

As an ACCME accredited CME organization that works with more than 20,000 physician learners each year, I am writing to express concern for a recently proposed CMS policy that would effectively eliminate the Sunshine Act reporting exemption for accredited continuing medical education (CME).

By design and national standards, continuing medical education is evidence-based information to improve healthcare delivery and cut costs. Accredited CME is a vital component of our healthcare system and allows our nation's doctors and healthcare providers to remain up to date with the latest in medical science. In short, accredited CME is the gold standard of continuing medical education. By incorporating strong criteria that ensure that the education being provided to learners is based firmly in science, accredited CME guarantees that any supporter bias - be it commercial or otherwise - is eliminated from the curriculum.

In a world in which healthcare delivery has become more complex, I strongly urge CMS to remain consistent in its existing rules related to accredited CME and appreciate the need to promote physician participation in CME rather than adopt policies that could diminish it.

In CMS' February 2013 Final Rule on Sunshine Act implementation, your agency wisely created a bright line "CME exemption" that made it clear to physician participants that they could present at, and attend, accredited continuing education programs without risking the stigma and reputational impact that accompanies a listing in the Open Payments system.

It is my understanding that your stated goal is actually to expand the definition of "Sunshine exempt" CME to take into account programs that may be accredited for nurses, optometrists, pharmacists, and others. If this is so, I wholeheartedly endorse this goal.

However, I am concerned that your recent proposal of July 3rd would instead eliminate the current CME "safe harbor" from reporting by redefining CME payments as "indirect payments" which may be reportable.

I implore you to ensure that the indirect and independent grant support for CME programs, where the accredited provider exercises complete discretion on the content, remains exempted from reporting under the Open Payments system. It is vital to America's patients that their healthcare providers remain well educated and informed on the latest medical science in their field, and therefore, we must encourage, rather than discourage, participation in CME.

Finally, it is important to America's doctors that they have clear rules that provide a safe harbor from Open Payments reporting when they participate in accredited CME. This is what I understand was intended by Congress and exists in the Final Rule as it currently stands, and I would encourage you to create a similarly clear "safe harbor" for doctors and CME at the conclusion of this process.

For the sake of physicians and patients alike, I urge you to retain the current exemption for Accredited CME reporting that was set forth in the most recent final rule.