

**HOD ACTION: Resolution 302 adopted.**

Resolution 302, Opposition to Increase CME Provider Fees, introduced by the Illinois Delegation, asks our AMA to study and report back at the 2009 Interim Meeting on the system of intrastate accreditation, including the ACCME fee structure for state accreditors and providers, the concept of equivalency, and the new criteria for compliance, and the impact these changes will have on state accreditors and their providers.

Your Reference Committee heard strong testimony regarding concerns about the changes imposed by the ACCME on CME providers in the state accreditation system. SMS accredited CME providers have limited resources to deal with onerous new documentation requirements necessary to demonstrate compliance with the new ACCME criteria for accreditation and question whether these criteria add value and are worth the additional resources that will be needed to maintain accreditation. If the accreditation requirements remain as ACCME has mandated and if fees for accreditation increase, it is likely that many more SMS accredited providers will choose not to be accredited and the availability of CME provided in the local setting will decrease.

**HOD ACTION: Resolution 312 adopted.**

Resolution 312, Proposed Fee Increase by the Accreditation Council for Continuing Medical Education (ACGME), introduced by the New Jersey, Louisiana and Oklahoma Delegations, asks our AMA to strongly urge the Accreditation Council for Continuing Medical Education to reconsider the proposed fee increase. If the ACCME refuses, the resolution further asks our AMA to investigate and recommend ways by which physicians may receive appropriate, accredited continuing medical education other than through ACCME-accredited activities.

Your Reference Committee heard strong testimony about the negative impact of the increased ACCME fees on CME providers. Testimony included specific information on the number of CME providers accredited by state/territorial medical societies (SMS) recognized by the ACCME which have decreased 9.3% (166) between 2003 and February 2009; 80% of these CME providers are community hospitals and physician clinics and 9% are state specialty societies who provide education in the local setting.