state are the elderly, who frequently live in these underserved areas, along with other families, but without access the shortage places them at risk for more expensive, and/or delayed health care. An issue that is adding to this shortage is the early retirement of qualified physicians due to burnout, over-regulation, and the issue we are to discuss today called Maintenance of Certification.

To help everyone to understand the issue, one must know what it takes to become a Board Certified physician.

Physicians begin as hardworking undergrads and obtain a Bachelors, and not infrequently a Masters degree, before applying to medical school. The average medical student in the state of Michigan has a 3.7 GPA and competes with 5,000 other applicants for, as an example, at MSU-COM, 1 of 300 seats available. Other medical schools statewide are more or less the same. After four difficult years of medical school they receive their Doctorate. Then young doctors will enter a residency training program, depending on the specialty chosen, these programs will require another 3-7years of training.

Prior to the 1990's it was common for doctors to attend 1 year of post graduate education (an internship) and work as what was called a General Practitioner. Marcus Welby, MD was a GP, for those of you who may remember that TV show. While still legal to practice as a GP in about 37 states, very few physicians choose to do so.

Almost all new physicians universally attend at least a 3 year residency program after medical school.

Examples include:

A family practice physician, general pediatrician, or a general internist = 3 years.

A psychiatrists, obstetricians-gynecologist, general radiologists and many others = 4 years

General surgery, orthopedic surgery, otolaryngologist = 5 years

Neurosurgery = 7 years of training after receiving their medical degree

Now after all of this is done, one is eligible to take his or her National Boards in their specialty. Most doctors will take months, some up to years to study and pass their National Specialty Boards, usually a one to two day long test and once passed you are now a Board Certified Specialist.

If one chooses to become a sub-specialist such as an endocrinologist, cardiologist, oncologist or some other...ologist, one must complete a further 1-3 years of study in what is called a Fellowship. This is most often after their 3 year internal medicine residency.

These Physicians are required to take and pass their Internal Medicine Specialty Boards and their Sub-Specialty Boards which requires an additional one-two day Board exam.

All doctors from the General Practitioner to Neurosurgeon are required to complete Continuing Medical Education of 50 hours annually to meet the minimum requirement for State of Michigan Licensure.

Prior to the 1990's all Specialty Board Certifications were granted for a life time. One had devoted an extraordinary amount of their life to the study of their specialty and they continued to educate themselves and stay current and practice their art. During the 1990's however, the American Board of Internal Medicine decided that Board Certification should have a shelf life and began issuing time-limited Board Certifications. Soon the other Specialty Boards (all 23 of them) followed internal medicines lead. From then on, all new specialty trained physicians were required to re-certify every 7-10 years.

In recent years, the now not so young doctors, who have spent 11-15 years in training and 20-30 years practicing, and have taken their National Specialty Boards 2-3 times are questioning the need, and their desire, to be required to jump through one more hoop in their medical career.

Studies have recently been published in the Journal of the American Medical Association and others, comparing doctors with non-expiring Board Certification (such as myself) with those with time-limited Board Certification (such as my wife, Cheryl) and found no difference in the quality measures evaluated.

In medicine we are trained to follow the science. In this case, the science indicates that we are requiring doctors to retake National Board Exams that promote extreme stress; effectively take doctors out of their offices for weeks to study; make them unavailable to their patients who need their care; and cost the average primary care doc about \$20k, and the average sub-specialist \$40k over each 7-10 year period; to take tests that have not proven to improve patient care!

HB 5090 and HB 5091 do three things: First, it will not require Board Certification as a criteria to obtain or maintain a Michigan Medical License.

Second, it will not allow insurers to discriminate against physicians who have been Nationally Board Certified, but choose not to be re-certified in a specialty they have been trained in.

Thirdly, require that Hospitals may not sue the decision of a once certified physician, who chooses not to re-certify as the sole reason to refuse hospital privileges or re-privileging.

Some would say we need to keep requiring doctors to re-certify until we have some other tool to insure they remain current. I say we cannot afford to have one single physician decide to retire because they don't want to take another test that wastes their time. Cheryl, my wife, took and passed her family practice boards for the third time last year. When she came home after the exam she said, "I will never take that exam again!"

We in the legislature need to keep good doctors working in Michigan. We need our citizens seeing qualified well trained physicians whether or not they decide to take a national test to maintain a paper hanging on the wall. I respectfully request that you support HB 5090 & HB 5091

Thank you Mr. Chairman and I will be happy to answer any questions.