

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 302
(A-09)

Introduced by: Illinois Delegation
Subject: Opposition to Increase CME Provider Fees
Referred to: Reference Committee C
(Rodney G. Hood, MD, Chair)

1 Whereas, The Accreditation Council for Continuing Medical Education (ACCME) recognizes
2 state medical societies as organizations which are authorized to provide voluntary accreditation
3 programs for institutions and organizations in their state; and
4
5 Whereas, Medical centers are accredited as Continuing Medical Education (CME) providers;
6 and
7
8 Whereas, In Illinois, for example, to renew a medical license, physicians must accrue a
9 minimum of 150 continuing medical education hours within a three-year period and keep a
10 record of those hours as proof of compliance; and
11
12 Whereas, CME accrual may be necessary for gaining hospital privileges or for specialty
13 recertification; and
14
15 Whereas, Physicians have come to rely on their CME provider medical centers as a resource
16 for providing diverse, evidence-based medical education, leading to the award of CME hours;
17 and
18
19 Whereas, These programs are offered during lunch or evening hours, which allows for flexibility
20 in physician schedules; and
21
22 Whereas, The ACCME is proposing to increase its fees to hospital providers of CME courses,
23 causing financial hardship for these institutions; and
24
25 Whereas, This would threaten the viability of CME providers, particularly those who come from
26 small, rural areas; and
27
28 Whereas, Physicians will be forced to search for CME courses through Internet programs and
29 for sources outside of their local area, not only losing the collegial interaction with their peers,
30 but the support of their medical centers as stakeholders in medical education; therefore be it
31
32 RESOLVED, That our American Medical Association study and report back at the 2009 Interim
33 Meeting on the system of intrastate accreditation, including the ACCME fee structure for state
34 accreditors and their providers, the concept of equivalency, and the new criteria for compliance,
35 and the impact these changes will have on state accreditors and their providers. (Directive to
36 Take Action)

Fiscal Note: Implement accordingly at estimated staff cost of \$1,500.

Received: 05/05/09