



Statement of the National Board of Physicians and Surgeons (NBPAS) to the House Judiciary Antitrust Subcommittee

RE: Antitrust Concerns in Medical Residency and Continuing Board Certification Pathways

The Honorable Jim Jordan
Chair, Committee on the Judiciary
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Scott Fitzgerald
Chair, Subcommittee on the Administrative State, Regulatory Reform, and Antitrust
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Jordan and Subcommittee Chair Fitzgerald:

The National Board of Physicians and Surgeons (NBPAS) submits this statement to highlight the urgent need for antitrust scrutiny of entrenched monopolistic practices in physician training and certification. Specifically, the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) have created a vertically integrated, self-reinforcing system that blocks competition, limits physician autonomy, and misuses taxpayer-funded resources. By conditioning continued physician board certification—a credential underpinned by over \$15 billion in federal Graduate Medical Education (GME) funding—on participation in ABMS’s costly and unproven Maintenance of Certification (MOC) program, ABMS has foreclosed others from meaningfully participating in the market for continuing physician certification. ABMS’ foreclosure of other continuing physician certification organizations, such as NBPAS, ultimately reduces access to care, exacerbates physician shortages, stifles innovation, and undermines the public’s investment in America’s physician workforce.

This statement outlines:

- The intertwined relationship between ACGME and ABMS
- The structural mechanisms used to maintain monopoly control and exclude competition
- NBPAS’s experience as a blocked market entrant
- The broader consequences of ABMS’s dominance—including the waste of taxpayer-funded investments in physician certification



Background

The core of the issue for NBPAS and physicians seeking ongoing certification is a vertically integrated system dominated by a small group of powerful, self-interested “nonprofit” organizations. These include the Accreditation Council for Graduate Medical Education (ACGME), its member organizations, and other closely partnered nonprofits such as the American Board of Medical Specialties (ABMS), and the American Medical Association (AMA), among others.

These entities control not just the residency placement process, but also the accreditation of training programs and, in the case of ABMS, the initial and ongoing certification of practicing physicians. This tightly connected system lacks independent oversight and restricts physician choice at every stage—from entry into the profession to lifelong employment. Although these entities purport to uphold principles of quality and professional self-regulation, they increasingly prioritize individual and partner self-interests, often to the severe detriment of the American health care system.

The Ties Between ACGME and ABMS

ABMS and ACGME, as strategic partners, operate with overlapping interests that undermine the integrity of the training and certification pipeline which are inextricably connected. ABMS holds a seat on ACGME’s governing board, an inherent structural conflict of interest that allows a certifying organization to directly shape the rules governing graduate medical education and vice-versa.

Notably, this relationship has enabled the proliferation of ABMS’ lifelong recertification program widely known as Maintenance of Certification (MOC), despite twenty-five years of widespread physician opposition and no proven benefit to clinical outcomes.

The mechanism behind ABMS and ACGME’s intertwining interests is straightforward: *ABMS revokes board certification* from physicians who decline to purchase its MOC products and subsequently lists physicians in nationally-required credentialing databases as “Not Certified” making employment near-impossible. Meanwhile, ACGME supports ABMS’ financial and strategic interests by embedding a de facto MOC mandate into its Common Program Requirements for graduate medical education faculty. ABMS also holds a seat on ACGME’s board further ensuring it is able to shape rules to its benefit. Physician faculty at academic institutions must comply with MOC or lose their teaching positions. Hospitals, unwilling to jeopardize the substantial federal GME funding tied to ACGME-accredited programs, are also compelled to enforce MOC compliance among their employed physicians.

In essence, ABMS and ACCME agreed to change the game by embedding MOC—and the only organization that provides it—further into the fabric of a system physicians must adhere to to practice medicine and reinforcing their monopoly in continuing physician certification by keeping competitors, such as NBPAS, sidelined from significantly participating in this market.



ABMS Maintains a Monopoly in Continuing Physician Certification Market and Excludes Competitors Such as the National Board of Physicians and Surgeons

NBPAS became intimately familiar with ABMS' monopoly after entering the continuing physician certification market in 2015. Founded in response to widespread physician dissatisfaction with ABMS' MOC requirements, NBPAS set out to offer choice, competition, and MOC relief through a clinically rigorous, evidence-based certification pathway. Established by twenty renowned clinical and academic physician leaders, NBPAS now certifies over 15,000 physicians nationwide and meets CMS-required accreditation standards for hospitals, health systems, and payors.

Despite strong physician support and clear benefits—such as reducing burnout and helping physicians remain in clinical practice—NBPAS struggles to achieve broad adoption, due largely to the entrenched influence of ABMS and the vertically integrated network of affiliates. In an effort to address this, NBPAS petitioned ACGME in February 2024 to remove its de facto MOC requirement. The request to ACGME included a letter from NBPAS leadership accompanied by a representative sample of seventy-seven individual physician letters (from among hundreds) submitted to then-ACGME President and CEO, Dr. Tom Nasca. To date, NBPAS has received no response from ACGME.

Coordinated Market Suppression: How ABMS and Its Affiliates Block Certification Competitors Like NBPAS

ABMS' anticompetitive behavior extends well beyond its partnership with ACGME. As NBPAS has gained traction as a credible alternative for continuing board certification, ABMS has consistently taken swift and aggressive action to undermine it. Following NBPAS's 2022 announcement that The Joint Commission recognized it as a "Designated Equivalent Source Agency," ABMS launched a disinformation campaign aimed at preserving its monopoly. This included a misleading "Toolkit" distributed to hospitals, state boards, and credentialing organizations, falsely asserting that NBPAS lacked oversight, standards, and validity.

ABMS intensified its efforts by partnering with the nation's largest medical staffing association (National Association of Medical Staff Services), which now designates the absence of MOC as a 'red flag' for physician employment—an unfounded claim that significantly undermines NBPAS's ability to gain hospital recognition and physician employment. Compounding this, ACGME just aligned with ABMS in what appears to be monopolistic overreach, embedding its "core competencies" into the same "best practices" without evidentiary support. These changes, in practice, restrict physician credentialing options and ultimately reduce access to care for patients.

ABMS' influence has also led several major medical organizations, including the American Medical Association, to adopt restrictive policies that closely mirror the language and rationale of its Toolkit campaign. At the same time, key entities such as the Accreditation Council for Continuing Medical Education (ACCME), the Federation of State Medical Boards (FSMB), and the Interstate Medical Licensure Compact Commission (IMLCC) have declined to collaborate with NBPAS or share data—despite maintaining identical partnerships with ABMS—creating the practical effect of a collective boycott that further obstructs NBPAS' ability to compete and gain market access.



The result is a systemic suppression of competition, reinforced by overlapping governance ties among ABMS, ACGME, AMA, and other influential organizations. ABMS not only leverages its monopoly, amplified through these strategic partnerships, to compel physicians to purchase MOC, but also effectively blocks physicians from exercising choice in the certification market. This occurs even when other options are more affordable, less burdensome, or demonstrably better. ACGME's complicity in reinforcing MOC is especially concerning, as academic medicine often sets the expectations for the broader medical community.

ABMS and its Affiliates Undermine Taxpayer Investment in U.S. Medicine

Most concerning, ABMS strips physicians of their board certification, a credential earned through residency training funded by over \$15 billion in annual federal GME subsidies, if they refuse to participate in its MOC program. This effectively wastes and negates the public's investment in physician board certification, the highest professional credential in U.S. medicine.

Hospitals and insurers also benefit from billions in Medicare and Medicaid funding, GME subsidies, and nonprofit tax exemptions. Meanwhile, these entities frequently reimburse MOC fees, further inflating operational costs. Taxpayer dollars are thus funneled back into a system that enriches ABMS and its affiliates, rather than directly benefiting patient care or physician competency.

ABMS has taken other steps to secure its dominance by quietly embedding MOC into the foundation of medical policy and infrastructure. ABMS and its partners have used their combined influence to tie MOC participation to eligibility for employment in federally funded health systems, including the Department of Veterans Affairs (VHA), 96% of which partner with academic hospitals, and Defense Health Agency (DHA).

ABMS has also succeeded in inserting favorable language into federal legislation—most recently in the 2025 National Defense Authorization Act, which defines what qualifies as a certifying body. This move deliberately excludes emerging competitive alternatives like NBPAS. ABMS has openly stated its intent to replicate this language across multiple legislative and regulatory domains, cementing its control by rewriting the rules of the marketplace.

In effect, these actions amount to a systemic misuse of public funds. Through federal subsidies, taxpayers finance the education and certification of physicians, only for that credential to be held hostage by a private organization that demands continuous payment for ongoing recognition. As ABMS and ACGME expand their influence under the guise of public interest, they are in fact diverting resources, manipulating policy, and reducing healthcare access, all while squandering the public's investment in America's medical workforce.

Summary

The actions of ABMS, ACGME and their affiliates reflect a coordinated and unchecked effort to maintain market dominance at the expense of physicians, patients, and taxpayers. What began as a system intended to ensure professional standards has devolved into a monopolistic structure that strips physicians of publicly funded credentials, suppresses viable alternatives like NBPAS, and redirects billions in taxpayer dollars toward private interests. Congressional oversight is urgently needed to dismantle these anti-competitive practices, restore fairness



and transparency to the certification landscape, and protect the integrity of the federal investment in physician education and patient care.

NBPAS stands ready to assist the Committee as it explores solutions to reintroduce transparency, fairness, and competition into physician training and certification in the United States and appreciates your attention to this critical matter.

Respectfully,

A handwritten signature in dark ink, reading "Paul Teirstein MD". The signature is fluid and cursive, with the letters "Paul" and "Teirstein" connected, and "MD" written separately at the end.

Paul Teirstein, M.D., DNBPAS, FACC
President, NBPAS
Chief of Cardiology and Director of Interventional Cardiology, Scripps Clinic
Director, Scripps Prebys Cardiovascular Institute, Scripps Health

A handwritten signature in dark ink, reading "Katie Collins". The signature is fluid and cursive, with the letters "Katie" and "Collins" connected.

Katie Collins
Executive Director, NBPAS

A handwritten signature in dark ink, reading "Karen Schatten". The signature is fluid and cursive, with the letters "Karen" and "Schatten" connected.

Karen Schatten, MLS
Associate Director, NBPAS