State Bills/Laws Opposing ABIM Maintenance of Certification (MOC)
Relevant Bill Language

Alaska

HB 191

“Maintenance of certification and osteopathic continuous certification. Nothing in this chapter may be construed to require a physician to secure a maintenance of certification as a condition of licensure, reimbursement, employment, or admitting privileges at a hospital in this state.”

California

SB-487 Practice of medicine: hospitals

“The regular practice of medicine in a licensed general or specialized hospital having five or more physicians and surgeons on the medical staff, which does not have rules established by the board of directors thereof of the hospital to govern the operation of the hospital, which rules include, among other provisions, all the following, constitutes unprofessional conduct:

... (c) Provision that the award or maintenance of hospital or clinical privileges, or both, shall not be contingent on participation in a program for maintenance of certification.”

Georgia

HB 165: Medical practice; maintenance of certification

Passed in HB 165 in March 2017: provides that “maintenance of certification shall not be required as a condition of licensure to practice medicine, staff privileges, employment in certain facilities, reimbursement, or malpractice insurance coverage; to provide for definitions; to provide for related matters; to repeal conflicting laws; and for other purposes.”

Maine

HB 837: An Act Relating To the Licensure of Physicians and Surgeons

“Nothing in this chapter may be construed to require an osteopathic 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.”

Maryland

SB 0989 and HB 1054 were passed in both the House and Senate in March and April 2017.

SB 0989: State Board of Physicians - Physician Licensure - Prohibition on Requiring Specialty Certification

HB 1054: State Board of Physicians - Physician Licensure - Prohibition on Requiring Specialty Certification

“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 maintenance of certification.”

Massachusetts

H 2446: An Act relative to maintenance of certification

“Nothing in this Chapter 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.”

Michigan

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 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.”

HB 4135

“An insurer that delivers, issues for delivery, or renews in this state a health insurance policy or health maintenance that issues a health maintenance contract shall not require 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.”

Missouri

HB 1816: Provisions related to health care providers

Missouri bill HB 1816 became law in July 2016.

“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 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.”

New bill for 2017: HB 529

“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.”
New York

**A04914: Relates to improper practices relating to staff membership or professional privileges of a physician and such physician's board certification**

“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. A health care plan may not refuse to approve an application from a physician to participate in the in-network portion of the health care plan's network solely because such physician is not board-certified.”

North Carolina

**HB 728**

August 2016, the North Carolina state legislature passed HB 728, which, among other provisions, states that the North Carolina Medical Board “shall not deny a licensee’s annual registration based solely on the licensee’s failure to become board certified.”

Ohio

**Patient Access Expansion Act (HB 273)**

A health care facility shall not require a physician to secure a maintenance of certification as a condition of being employed by or contracting with the health care facility or having surgical or other privileges at the health care facility.

The board shall not require an individual to secure a maintenance of certification as a condition of being issued a certificate to practice medicine and surgery or osteopathic medicine and surgery.

The board shall renew a certificate under this chapter to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery upon application and qualification therefor in accordance with this section. The board shall not require an individual to secure a maintenance of certification as a condition of renewing a certificate to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery. A renewal shall be valid for a two-year period.

The department of Medicaid shall not require a physician to secure a maintenance of certification as a condition of the department entering into a provider agreement with the physician.

Oklahoma

**SB 1148: Physician licensure; relating to Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act; prohibiting certain construction**

In April 2016 SB 1148 was signed into Oklahoma law. The legislation states: "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."
New bill for 2017: **HB 1710**

This year Oklahoma legislature voted *not to proceed* with HB 1710, which provided that hospitals and health plans shall not discriminate against physicians who have been awarded certification by certain specialty boards irrespective of recertification status or participation in certain certifications.

**Rhode Island**

**H 5671**

“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.”

**Tennessee**

**SB 298**: As introduced, prohibits certain adverse actions against a physician on the basis of the physician’s failure to maintain specialty board certification or maintenance of licensure under a framework established by the Federation of State Medical Boards

**HB 413**: As introduced, prohibits certain adverse actions against a physician on the basis of the physician's failure to maintain specialty board certification or maintenance of licensure under a framework established by the Federation of State Medical Boards

“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.”

**Update**: Bill was amended in Senate to only apply to state licensure. House version may change too.

**Texas**

**SB 1148**: Relating to maintenance of certification by a physician or an applicant for a license to practice medicine in this state

**HB 3216**: Relating to maintenance of certification by a physician or an applicant for a license to practice medicine in this state

**Update**: In May 2017, the Texas State Legislature passed Senate Bill (SB) 1148 on the last day the legislative session, and now awaits the governor’s signature to become law. The law would become effective January 2018.
The bill, as passed, prohibits insurers from requiring MOC for credentialing or reimbursement, and prevents the Texas Medical Board from requiring MOC for licensure. Unfortunately, the Texas House made a last minute amendment to the original bill, which may in effect, still allow hospitals and facilities to require MOC for privileges. Instead of including specific language which would prohibit hospitals from requiring MOC, the finalized language allows facilities to set a MOC policy, pending input and a vote by the hospital staff.

Final language regarding hospitals:

Except as otherwise provided by this section, the following entities may not differentiate between physicians based on a physician's maintenance of certification: if the facility or hospital has an organized medical staff or a process for credentialing physicians; ....

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

(1) the entity's designation under law or certification or accreditation by a national certifying or accrediting organization is contingent on the entity requiring a specific maintenance of certification by physicians seeking staff privileges or credentialing at the entity; and

(2) the differentiation is limited to those physicians whose maintenance of certification is required for the entity's designation, certification, or accreditation as described by Subdivision (1).

(c) An entity described by Subsection (a) may differentiate between physicians based on a physician’s maintenance of certification if the voting physician members of the entity's organized medical staff vote to authorize the differentiation.

(d) An authorization described by Subsection (c) may:

(1) be made only by the voting physician members of the entity's organized medical staff and not by the entity's governing body, administration, or any other person;

(2) subject to Subsection (e), establish terms applicable to the entity's differentiation, including:

(A) appropriate grandfathering provisions; and

(B) limiting the differentiation to certain medical specialties; and

(3) be rescinded at any time by a vote of the voting physician members of the entity's organized medical staff.