Dear Committee Members:

Thank you for allowing me to provide written testimony to this committee today. My name is Jon Ward. I am a double Board Certified Dermatologist and Mohs Surgon practicing in Florida. I have been on faculty at the Alabama College of Osteopathic Medicine for over a decade and have been instructing their students in dermatology. I would like to start by saying that this issue has been unaddressed for far too long and that reigning in the entities that oversee graduate medical education, an endeavor that costs American taxpayers nearly $20 billion per year.

ACGME has changed course significantly from the time that I was in residency training over 20 years ago. The focus was on excellence and the measure of a programs adequacy was the percent of residents who passed their board certification exam. Over the last decade, the focus of ACGME has shifted to topics that have nothing to do with the objective measurement of a physician's competence. They have added requirements that devalue objective measures and replaced them with subjective measures referred to as milestones. Unfortunately, the new path has proven to be pointless as a recent study looking at outcomes in Medicare patients showed that these milestones had no impact on the patients these physicians cared for after their residency training had ended. This same study revealed that the only measure that impacted patient outcomes was the score a physician attained on their board certification exam. Rather than recognizing their system of measuring resident competency doesn't work, the push by ACGME and their partner certifying body is to no longer score these exams, but to make them Pass/Fail. This would make it impossible in the future to show the more you know and can prove on an objective basis, the better you are at improving patient outcomes.

Other than the $20 billion a year spent by Congress to fund GME, this committee needs to know that ACGME bears the brunt of the responsibility for the workforce shortages across the nation. By failing to act to expand existing residency programs and failing to make accreditation of new programs an easy, streamlined process, ACGME is preventing America's aging population from having access to physicians. I know when ACGME comes to Congress telling you the solution is more funding they are lying to you.

I have spent the last few years partnered with the Alabama College of Osteopathic Medicine to begin a dermatology residency program. We created an innovative plan to address the challenges faced by Americans who live in underserved areas. We were going to create a program that served its hospital training at a CMS Critical Access Hospital and have rural sites that would provide access to specialty care to Medicare and Medicaid patients who lack access to specialty care. Our program was rejected for accreditation by ACGME. On appeal at their headquarters in Chicago, we were met by the Chair of the Dermatology Residency Review Committee, Dr. Courtney Schadt. The transcript of the appeal has been provided to your staff, but I would like to highlight a few of her comments I believe you will all find very interesting. She, speaking on behalf of ACGME, said that addressing physician workforce shortages is not within the purview of ACGME. As it relates to serving underserved populations in rural areas, she stated that the committee felt that the distance was too far for residents to travel and that the sites did not offer a unique educational experience for residents. When it came to innovation, she said it was only acceptable to innovate after a program receives its accreditation.

Upon correcting the cited deficiencies in our second application, the same committee rejected our application once again. This time they could not cite our rural sites because we had removed them. They cited our inpatient experience as the primary deficiency. It was the qualification of our dermatology faculty that was at issue. Dr. Jeffrey Stricker is a double Board-Certified Dermatologist and Dermatopathologist. He is Board-Certified by the American Board of Physician Specialties, a certifying body approved by CMS. Dr. Stricker is the only dermatologist on staff at Southeast Health, the teaching hospital for Alabama College of Osteopathic Medicine. The other 3 deficiencies noted on our second application were new deficiencies that were not cited on our first application despite the fact that outside of the previously cited deficiencies, nothing else in our application had changed. This highlights the accreditation process as an entirely subjective process. Also the accreditation meetings are held in private, with no transcripts, so there is no accountability or transparency to this process.

I have seen firsthand that there is collusion between the entity that accredits residency programs and their favored entity that provides certification for physicians after residency, the American Board of Medical Specialties (ABMS). These 2 supposedly independent entities that provide separate functions as it relates to physician training and post training certification have colluded with each other to eliminate competition. While CMS recognizes 3 different physician certifying bodies- ABMS, the National Board of Physicians and Surgeons, and the American Board of Physician Specialties, ACGME only accepts the ABMS certification as eligible for faculty positions at accredited residency programs. If you look at the composition of the Boards of ACGME and ABMS, you will find a small club of academics who control the livelihood of physicians from cradle to grave. ACGME specialty review committees have their ABMS Executive Directors on their residency review committees. Why would CMS recognize these other certifying bodies as legitimate and not the entity that accredits programs that receive CMS funding for GME? The only logical answer when you see the overlap of board members is anticompetitive collusion.

Both ACGME and ABMS are overtly political in their policies. Both now cite ethics and professionalism as requirements. The professionalism policies are designed to allow both organizations to censor members freedom of speech as it relates to public health policy and I have personally been threatened twice by the American Board of Dermatology (an ABMS board) as it relates to my own certification. The first threat was received in January 2021 when I posted on my personal social media account that Rachel Levine, who was appointed as Assistant Secretary of Health and Human Services, was obese and had a mental disorder and was not the best pick for this position. I received communication that the committee with the ability to take away my Board-Certification had reviewed the issue and had not taken action, but it clearly was a warning that I should self-censor of face further scrutiny. The second formal communication I received was later in September of 2021 and it was again related to my social media posts regarding public health policy during the pandemic. I warned of the dangers of the mRNA vaccines, particularly in children. I informed parents and students that in Florida their schools were not allowed to verify their child's Covid-19 vaccination status and if asked by school officials they could give any answer that they felt was in the best interest of their child's education. Am I surprised when the Executive Director of the American Board of Dermatology, Randall Roenigk, who also sits on the Dermatology Residency Review Committee would encourage members of that committee to give our program application extra scrutiny? I am not,

and we have been rejected twice by ACGME and none of the cited deficiencies meet any objective standards. They were all subjective deficiencies per the review committee. It certainly seems retaliatory.

The other political issue that both ABMS and ACGME refuses to divest itself from is diversity, equity, and inclusion. When applying for accreditation, our faculty must participate in a site visit from ACGME. This 4-6 hour visit is designed to have their reviewer examine the application and ask questions to verify the accuracy. During our visit in February of this year, the ACGME site reviewer asked more questions related to diversity, equity, and inclusion policies than she did about our medical curriculum for the residents. ACGME did this knowing that there is a state law in Florida prohibiting DEI from entities receiving state funding, and the President's Executive Order prohibiting DEI from entities receiving federal funding.

The system is broken and it is because it has been allowed to act without oversight and with zero transparency for far too long. I have solutions to present that will create competition and through competition GME programs and our physician workforce will have choices that will improve medical education and prevent the system from returning to its failed state of affairs today.

1. Pass legislation that makes GME funding available only to programs that recognize all certifications that are also recognized by CMS. Until this takes place, the collusion between ACGME and ABMS will continue to limit the number of qualified physicians available to train residents.
2. Fund the creation of a second GME accreditation entity that could use a currently existing education based entity. It would take less than. $5M to appropriately fund an alternative GME accrediting body and without competition, there will be no real reform. That's less than 0.025% of the current GME budget and it will lead to dramatic reductions in the current workforce shortages. ACGME is the bottleneck in providing a physician workforce.
3. Cut the GME funding currently allocated by CMS. Residents are severely underpaid and these programs all make a fortune just on the actual work performed by our resident physicians. The program we were trying to create was to receive no GME funding at all and was projected to earn over $1M a year in profits. Residency Programs are wildly profitable and the faculty who bill their work and supervise the residents benefit tremendously from the work they bill plus they get the generous GME funding from CMS as well. This cost savings could be greater than $10B per year and I promise you there will be no program closures, but a ton of claims that it will decimate GME.
4. End the antitrust exemption which allows for the National Residency Matching Program. The match is the very definition of anticompetitive. Under market wages for some of the most talented young people in America. Ending the match would level the playing field for our graduating physicians. When GME programs have to truly compete for talent, wages will rise and so will quality. In a time when Congress meets to approve NIL for college athletes, how can we allow our young doctors to be treated so unfairly and abused by a system that is far more corrupt than the NCAA. A faculty member can leave a program and teach there, we need to have a free market for GME allowing for a transfer portal and contract negotiations. Congress should never have given this exemption and it's time for that to end.

Thank you all for your time today and I hope I have assisted all of you in understanding how ACGME is harming America's healthcare system and the anticompetitive collusion which exists between ACGME and ABMS.