



COUNCIL ON PODIATRIC MEDICAL EDUCATION

AN INDEPENDENT, SPECIALIZED ACCREDITING AGENCY

August 27, 2014

Marilyn Tavenner, Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1612-P

Submitted electronically to: <http://www.regulations.gov>

Dear Administrator Tavenner:

On behalf of the Council on Podiatric Medical Education, we appreciate the opportunity to submit comments on the proposed rule relating to Reports of Payments or Other Transfers of Value to Covered Recipients.

CMS proposes to eliminate the current exclusion for reporting indirect payments made to covered recipient physician speakers at certain accredited and certified continuing education events, in part because this exclusion has the unintended consequence of appearing to endorse or support specific sponsors of continuing education. CMS seeks to correct this unintended consequence by deleting 42 CFR § 403.904(g) to correct this unintended consequence and also because it believes that the current exclusion is redundant with § 403.904(i)(1).

The Council on Podiatric Medical Education (CPME) appreciates CMS' consideration of our feedback regarding the reporting of speaker payments associated with certain continuing education events. As previously communicated by the American Podiatric Medical Association (APMA), CPME strongly disagrees with the decision of CMS to omit arbitrarily the accrediting entity for sponsors of continuing education in podiatric medicine, the Council on Podiatric Medical Education, as an accrediting or certifying entity under the current exclusion.

CPME is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association to serve as the accrediting agency in the profession of podiatric medicine. The mission of the council is to promote the quality of doctoral education, postdoctoral education, certification, and continuing education. By confirming these programs meet established standards and requirements, the council serves to protect the public, podiatric medical students, and doctors of podiatric medicine. CPME is recognized by the Council for Higher Education Accreditation (CHEA) and by the U.S. Department of Education.

Under 1861(r) of the Social Security Act, Congress defined doctors of medicine, doctors of osteopathic medicine, and doctors of podiatric medicine (as well as doctors of dental surgery and dental medicine, doctors of optometry, and chiropractors) as physicians; however, the current exclusion provides separate and not equal standards without consideration of legislative intent.

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Additionally, state laws and regulations require continuing medical education for podiatric physicians in order to maintain their licensure to practice, which is required of all physicians. To ensure the credibility of these programs and uniformity in standards, state law and regulations frequently require that podiatric physicians attend continuing medical education programs offered by CPME-approved sponsors. Because CPME was arbitrarily omitted from this list, covered recipients who lecture at continuing education in podiatric medicine programs run by CPME-approved sponsors will be treated differently than covered recipients who lecture at continuing medical and dental education programs run by sponsors accredited or certified by the listed entities.

As APMA and CPME have previously informed the CMS Center for Program Integrity's Data Sharing and Partnership Group and the Department of Health and Human Services Office of the General Counsel, CPME has adopted substantively the same standards and requirements as ACCME and the other entities listed. CPME approves sponsors of continuing education that demonstrate and maintain compliance with the attached standards and requirements in CPME publication 720, *Standards, Requirements, and Guidelines for Approval of Sponsors of Continuing Education in Podiatric Medicine*. CPME approval standards are comparable to and seek to accomplish the same objectives outlined in the *ACCME Accreditation Criteria*,) as well as the *ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities*. Also attached is a table comparing all CPME and ACCME standards with special attention to requirements related to commercial support.

CPME and its Continuing Education Committee base approval on programmatic evaluation and periodic review. Like the accrediting and certifying entities listed under the current exclusion, CPME approves the sponsor itself rather than each of the sponsor's continuing education activities, but reserves the right to review any or all of a sponsor's activities, educational, or otherwise. Despite these parallels in the continuing medical education approval processes, CMS still chose to arbitrarily include ACCME, AAFP, ADA CERP, AMA and AOA, and not CPME on its list of accrediting or certifying entities.

CPME applauds CMS for proposing changes to resolve the inequity created by the current exclusion. The changes ultimately finalized by CMS should create an equal playing field for accredited or certified sponsors of continuing education who adhere to standards preventing improper industry influence. The current exclusion will result in adverse unintended consequences on the podiatric medicine community and the patients requiring foot and ankle care by podiatric physicians, especially Medicare beneficiaries. The current exclusion can serve as a deterrent for providing grants to sponsors of continuing education due to the additional and

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arbitrarily added burden to track transfers of value made to covered recipient speakers at these programs relative to exempted programs.

CMS notes that it considered two alternatives, expanding the list of accrediting organizations for which an exclusion would apply or articulating accreditation or certification standards that would allow a continuing education program. Should CMS expand the list of organizations in § 403.904(g)(1) by name, CPME respectfully requests that the accrediting organizations for all physicians, defined 1861(r) of the Social Security Act and adopted by § 403.902 of the Open Payments regulations, be included, including CPME.

CMS has previously stated its concern regarding the administrative burden associated with expanding the list of organizations in § 403.904(g)(1)(i) by articulating accreditation or certification standards that would allow a CME program to qualify for the exclusion. However, if CMS pursues this option further, the result should ensure that all accrediting bodies meeting comparable standards are treated the same. CPME firmly believes its requirements include safeguards to prevent improper industry influence. Otherwise, the unlevel playing field created by the existing CME exclusion would remain unaddressed.

Thank you for considering our comments and please let us know if you have any questions.

Sincerely,



Oleg Petrov, DPM

Chair
Council on Podiatric Medical Education