

**Testimony of  
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**Before the Committee on Health Policy  
Hearing on HB 4134 and 4135, MOC  
Michigan House of Representatives  
Wednesday, May 24, 2017**

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 4134 & HB 4135.

Ladies and Gentlemen, I am here today, along with my medical colleagues, to talk about a problem. A problem that, 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 4500 or more physicians by the year 2020.

As a rural practicing 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, many of whom 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.

As most of you know becoming a doctor is not easy. Physicians begin as hardworking undergrads who obtain a Bachelors and not infrequently a Master's degree before applying to medical school. Upon

acceptance and four difficult years of medical school they receive their Doctorate. Then young doctors will enter a residency or post graduate education.

Prior to the 1990's it was common for a doctor to attend 1 year of post graduate education (an internship) and work as what was called a General Practitioner. While still legal to practice as a GP in about 37 States, including Michigan, 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 = 4years

General surgery, orthopedic surgery, otolaryngologist = 5 years

Neurosurgery = 7 years of training after receiving their medical degree.

After their residency is completed, one is eligible to take their National Boards in their speciality. Most doctors will take months, some up to years to study and pass their National Specialty Boards, usually a 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 Speciality 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 speciality trained physician 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 Speciality 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 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 them out of their offices for weeks to study; make them unavailable to their patients who need their care; and cost for 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 4134 and HB 4135 do two things:

First, it will not require a physician to maintain 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 speciality they have been trained in.

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 4134 & HB 4135.

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