



State of West Virginia *Board of Medicine*

JONATHAN P. LILLY, MD
PRESIDENT

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SECRETARY

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VICTORIA L. TAKI BO, PA-C
VICE PRESIDENT

MARK A. SPANGLER, MA, CMBE
EXECUTIVE DIRECTOR

SUMMARY OF COMMENTS RECEIVED REGARDING PROPOSED AMENDMENTS TO 11 CSR 6 AND RESPONSES OF THE WEST VIRGINIA BOARD OF MEDICINE

On June 24, 2025, the West Virginia Board of Medicine filed a Notice of Comment Period on a Proposed Rule, 11 CSR 6. Series 6 is the Board's rule with regard to continuing education requirements for physicians and podiatric physicians. The Notice established a thirty-day comment period on the proposed rule, which concluded at 4:30 pm on July 24, 2025. During the comment period, the Board received three comments.¹ The Board has reviewed the comments received, and on July 24, 2025, the following response was authorized by the Board. A copy of this summary is being provided to the commenter.

Commenter

Date Received

1. Lynne Goebel, MD

June 24, 2025

Dr. Goebel commented that "[u]nder section 3.1. the last sentence should be struck as well since it refers to biennial training." The section referenced, in its entirety is as follows:

3.1. Mandatory Continuing Education Activity for Physicians and Podiatric Physicians Upon Initial Licensure -- Within one year of receiving an initial license to practice medicine and surgery or podiatry by the Board, ~~and regardless of the licensee's scheduled renewal date,~~ the licensee shall complete three hours of training in a Board-approved course on Risk Assessment and Responsible Prescribing of Controlled Substances. This requirement is waived for licensees who do not prescribe, administer, or dispense any controlled substances whatsoever pursuant to a West Virginia license. Completion of a Board-approved course on Risk Assessment and Responsible Prescribing of Controlled

¹ A copy of the comments received by the Board and the Board's responses thereto are attached to this summary.

Substances during the initial year of licensure may be allocated towards a licensee's biennial continuing education obligation for the renewal period during which the course was completed.

Response: The Board appreciates Dr. Goebel's careful review of the rule. In this particular case, the Board wants to make sure licensees know that physicians who complete the mandatory course during their first year of practice may use that course to satisfy their CME requirements for the reporting period. Consequently, the Board has not made any modifications to the rule based upon this comment.

Commenter	Date Received
2. Thomas Miller, MD	June 24, 2025

Dr. Miller commented: "I get my 50+ CME hours as required without complaint. However I've been fully retired since 2016 and I object to having to pay full price for an active license I worked hard to achieve and don't want to give up."

Response: The Board appreciates Dr. Miller's service in delivering healthcare to the citizens of West Virginia. Physicians who hold active status licenses, notwithstanding retirement, may practice medicine at any time. Consequently, continuing education is required for all active status licensees. The Board is not currently authorized to offer an emeritus or retirement status license. While no changes have been made to this rule regarding CME requirements in response to Dr. Miller's comment, the Board will refer his comment concerning a retirement status license to its Legislative Committee for further study.

Commenter	Date Received
3. Linda Gray Murphy American Board of Physician Specialties	July 9, 2025

The American Board of Physician Specialties submitted a comment regarding the continuing medical education options available to physicians.

I am writing to respectfully request that the West Virginia Board of Medicine consider amending its rules and regulations to allow physicians to choose their board certification by recognizing the American Board of Physician Specialties (ABPS) as an accepted certifying body.

We request to be added to the following sections of Title 11, Legislative Rule, Board of Medicine, Series 6, Continuing Education for Physicians

and Podiatric Physicians. We would request the following sections to be amended to include the American Board of Physician Specialties (ABPS):
Section 2.6, 4.1.2, and 4.1.3

The American Board of Physician Specialties provided a detailed explanation of its organization, its growth and its desire for the Board to accept certifying exams and maintenance of certification through its member board for continuing medical education in West Virginia.

Response: The Board appreciates the comments of the American Board of Physician Specialties. Board certification is not a requirement for medical licensure in West Virginia. Since 2013, the Board has accepted certification exams and maintenance of certification through processes established by boards which are members of the American Board of Medical Specialties to satisfy certain continuing medical education requirements. The American Board of Medical Specialties houses 24 member boards:

- American Board of Allergy and Immunology
- American Board of Anesthesiology
- American Board of Colon and Rectal Surgery
- American Board of Dermatology
- American Board of Emergency Medicine
- American Board of Family Medicine
- American Board of Internal Medicine
- American Board of Medical Genetics and Genomics
- American Board of Neurological Surgery
- American Board of Nuclear Medicine
- American Board of Obstetrics and Gynecology
- American Board of Ophthalmology
- American Board of Orthopaedic Surgery
- American Board of Otolaryngology – Head and Neck Surgery
- American Board of Pathology
- American Board of Pediatrics
- American Board of Physical Medicine and Rehabilitation
- American Board of Plastic Surgery
- American Board of Preventive Medicine
- American Board of Psychiatry and Neurology
- American Board of Radiology
- American Board of Surgery
- American Board of Thoracic Surgery
- American Board of Urology

Each of these boards have met the standards set by ABMS for certification and recertification and meet six core competencies established by ABMS:

The Six Core Competencies, adopted by the American Board of Medical Specialties (ABMS) and Accreditation Council for Graduate Medical Education (ACGME) in 1999, are recognized as integral to quality patient care, and are, as follows:

- **Practice-based Learning and Improvement** refers to the diplomate's ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the physician's practice of medicine, the collaborative practice of medicine, or both.
- **Patient Care and Procedural Skills** refers to the diplomate's use of clinical skills and ability to provide care and promote health in an appropriate manner that incorporates evidence-based medical practice, demonstrates good clinical judgment, and fosters patient-centered decision-making.
- **Systems-based Practice** refers to the diplomate's awareness of, and responsibility to, population health and systems of health care. The physician should be able to use system resources responsibly in providing patient care (e.g., good resource stewardship, coordination of care).
- **Medical Knowledge** refers to the diplomate's demonstration of knowledge about established and evolving biomedical, clinical, and cognate sciences, and the application of these sciences in patient care.
- **Interpersonal and Communication Skills** refers to the diplomate's demonstration of skills that result in effective information exchange and partnering with patients, their families, and professional associates (e.g., fostering a therapeutic and ethically sound relationship, using effective listening skills with nonverbal and verbal communication; being mindful of health literacy; and working effectively in a team both as a team member and as a team leader).
- **Professionalism** refers to the diplomate's demonstration of a commitment to carrying out professional responsibilities, adhering to ethical principles, applying the skills and values to deliver compassionate, patient-centered care, demonstrating humanism, being sensitive to diverse patient populations and workforce, and practicing wellness and self-care.²

Based upon these rigorous standards, the Board accepts certification exams and continuing certification/maintenance of certification in satisfaction of CME. The Board has not made any changes to the proposed rule based upon the comment received.

² <https://www.abms.org/board-certification/board-certification-standards/standards-for-continuing-certification/>

Conclusion

In conclusion, the Board again expresses its appreciation to all commenters for their interest in the proposed amendments to this rule.



Frame, Jamie C <jamie.c.frame@wv.gov>

Fwd: 11CSR 6

1 message

Frame, Jamie C <jamie.c.frame@wv.gov>
To: Jamie C Frame <jamie.c.frame@wv.gov>

Thu, Jul 24, 2025 at 11:46 AM

----- Forwarded message -----

From: **Goebel, Lynne** <goebel@marshall.edu>
Date: Tue, Jun 24, 2025 at 2:50 PM
Subject: 11CSR 6
To: Mark A.Spangler@wv.gov <Mark.A.Spangler@wv.gov>

Mark,

Under section 3.1 the last sentence should be struck as well since it refers to biennial training.

Thanks.

Lynne Goebel



State of West Virginia *Board of Medicine*

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VICE PRESIDENT

MARK A. SPANGLER, MA, CMBE
EXECUTIVE DIRECTOR

July 25, 2025

VIA ELECTRONIC MAIL ONLY

Lynne Janice Goebel, MD
gobel@marshall.edu

Re: Proposed Amendments to West Virginia Board of Medicine Rule 11 CSR 6

Dear Dr. Goebel:

Thank you for taking the time to review and comment on the Board's proposed amendments to rule 11 CSR 6, *Continuing Education for Physicians and Podiatric Physicians*.

The Legislative Committee of the Board met on July 24, 2025, to review and consider all of the comments that were received. No modifications were made to the proposed rule in response to the comments it received. Enclosed please find the Board's *Summary of Comments Received Regarding Proposed Amendments to 11 CSR 6 and Responses of the West Virginia Board of Medicine* (without attachments).

The agency-approved version of 11 CSR 6 will be filed with the West Virginia Secretary of State's Office today and will be available for review on their website at <https://apps.sos.wv.gov/adlaw/csr/>. The enclosed summary, along with all comments, will also be available on the Secretary of State's website.

Thank you again for your participation in the rulemaking process and for your comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Spangler". The signature is fluid and cursive, written over the printed name below it.

Mark A. Spangler

MAS/jcf
Enclosure



Frame, Jamie C <jamie.c.frame@wv.gov>

Fwd: Comment Period Underway for Board of Medicine Rules

1 message

Frame, Jamie C <jamie.c.frame@wv.gov>
To: Jamie C Frame <jamie.c.frame@wv.gov>

Thu, Jul 24, 2025 at 11:54 AM

----- Forwarded message -----

From: **thomas miller** <tmillermd@gmail.com>
Date: Tue, Jun 24, 2025 at 3:17 PM
Subject: Re: Comment Period Underway for Board of Medicine Rules
To: <wvbom@wv.gov>

I get my 50+ CME hours as required without complaint. However I've been fully retired since 2016 and I object to having to pay full price for an active license I worked hard to achieve and don't want to give up.

On Tue, Jun 24, 2025 at 2:50 PM <wvbom@wv.gov> wrote:

June 24, 2025

Comment Period Underway for Proposed Amendments to Two Existing Board of Medicine Rules

The West Virginia Board of Medicine is currently accepting written comments regarding proposed amendments related to continuing education requirements for two existing Board of Medicine rules. To view the proposed amendments, click on the appropriate link below.

11 CSR 1B, Licensure, Practice Requirements, Disciplinary and Complaint Procedures, Continuing Education, Physician Assistants

11 CSR 6, Continuing Education for Physicians and Podiatric Physicians

If you would like to provide public comments on either of these rules, please identify the rule that you are addressing and submit written comments by **4:30 pm on July 24, 2025**. Submit written comments to:

Mark A. Spangler, Executive Director

West Virginia Board of Medicine

101 Dee Drive, Suite 103

Charleston, West Virginia 25311

Mark.A.Spangler@wv.gov



State of West Virginia *Board of Medicine*

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VICTORIA L. TAKUBO, PA-C
VICE PRESIDENT

MARK A. SPANGLER, MA, CMBE
EXECUTIVE DIRECTOR

July 25, 2025

VIA ELECTRONIC MAIL ONLY

Thomas Stuart Miller, MD
tsmillermd@gmail.com

Re: Proposed Amendments to West Virginia Board of Medicine Rule 11 CSR 6

Dear Dr. Miller:

Thank you for taking the time to review and comment on the Board's proposed amendments to rule 11 CSR 6, *Continuing Education for Physicians and Podiatric Physicians*.

The Legislative Committee of the Board met on July 24, 2025, to review and consider all of the comments that were received. No modifications were made to the proposed rule in response to the comments it received. Enclosed please find the Board's *Summary of Comments Received Regarding Proposed Amendments to 11 CSR 6 and Responses of the West Virginia Board of Medicine* (without attachments).

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Thank you again for your participation in the rulemaking process and for your comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Spangler".

Mark A. Spangler

MAS/jef
Enclosure



Frame, Jamie C <jamie.c.frame@wv.gov>

Fwd: Public Comment to Title Series 11-06 Amend Request by ABPS

1 message

Frame, Jamie C <jamie.c.frame@wv.gov>
To: Jamie C Frame <jamie.c.frame@wv.gov>

Thu, Jul 24, 2025 at 11:52 AM

----- Forwarded message -----

From: **Linda Gray Murphy** <lgraymurphy@aol.com>
Date: Wed, Jul 9, 2025 at 11:25 AM
Subject: Public Comment to Title Series 11-06 Amend Request by ABPS
To: <mark.a.spangler@wv.gov>


Dear Mr. Spangler:

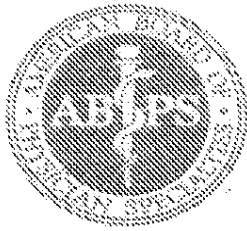
Please find attached our comments/request to amend the existing rule dealing with Continuing Education for Physicians and Podiatric Physicians.

Thank you for your consideration of our request.

Murphy

Linda Gray Murphy
American Board of Physician Specialties
405.921.7080
lgraymurphy@aol.com

 **American Board of Physician Specialties - Public Comments - Title Series 11-6.pdf**
3623K



American Board of Physician Specialties

5750 West Executive Drive • Suite 400 • Tampa, Florida 33609
T: 813-401-ABPS (2277) • Fax 813-809-6999 • www.abpsus.org

July 7, 2025

Mr. Mark A. Spangler
Executive Director
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

Dear Mr. Spangler:

I am writing to respectfully request that the West Virginia Board of Medicine consider amending its rules and regulations to allow physicians to choose their board certification by recognizing the American Board of Physician Specialties (ABPS) as an accepted certifying body.

We request to be added to the following sections of Title 11, Legislative Rule, Board of Medicine, Series 6, Continuing Education for Physicians and Podiatric Physicians. We would request the following sections to be amended to include the American Board of Physician Specialties (ABPS):

Section 2.6, 4.1.2, and 4.1.3

Founded in 1952, ABPS is a nationally recognized option in physician board certification, encompassing 12 Member Boards and Diplomates in 20 specialties. Today, a growing number of prominent medical entities and stakeholders—including leading professional organizations—have updated their bylaws, policies, and standards to include ABPS certification. Federal and state organizations that recognize ABPS certifications include, but are not limited to, the Centers for Medicare and Medicaid Services (CMS), the Veterans Health Administration, the United States Armed Forces under the GI Bill, and numerous state medical boards with specific advertising guidelines.

Further emphasizing this recognition, the U.S. Department of Labor has revised its Occupational Handbook definition of multispecialty physician board certification to

specifically include ABPS alongside the American Board of Medical Specialties (ABMS) and the American Osteopathic Association (AOA).

Key healthcare and credentialing organizations—such as Greely, HCPro, and the National Association of Medical Staff Services (NAMSS)—also acknowledge ABPS as a valid choice for physician certification. Notably, HCPro’s Medical Staff Governing Documents and NAMSS’s Ideal Credentialing Standards Whitepaper and Managed Care Resource Toolkit have been updated to reflect this recognition.

Physicians deserve the right to choose the certifying board that best supports their professional journey and fosters opportunity. ABPS firmly believes that allowing choice encourages competition, which in turn sparks innovation and progress, ultimately leading to improved patient care.

In a recent opinion, the Department of Justice (DOJ) stated, “Physicians, hospitals, healthcare consumers, insurers, and others can benefit from competition to provide cost-effective, high-quality certification services.” The DOJ further encourages adopting policies that do not preclude entry by bona fide certifying bodies that may offer a competitive alternative. ABPS is precisely such an option.

ABPS is committed to ensuring that its Member Boards are designed and maintained with an unwavering focus on patient care and physician excellence. Certification through ABPS is a rigorous process. Beyond extensive eligibility criteria, candidates must pass a comprehensive, clinically-based specialty examination developed according to industry standards and psychometric guidelines. These requirements ensure that only the most skilled, knowledgeable, and dedicated physicians achieve ABPS Diplomate status.

Moreover, ABPS values meaningful, evidence-based continuing medical education (CME). Its recertification process is robust, demanding ongoing CME—including coursework in medical ethics, a requirement not always found with other certifying bodies—and successful completion of a recertification specialty examination. ABPS will continue to require physicians to demonstrate sustained competency, certifying their continued mastery to the public and the profession.

All credentials for Diplomates and applicants are primary-source verified by Verisys, an NCQA- and Joint Commission-accredited Credentials Verification Organization (CVO). Additionally, ABPS Member Boards are listed in the Council for Affordable Quality Healthcare’s (CAQH) Proview application, a trusted platform for centralized enrollment and credentialing data.

The evidence is clear: ABPS is a valid and credible option within the medical community for board certification. Importantly, the certifying entity is only one aspect of the broader

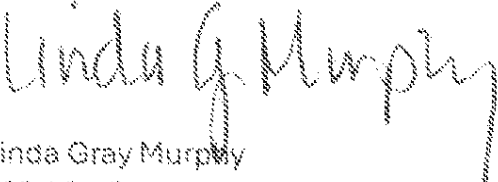
credentialing process and should not be the sole determinant of a physician's eligibility for employment.

For these reasons, I respectfully urge your organization to update its credentialing requirements and bylaws to conform to the current national standard and inclusive definition of physician board certification.

Thank you for your time and thoughtful consideration.

Sincerely,

American Board of Physician Specialties

A handwritten signature in black ink that reads "Linda G. Murphy". The signature is written in a cursive style with a large, prominent "L" and "M".

Linda Gray Murphy

405.921.7080

lgraymurphy@aol.com

Addressing the Physician Shortage: The Role of the American Board of Physician Specialties

Innovative Certification Pathways for Primary Care Physicians in Emergency Medicine

The persistent shortage of physicians in the United States, particularly in critical fields such as emergency medicine, poses a significant ongoing challenge for hospitals and communities nationwide. This shortfall threatens not only the prompt delivery of life-saving care but also the overall resilience of the healthcare system. To help alleviate this pressing concern, the American Board of Physician Specialties (ABPS) has forged a path focused on expanding the expertise and availability of medical professionals in high-demand specialties.

The ABPS Solution: Board Certification Pathways

The American Board of Physician Specialties stands out through its commitment to expanding opportunities for qualified physicians to serve in critical medical fields. One of its most impactful initiatives is the creation of alternative board certification pathways for primary care physicians. These pathways enable experienced practitioners—who may have initially trained in internal medicine, family medicine, or other primary care disciplines—to transition into emergency medicine through rigorous, structured fellowships.

By offering board certification in emergency medicine to those who have completed an approved fellowship, ABPS ensures that capable, well-trained providers can respond to the dynamic needs of urgent and emergent care settings. This approach not only recognizes the value of real-world clinical experience but also helps distribute medical expertise more equitably, particularly in underserved or rural areas.

Fellowship Training: Bridging the Gap

Central to this pathway is the requirement for primary care physicians to complete an approved emergency medicine fellowship. These programs are designed to immerse

candidates in the breadth and depth of emergency care, covering areas such as trauma management, advanced resuscitation, acute illness, and procedural skills. The curriculum is tailored to build upon previous clinical experience while ensuring proficiency in the unique demands of emergency medicine.

Fellowship graduates emerge equipped with both the confidence and competence needed to manage a diverse array of emergency cases. Upon successful completion, these physicians become eligible for board certification via ABPS, marking a significant milestone in both their professional development and their ability to serve high-need communities.

Wheeling Hospital: An Example of Excellence

Among the leading institutions pioneering this approach is Wheeling Hospital in West Virginia, affiliated with West Virginia University. The hospital's Emergency Medicine Fellowship stands as a testament to the effectiveness of this model. The program provides primary care physicians with comprehensive, hands-on training, leveraging the resources and mentorship of a university-affiliated hospital in a community setting.

Wheeling Hospital's fellowship is designed not only to develop clinical acumen but also to prepare physicians for the unique logistical and interpersonal challenges faced in emergency departments. Graduates are well-positioned to practice independently in a variety of settings, bringing critical expertise to areas where it is most needed.

Impact on Community Healthcare

By expanding the pool of board-certified emergency medicine physicians, the ABPS and its affiliated programs like Wheeling Hospital's fellowship directly enhance the quality and accessibility of care. This is particularly transformative for rural and underserved regions where staffing shortages can have serious consequences for patient outcomes.

Community hospitals benefit from a steady influx of highly trained professionals who are ready to step into demanding roles, often serving as the backbone of local emergency services.

Conclusion

The American Board of Physician Specialties has taken a proactive and pragmatic approach toward addressing the nation's physician shortage. Supporting board certification pathways for primary care physicians, anchored in robust fellowship training, helps ensure that no community is left without access to high-quality emergency care.

Programs like the one at Wheeling Hospital exemplify the success and promise of this model, offering hope and tangible solutions in the ongoing effort to strengthen America's healthcare safety net.

State Licensure vs Advertising of Physician Board Certification

History & Definitions

Physician Board Certification is a voluntary process and is defined as such even by the largest of multispecialty organizations, the American Board of Medical Specialties (ABMS), which holds a monopoly both in the private and public sectors. According to the American Medical Association, "while every physician must be licensed to practice medicine, board certification is a voluntary process. Medical licensure sets the minimum competency requirements to diagnose and treat patients and is not specialty specific. Board certification, however, demonstrates a physician's exceptional expertise in a particular specialty and/or subspecialty of medical practice."

Too often healthcare professionals and officials conflate physician board certification with state medical licensure and recognition. This is too often due to miscommunications, pushed out from the largest multispecialty board that has misled public health officials and institutions. State recognition of physician certifying bodies is non-existent. States DO NOT recognize one physician board over another. Some states have rules pertaining to the advertising of board certification. Most states do not have any rule and if they do, they require that when advertising a board certification, the physician must refer to the organization by whom they are certified. In clarity, this is strictly about being able to advertise your certifying body for competitive reasons.

These marketing rules have been pushed by the ABMS in collaboration with the Federation of State Medical Boards (FSMB), State Medical Boards (SMB) and the Accreditation Council on Graduate Medical Education (ACGME) for more than two decades. They claim that all of this is in the name of patient safety and care but in truth it is done to obtain and retain market control, leading to one of the largest healthcare monopolies in the country. Were this truly done to raise standards of patient safety and care the lobbying would have been on a physician's scope of practice and not his/her right to advertise. Additionally, were it truly done in an effort to protect patient safety and care it would not be used to conflate and confuse policymakers regarding licensure and the right to practice.

Clarifying Inaccuracies Regarding Concern of Practicing State to State

The technical assistance response from the Department of Defense inaccurately conflated state laws regarding the marketing of physician practices with limitations on a physicians ability to practice from state to

state. Licensure requirements under the US Military are dictated by federal code as follows:

10 U.S. Code § 1094 - Licensure requirements for health-care professionals

(d) (1) Notwithstanding any law regarding the licensure of health care providers, a health-care professional described in paragraph (2) or (3) may practice the health profession or profession of the health-care professional at any location in any State, the District of Columbia, or a Commonwealth, territory, or possession of the United States, regardless of where such health-care professional or the patient are located, so long as the practice is within the scope of the authorized Federal duties.

(2) A health-care professional referred to in paragraph (1) as being described in this paragraph is a member of the armed forces, civilian employee of the Department of Defense, personal services contractor under section 1091 of this title, contractor not covered under section 1091 of this title who is providing medical treatment as part of a mission relating to emergency, humanitarian, or refugee assistance, or other health-care professional credentialed and privileged at a Federal health care institution or location specially designated by the Secretary for this purpose who—

(A) has a current license to practice medicine, osteopathic medicine, dentistry, or another health profession; and

(B) is performing authorized duties for the Department of Defense

(3) A health-care professional referred to in paragraph (1) as being described in this paragraph is a member of the National Guard who—

(A) has a current license to practice medicine, osteopathic medicine, dentistry, or another health profession; and

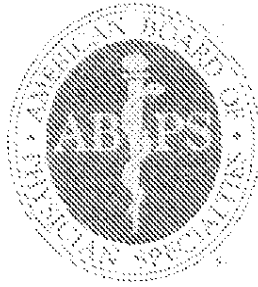
(B) is performing training or duty under section 5021f of title 32 in response to an actual or potential disaster.

Federal Recognition

The following federal agencies already recognize ABPS

- **Centers for Medicare/Medicaid Services (CMS):** American Board of Physician Specialties (ABPS) is included in every single State Attestation Form for Reimbursement
- **Department of Labor:** ABPS is listed in the Occupational Handbook as a choice for Physician Board Certification
- **O.I. Bill:** Physician Board Certification by ABPS is reimbursed under the O.I. Bill and physicians within military are currently board certified by the ABPS and reimbursed for this certification.





Facts About the American Board of Physician Specialties® (ABPS)

Founded in 1952, the American Board of Physician Specialties is a nationally recognized choice in physician board certification that includes 12 Member Boards with Diplomates in 20 specialties. Today, leading medical entities, stakeholders, and professional organizations have updated their bylaws, policies, and standards to include ABPS. ABPS offers the highest standards in physician board certification that meets the healthcare needs of the public and aids physicians in achieving success in the continuously evolving medical environment. It's Diplomates practice throughout the United States and serve as leaders in their medical specialties.

Here are some important facts about ABPS:

- ABPS Member Boards are indexed in the Council for Affordable Quality Healthcare's (CAQH) Proview application. CAQH is a platform that gathers enrollment and credentialing data in a single repository for participating health plans and other healthcare organizations.
- Florida Blue is a prime example of health insurance companies that accept ABPS board certified physicians.
- Federal and State organizations that recognize ABPS certifications include, but are not limited to, the Centers for Medicare and Medicaid Services (CMS); the Veterans' Health Administration and the United States Armed Forces under the GI Bill; along with state medical boards with specific advertising rules.
- ABPS is recognized in the definition of Physician Board Certification in the U.S. Department of Labor's Occupational Handbook.
- Leading healthcare and credentialing organizations such as Greely, HCPro, and the National Association of Medical Staff Services (NAMSS), recognize ABPS as a choice in physician certification. In addition, HCPro's Medical Staff Governing Documents – Bylaws, Policies, and Procedures and NAMSS's Ideal Credentialing Standards Whitepaper and Managed Care Resource Toolkit have been revised to reflect this recognition.
- Various state medical boards have also completed their due diligence and retain strict language that accepts and recognizes ABPS as a recognized certifying board that meets the higher standards of certification they require. Some state medical boards, including Florida, have written ABPS into their stringent language.
- ABPS Diplomates and applicants have been primary source verified by Aperture, a Joint Commission and National Committee for Quality Assurance (NCQA) accredited Credentials Verification Organization (CVO).
- ABPS examinations, procedures, and protocols not only meet the highest standards possible, but are clinically, psychometrically, and legally defensible. An objective third party and industry leader (Castle Worldwide) conducted a comprehensive assessment of the ABPS' rigorous standards and found that they were equivalent to those set by ABMS and AOA.
- ABPS requires a recertification exam every 8 years along with 400 CME's (200 CME's specialty specific) and a medical ethics course completed in that time frame.
- ABPS is included in a recent report from the AMA Council on Medical Education about options in physician board certification. This further demonstrates the credibility and recognition of ABPS board certifications.



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July 25, 2025

VIA ELECTRONIC MAIL ONLY

Ms. Linda Gray Murphy
American Board of Physician Specialties
lgraymurphy@aol.com

Re: Proposed Amendments to West Virginia Board of Medicine Rule 11 CSR 6

Dear Ms. Murphy:

Thank you for taking the time to review and comment on the Board's proposed amendments to rule 11 CSR 6, *Continuing Education for Physicians and Podiatric Physicians*.

The Legislative Committee of the Board met on July 24, 2025, to review and consider all of the comments that were received. No modifications were made to the proposed rule in response to the comments it received. Enclosed please find the Board's *Summary of Comments Received Regarding Proposed Amendments to 11 CSR 6 and Responses of the West Virginia Board of Medicine* (without attachments).

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Sincerely,

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Mark A. Spangler

MAS/jcf
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