

I am writing to express my concern for the recently proposed CMS policy, CMS-1612-P, that I fear would eliminate the Sunshine Act reporting exemption for accredited continuing medical education (CME). As the Chair of the Continuing Medical Education (CME) Committee of the National Lipid Association (NLA), I am a stakeholder in the health care community, and I care deeply about the ability of providers to participate in CME programs. The NLA is an accredited provider through the Accreditation Council for Continuing Medical Education (ACCME) and has been accredited since 2004 to offer quality CME programs to providers.

Continuing medical education 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. 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.

I strongly urge CMS to 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 of CMS-1612-P 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 indirect commercial support for CME programs, where the accredited provider exercise 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 doctor that they have clear rules that provide a safe harbor from Open Payments reporting when they participate in accredited CME, such as the programs offered by the NLA. 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.

Best,

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