



WIG Webinar Recorded 3/28/2022 “Preserving and Promoting Professional Certification”

Featuring:

Maine State Representative Kristen Cloutier (moderator)

Julia Judish, Special Counsel, Pillsbury Winthrop Shaw Pittman LLP, and Counsel to the Professional Certification Coalition

Tom Granatir, Senior Vice President for Policy and External Relations, American Board of Medical Specialties

Meredith Martino, Executive Director, Women In Government:

Good afternoon, everyone, or good morning if you're on the west coast. I'm Women In Government's Executive Director Meredith Martino, and I'd like to thank you for joining Women In Government's policy roundtable, "Preserving and Promoting Professional Certification."

Women In Government convenes state legislators and stakeholder experts with broad perspectives and experiences to amplify the work of female lawmakers. Women In Government's all-legislator Board of Directors guides meaningful policy programs like this one that directly address issues facing state legislatures nationwide.

Just a few quick housekeeping items before we get started. Please introduce yourselves in the Chat Box located in the Zoom Toolbar, and please share your questions or comments there. You may want to select "Speaker View" from the Zoom View Options if you are watching and not just listening in. And finally, we encourage you to connect with Women In Government on all of our social media platforms!

Now I'd like to turn the floor over to our two speakers to briefly introduce themselves and their organizations and also introduce our legislator moderator for today. Both speakers' bios will be posted in the Chat Box for reference to save time.

Today we'll hear from Julia Judish, who is the Special Counsel for Pillsbury Winthrop Shaw Pittman LLP, and Counsel to the Professional Certification Coalition; and Tom Granatir, who is the Senior Vice President for Policy and External Relations for the American Board of Medical Specialties.

Julia, we'll hear from you first, and then Tom, and then they will introduce Representative Cloutier.

Julia Judish:

Great, thank you. I'm here on behalf of the Professional Certification Coalition or the PCC today. We were formed in 2018, and my firm serves as outside advisors to the PCC. PCC has about 100 organizational members - nongovernmental, private certification organizations and professional societies made up of certified professionals.

We engage in state and federal advocacy analysis and thought leadership on legislation affecting nongovernmental certification organizations and those who hold or rely on those credentials. That can include regulators, employers, and the public.

We don't focus on profession-specific legislation, but more on legislation that would more broadly affect the Professional Certification Coalition. One of our members is the American Board of Medical



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Specialties, and I’m delighted to be joined today by Tom Granatir of ABMS.

Tom Granatir:

Thank you, Julia. I’m Tom Granatir. I’m the Senior Vice President for Policy and External Affairs at the American Board of Medical Specialties, or ABMS. We're a community of 24 independent not-for-profit certifying boards that certifies 950,000 physicians in 40 specialties and 88 subspecialties. About 85% of physicians in the U.S. are certified by one or more of our boards, and I’ll say more about it in just a few minutes.

Julia Judish:

Thanks, Tom. And now, I’d like to pass the virtual mic over to our moderator today, Maine State Representative Kristen Cloutier. She represents Maine District 60 and is a member of the Joint Standing Committee on Appropriations and Financial Affairs.

Maine State Representative Kristen Cloutier:

Thank you, Julia, and good afternoon, everyone. As Julia mentioned, I am Kristen Cloutier, and I represent House District 60, which is part of my hometown of Lewiston in the Maine state legislature, where I am currently serving my second term.

And so, I thought I’d start by giving you all a brief introduction to my own work on occupational and professional licensing as a legislator, and I apologize ahead of time if this gets a bit too much into the weeds.

At the start of this term, I was approached by the Commissioner of the Department of Professional and Financial Regulation to sponsor [LD 149 an act to facilitate licensure for credentialed individuals from other jurisdictions](#).

Maine’s Governor Janet Mills had a strategic economic development plan that called for adding 75,000 people to Maine’s workforce in order to grow Maine’s economy, and the plan notes that, although Maine has strong, talented, hard-working people, significant workforce shortages are anticipated over the next 10 years unless robust efforts are undertaken, and this was pre-pandemic.

The attraction of new Americans and other newcomers is essential to Maine’s economic growth, and this bill was an important component of that effort. The Office of Occupational and Professional Regulation, also known as OPOR, committed to reducing barriers to licensure within its jurisdiction, wanted to help all current and future Mainers to attain a license in their field and work at their highest level of licensure.

So, LD 149, for the foreign trained and/or educated gave greater flexibility to the Director of the Office of Professional and Occupational Regulation and OPOR boards and commissions to assist foreign trained and/or educated individuals interested in applying for a Maine license in their field of education or training by doing a couple things.

One was allowing the Director of OPOR to waive certain requirements for applicants from out of state or other countries, and that included documentation requirements, examination fees, and license fees;



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giving boards and programs the authority to grant provisional licenses, which would allow applicants to work in their field, while achieving additional educational or training requirements; providing the Director rulemaking authority to define jurisdiction for licensing purposes to mean a state, territory, or foreign nation; and allowing the Director to accept grant funds to support those efforts.

And then for U.S. license holders, LD 149 provided an approach that we felt was rational, efficient, and measured to attract qualified licensees from other states, while at the same time allowing our regulatory agencies to serve their statutory purpose to maintain legislatively established standards designed to protect the public from unethical and unscrupulous licensees.

And so, LD 149 authorized a process for licensure by endorsement for U.S. license holders who wish to obtain a Maine license, and this endorsement process allows license holders from other jurisdictions to obtain a Maine license so long as they meet certain very reasonable conditions.

And we felt that licensure by endorsement struck the right balance between allowing Maine’s boards and regulatory agencies to exercise the discretion and authority they’ve been granted by the Maine legislature to serve the public protection mission and expanding our workforce potential by simplifying Maine’s licensure process for out-of-state license holders.

LD 149 required rulemaking by each board to implement and comply with the proposed licensure by endorsement provisions, and this created a more uniform approach to out-of-state licensure while also ensuring that the public had the opportunity to provide input via the APA [Administrative Procedure Act] rulemaking process.

And so, I’m happy to report that LD 149 was signed into law on June 11, 2021, and since then, the priority of the department has been to move forward with licensure by endorsement rulemaking for Maine’s 37 licensing entities.

As part of that pre-rule making effort, they have engaged the services of University of Maine law interns to help research other states licensing laws since licensure by endorsement depends on the other states’ laws being substantially equivalent. And for each licensing program the interns will be researching about 10 of the most likely states from which we might receive applicants.

Once that work is complete, the department will begin the rulemaking process related to provisional licensing and the waivers for foreign trained and/or educated individuals.

So, thank you for allowing me to share that update on my work in Maine, and with that, I’d like to invite our speakers to present. Julia, please take it away.

Julia Judish:

Thank you. So, I’ll start with just a little bit of background about professional certification.

When the PCC first started up in July of 2018, what we were finding at the time was we were engaging with bills where the language of the bill, in terms of its impact on professional certification, did not match up with the intended reach of that bill by the drafters.



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Professional certification is complimentary to, but not the same as, professional licensure. Most professional certification programs are developed and administered by nongovernmental nonprofit organizations in their field. They range from wholly voluntary to required for licensure because they've been incorporated into state licensure laws or regulations.

Professional certification - some of it is its very entry level baseline like through food safety certification for restaurant workers. Some of it is relatively entry level, desired by employers. If you've ever taken your car to get it fixed, you may see that the mechanics advertise that they have ASE certification, Automotive Safety Excellence certification, but that isn't required to be a licensed mechanic.

On the other hand, to be a licensed Physician Assistant, all 50 states require the private certification in that field as a condition of initial licensure, and then other forms of certification reflect higher, more specialized achievement in the field like the kinds of certification that ABMS member boards provide. Only 5% of certified financial investors held the certified financial planner certification.

So, there is a lot of diversity among private certifications and a lot of diversity in scope of what they require to have that endorsement on which the public rely and employers rely. Often, though, those qualifications and that eligibility does include adhering to conduct codes.

So, I said we're complimentary. The private certification is complimentary to state licensure. In no way does it displace the role of state licensure. Often, state regulations piggyback on the competency standards established by the private certification organizations because that's not the area of subject matter expertise of state regulators – for example, what it is that professional engineers should know in order to be licensed.

But in terms of conduct codes and qualifications and enforcement, really the public and private certification organizations rely on licensing boards to have that enforcement function because private certification organizations don't have either the legal authority or the resources to serve as effective enforcers of these requirements. Private certification organizations can't subpoena witnesses or documents, they can't act as quickly, and they can't summarily suspend a license if someone is a threat to public health or safety.

So, moves to roll back licensure boards and repeal them in order to rely on the private sector private certification is frankly scary to a lot of private certification organizations because they don't feel equipped to handle that. The PCC does not advocate for there to be more licensure, but we also are not looking to strip away the licensure framework that already is there.

We also recognize that both licensure and certification - that those available credentials are really pathways to opportunity and help reduce inequity and income inequality. I have on the slide here a citation and a link to, if you want to do a deep dive, into a [2017 paper by a work group out of the University of Chicago](#) that found that both certification and occupational licensure significantly reduce wage gaps - both the racial wage gap and the gender wage gap - among those holding those credentials.



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Just a quick visual here and a few numbers to show how common it is for there to be occupational licensure reform bills and bills relating to setting limits on what licensure boards can do. In the PCC's last completed fiscal year, which runs July through June, we tracked and analyzed more than 140 bills in more than 43 students.

We've been involved with a greater range of bills than listed here. The key kinds of bills which I want to address for the purposes of this webinar and that Tom will also address relate to universal reciprocal licensure, as Representative Cloutier discussed; bills that focus on occupational licensing reform; and bills that deal with those who are returning citizens who have past criminal convictions, and Tom is going to address as well legislation that focuses on restricting discipline for violations of professional values.

So, with respect to universal or reciprocal licensure or alternative pathways to licensure, the PCC has developed some core principles - which frankly, a poster child for them could be Maine LD 149, the licensure by endorsement.

I listed five principles here, but they really boil down to two issues. One is recognizing that not all licensure laws state to state are apples to apples comparisons. You have to look at - do they have equivalent scopes of practice? Do they have equivalent qualification requirements to obtain that license? So, when you're saying that someone coming in from out of state or from a different country should have a streamlined pathway to licensure, is it because they really are meeting those expectations of what it means to hold a license?

Members of the public who are trying to engage the services of a licensed professional – there isn't a little asterisk next to that professional's name, if they're licensed in that profession, that shows that actually they didn't meet the same requirements as someone who got the license through your state process.

So, it's similar scopes of practice in qualifications, but not all professions are the same. Tom is going to talk later on about what is a quintessential trust profession like healthcare professionals. When a state licenses a profession like that, or like a financial advisor, they're looking at more than just, “Does that individual have the knowledge and the technical skills?” They're looking at their trustworthiness and their conduct as well. Lawyers have broad expectations for what we bring to the table beyond just our knowledge of what laws are on the books.

There are other kinds of licensure where what the public understands when they're hiring someone with that license is that person brings technical expertise and not so much what's beyond that.

So, in these bills, allowing each licensing board, depending on the profession, the leeway to look at what is appropriate for that profession in endorsing or providing a pathway to licensure is really one of the key principles here.

For occupational licensing reform, some of the issues that we've engaged with on bills have to do with whether they're reaching out to either directly, indirectly, intentionally, or unintentionally have an



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effect on nongovernmental private certification processes. Sometimes that's done through the definitions in the bills.

For example, early on, we had to engage with a lot of bills that had title restrictions for the use of the term “certified” or the term “registered” because the bill defined it as a title that was conferred by the government. There are a lot of professionals out there who don't register with or aren't certified by the government because it's not required for their profession, but they use those titles of “certified” and “registered” that were conferred on them by a nongovernmental organization in conjunction with their earned title. For attempts to restrict what conduct codes or what eligibility standards private organizations use, there's a First Amendment right to define what those standards are for private organizations.

But beyond that, there has been a trend to try to reduce the burdens of licensure - sometimes by bills that adopt hierarchies of least restrictive to most restrictive forms of occupational regulation that focus more narrowly on “Is this the least restrictive and strictly necessary mode of regulating a profession?” - such that there's evidence that without having the regulation, that would cause injury to the public.

There isn't always the ability to collect that data, and sometimes licensure sets a higher bar than just avoiding injury. So, if you think about teachers, it's very difficult to quantify whether someone who was taught by an unqualified or unlicensed teacher would be harmed by that because there's not a clear delivery that you see immediately versus years down the road - unlike say, an unqualified civil engineer. If the bridge collapses and someone's injured, you see it right there.

The rest of my slides are going to be focusing on ex-offender reentry or clean slate bills that are supporting the very laudable goal of trying to expand opportunity for those who have had interactions with the criminal justice system.

The PCC is trying to support and improve bills that have this goal by ensuring that they also include protections for the public. And again, I'm going to return to the theme here of not every profession being the same as other professions and not every crime being the same as other crimes. So, we start with the basic principle that if there are licensure laws that have standards that incorporate private certification, those standards are part of what protecting the public is.

I wanted to start with an example of a bill that was enacted last year. It's now [Connecticut Public Act 21-32](#). It is an example of what's called a clean slate law because after a certain period of time, it automatically erases - some other bills use the term seals or expunges - criminal conviction history for individuals with certain criminal convictions. In this case, it was 7 years after the misdemeanor conviction and 10 years after certain felony convictions.

Most of these bills contain exceptions for certain violent crimes or sexual crimes, and sometimes they contain exceptions if there are pending charges. Sometimes they don't. The Connecticut law would not treat pending charges as a reason to stop the automatic erasure, and because it's automatic, there's not been individualized consideration of whether the applicant for the license has shown that there's been rehabilitation.



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The Connecticut bill also attracted the PCC’s attention because, unlike most other clean slate bills, it would amend the law to make it a discriminatory practice for membership organizations and boards of regulated professionals - private sector boards - to refuse to accept a person as a member solely because of an erased criminal history record.

So, clean slate bills have a lot of good things about them in terms of the principles that they promote. We certainly do want to give more access to opportunities to earn a livelihood to ex-offenders, and we've also had increasing awareness in our country in the recent years about the disproportionate impact of the criminal justice system on people of color and those who have been less advantaged.

Individualized approaches can allow for disproportionate access, and pretty much every state has, at least for certain crimes, the ability for an ex-offender to petition to ask for a criminal record to be sealed or expunged. But not everyone understands that they have that opportunity, so it's the squeaky wheel gets the grease - even if someone who didn't know about that or couldn't afford hiring a lawyer to do it or navigate the process is equally deserving. For that reason, clean slate legislation has attracted support from legislators on all sides of the political spectrum.

We are concerned that because these bills are adopted without respect to specific professions that there's been this cookie cutter approach to professions that really are materially different from each other in the purpose of licensure.

Licensing boards exist in order to look at all the information and consider what they have before them, and clean slate bills, by erasing this record history, essentially places blinders on those licensure agencies so they don't have information about events which occurred and were established beyond a reasonable doubt.

Often, the exceptions to clean slate bills don't include fraud crimes or property crimes, only health or safety. They look at the categories of offenses but prevent the licensing board from looking behind the title of the offence to what the conduct is.

And one example - I actually stole it from Tom - is the example of Medicaid fraud. So, you can have Medicaid fraud, the same code violation that occurs, because you have a health care practitioner who puffed the dollar value of the procedures the medical professional performed and charged Medicaid twice what the actual cost was. That's fraud. That's bad. That person would be convicted and serve their time, but it doesn't affect patient safety.

Or you can have Medicaid fraud where the way the fraud occurred is the healthcare professional had patients undergo unnecessary procedures in order to bill Medicaid for them. It's the same criminal code violation, but that second scenario exposed patients to unnecessary risk because every procedure has risks that go along with it.

So, if in these bills, you say this category of offences the licensure agencies can't consider, the public can consider, because the records are sealed, there may be underlying conduct that truly is relevant that they're now not able to screen for or even consider. We're concerned that because of that, there



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may be re-offending that goes on by someone granted a license by the state. That is going to result in the backlash against these efforts to expand opportunity for ex-offenders, so we think it's important that they be carefully drafted.

This bears considerations that if these kinds of bills come before you, you can look at it to help improve them. When you look at how much time has elapsed, make sure it's from when the sentence has been completed. Broaden the categories of offenses excluded from automatic erasure so it includes crimes like fraud. Maybe make exceptions in terms of access to sealed records, so that at least licensure boards can consider criminal history, which is otherwise sealed if the conduct underlying it would otherwise be a ground for disciplinary action against the licensee.

This is the approach we actually stole from a Maine bill last year, LD 1465, that allowed each profession to tailor what they could look at.

Thank you for your consideration of this, and I'm going to turn it over now with the next slide to Tom.

Tom Granatir:

Thank you, Julia.

You have to have a license to practice, but specialty certification is voluntary. About one in seven physician practices without specialty certification. About 70% of hospitals require certification as part of the credentialing process to grant practice privileges.

ABMS is a private non-for-profit supported by 5,000 volunteers to set standards, write tests, and evaluate candidates.

Looking at the list, you may be saying, “Where's cardiology and gastroenterology?” There are a lot of those out there. Those are subspecialties in our world. The distinction between a primary specialty and a subspecialty is based on the training pathway, and one of the things that distinguishes physician specialty certifications is the close relationship between specialty training and certification.

I thought it would be useful to say a few words about the process of physician specialty board certification which exists in the context of a network of organizations that have evolved over the last century, especially over the last 50 years as healthcare has become more specialized.

One reason we have one of the best positioned workforces in the world is because these organizations collaborate to create this training and certification and licensing pathway. These organizations set standards for every step along the way to become a doctor. Medical school graduates have to have at least one year and in some cases as many as three years of graduate medical training and must pass a standardized exam to become licensed.

A license to practice is undifferentiated by specialty - about six out of seven physicians who complete a residency are between three and seven years and pass special examinations to become certified. So, organizations that set the standards and accredit the residency training, that create the licensing exam, grant and oversee licensees, set standards and accreditation for continuing education - much of the



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work of these organizations is performed by volunteer physicians who believe they have a professional obligation to train the next generation of physicians, and we depend on each of these organizations to do its part to protect the safety of patients and the public. Collectively, we refer to this network of organizations as a system of professional self-regulation.

About 20 years ago, we developed the core competencies framework to make sure that we train physicians in all the competencies that patients think are important for effective patient care. So, in addition to medical knowledge, there are issues of patient care and procedural skill, communication, what we call practice-based learning and improvement, and professionalism.

Professional is a key concept that has come into focus in the last 30 years, which has components of ethics, relational skills, and professional responsibility. And at its core, it's about putting patients first and doing no harm. “Do no harm” is the core creed of the physician.

In recent years, the concept has expanded to include ethical issues like informed consent, confidentiality, honesty, as well as a commitment to maintain competency, collaborate with others to optimize patient safety, to advance medical science and to enhance the profession, for example, by contributing to the education of the next generation of physicians. It's a very interesting and noble creed.

So, specialty board certification - the initial certification occurs right after or generally near the end of the residency - that's the graduate medical education. And then we have a program of continuing certification, which actually proceeds for people throughout their career, especially certifications and capstone to training. After completing training and the procedural specialties, they spend a couple of years practicing before they're examined by our boards to assess their knowledge, clinical judgment, and professionalism.

We use the terms professionalism and professional standing to signify that we have both a licensing process and a certification process to assess the quality and safety of physicians. We refer to the license as a mark of professional standing, and we refer to our own assessment of behavior as professionalism.

Although the general concepts are the same across all the specialties, there are differences in emphasis to different kinds of specialties because the nature of the interaction with patients differs across them.

Starting in the 1960s, when we began to recognize that skills decline over time and medical knowledge advances rapidly, the Board started requiring recertification to validate that knowledge and skills remain current, and that's this continuing certification process on the right.

It has an element of learning and self-assessment, assessment of current knowledge and skills, an improvement requirement, and a continued examination of professional behavior. This is a process that has evolved a lot over the last 5 years. It's now a convenient online process that physicians can fit into their schedules. We're still assessing and providing feedback to them to help them direct their learning. But we do still assess knowledge and clinical skills to make sure that physicians are current.



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So, we have a professionalism policy. We discussed professional misconduct. Our professionalism assessment is anchored by state medical license. We require all to be free of discipline in every state where they have a license. We receive regular notifications from licensing boards so that we can be advised of issues that have been investigated by them.

Our boards don't necessarily take parallel action. In some cases, they receive information that the licensing boards have not acted on when we receive information from CMS or the DEA or the national practitioner database or the courts.

We ground our professionalism policy in two broad concepts. First, that of doing no harm to protect the patient's safety, and second, justifying the public's trust in the profession and in the certification credential.

If the physician engages in behavior which, in the judgment of the Board, does not rise to the level of a certified specialist, the Board may be justified in taking some action.

As you can see, harm can be actual or potential, and trustworthiness can be jeopardized by behaviors both in and outside the clinical relationship with patients. Trust is essential in health care, and trustworthiness is essential and integral.

We're going to talk about misinformation and disinformation in a second, but we do have some guidance on this from the [AMA Code of Medical Ethics](#). This is a resource that's been evolving over the last 150 years.

We view the dissemination of misinformation and disinformation as a special case of professionalism because this behavior has the potential to violate both the safety principal and the trustworthiness principal.

The Code of Medical Ethics has guidance on the issue of public speech, not to say that public speech should necessarily be curtailed, but that there are responsible and irresponsible ways to take advantage of the privileged opportunity physicians have to express themselves publicly on medical matters having to do with being honest, representing the science faithfully, acknowledging debate where it exists and the limits of one's own knowledge or experience, and when recommending non-standard care, where the science is disputed.

I mentioned that we view misinformation and disinformation as a specific example of unprofessional or professional misconduct. Misinformation refers to the spread of false information through possibly sincere but false beliefs, and disinformation refers to the deliberate spread of false information. And different issues arise, depending on the content.

The spread of pseudoscience, for example, which is information that is unsupported by science at all, raises questions about clinical competence. A physician with a large social media following who has claimed with vaccinations make you magnetic, for example.



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Or the misapplication of science, say the recommendation of a therapy that's used for one purpose but may not be appropriate for another may raise questions about clinical judgment. And it may be the manner in which the physician addresses debatable science or non-standard treatment, where clinical consensus needs more data. It may be done in an appropriate ethical way within the limits of the science or not, which may have an impact on how people perceive our clinical recommendation.

We've seen a whole spate of legislation over the past couple of years, actually, but in particular this year at the state level that secure regulate specific treatments or protect a physician's ability to prescribe for off-label uses. This is a common practice in medicine, and there's little controversy that physicians need to be free to use medications that have been proven safe in novel ways.

Although the AMA has specific guidance on responsible prescribing in its Code of Ethics, 23 states have considered bills which would limit the ability of the state's medical licensing board to discipline physicians for the public spread of misinformation and disinformation. Two of those have enacted legislation – North Dakota and Tennessee. One of them in blue, California, is considering legislation in the other direction that would protect the integrity of the state medical board. Texas, greyed out here, is not in session this year.

Our concern is the independence and authority of the medical boards to address physicians who publicly spread misinformation or disinformation. When a physician speaks publicly about medical matters, he or she has the potential to influence the care choices of many people.

And these bills have a material impact on the specialty boards because we depend, as I said, on licensing boards to verify that physicians maintain good professional standing, and we're worried that these bills may undermine the system of professional self-regulation that we've built up over the last 50 years to protect patient safety.

The FSMB [Federation of State Medical Boards] issued a statement back in July of last year to the effect that licenses might be in jeopardy for spreading misinformation and disinformation, and that may have been one of the causes for this stampede of legislation. They became concerned enough that they issued this official statement about protecting the independence of the boards to investigate harm, which we have supported, for what it's worth.

So, our concern here is less on the regulation and medical practice than on the spread of misinformation. The boards and the licensing boards give physicians wide latitude to exercise their own clinical judgment in treating their patients, and what's new and interesting here is whether there's a legitimate claim to oversee public speech, which is professional and not civic speech.

We're not trying to prevent physicians from exercising their constitutional right to civic speech to articulate a position on a matter of public policy. But we do feel we have an interest in professional speech if it has the potential to lead patients to harmful treatment or to avoid treatment which might protect them or help them or speech which may feed doubt about the scientific authority of the organizations that oversee our medical system.



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The issues may be different here for the licensing boards and our private specialty boards as private agencies are not subject to the same constraints around speech. Our boards have an obligation to protect patients and the trustworthiness of the profession, and they need to protect their own certification, which has been brandished by some physicians as a mark of clinical authority when they speak publicly, to protect the certification’s trustworthiness to the profession.

I’m interested in getting your feedback on this issue. I don’t have a lot of time, but I’d like to get your questions here today. Please get in touch with me. Thank you.

Maine State Representative Kristen Cloutier:

So, unfortunately, we do not have time for Q & A today, but I want to say thank you again to our speakers, and thank you to everyone for joining us.

Please don’t forget to register for Women In Government’s upcoming Resilient Communities webinar: Thursday, April 21st at 2:00 pm Eastern Time, “Meeting Kids Where They Are: Preventing Child Abuse.”

Thanks again, and take care, everyone!

[Professional Certification Coalition website](#)

Contact email: info@profcertcoalition.org