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To Whom it May Concern:

The Continuing Medical Education (CME) Coalition appreciates this opportunity to comment on the New Jersey Division of Consumer Affairs' proposed amendments to N.J.A.C. 13:45], concerning limitations on, and obligations associated with, the acceptance of compensation from pharmaceutical manufacturers, PRN 2018-070. As outlined in the proposal, the State is aiming to revisit rules enacted by the former Attorney General which imposed a modest meal limitation on, among other things, physicians participating in accredited continuing medical education activities. These rules took effect on January 16, 2018.

In the current proposed rule, the Attorney General writes that it is his intention "to amend the modest meal limitation to distinguish between the amount allowable for breakfast and lunch, and that for dinner; provide a mechanism for adjusting these amounts; specify that the limitation does not include the cost of standard delivery, service, or facility rental fee charges, or tax; *and to specify that meals associated with education events are not subject to the modest meal limitation.*" (*italics added*) The proposal further states that the "Attorney General recognizes the educational value of learning about disease states and treatment options and believes that the proposed amendments will enhance the rules to further the educational exchange between practitioners and pharmaceutical manufacturers for the benefit of patient care."

We agree wholeheartedly with this proposed rule, because, while we do not believe it was ever the intention of the former Attorney General to negatively impact physician education, the enforcement of a "modest meals" provision would have unnecessarily complicated event planning for those hoping to educate New Jersey physicians – and would have placed an unrealistic burden on health professionals hoping to benefit from CME.

### **About the CME Coalition**

The [CME Coalition](#) represents a collection of New Jersey and non-New Jersey based continuing medical education provider companies, in addition to other supporters of CME and the vital role it plays in our healthcare system. Our member organizations manage and support development of healthcare continuing education programs that impact more than 500,000 physicians, nurses and pharmacists annually, a large number of which take place in New Jersey.

Graduation from medical school and completion of residency training are the first steps in a career-long educational process for physicians. To take advantage of the growing array of diagnostic and treatment options, physicians must continually update their technical knowledge and practice skills. CME is a mainstay for such learning. Most State licensing authorities require physicians to complete a certain number of hours of accredited CME within prescribed timeframes to maintain their medical licenses. Hospitals and other institutions may impose additional CME requirements upon physicians who practice at their facilities.

More than 400,000 medical journal articles are published each year, making the practice of medicine very dynamic. The sheer volume of new scientific data and changes in medicine requires as many appropriate avenues for funding certified CME as possible. In addition, the changes to practice in medicine occur rapidly. The nature of medicine involves constant advancement, testing, and application. Medicine features landmark breakthroughs, such as the discovery and testing of a new therapeutic agent.

Although it represents a dwindling percentage of the nation's annual spend on CME, commercial support still accounts for nearly a fifth of all accredited CME provided to doctors. Shielded from influence by strict conflict of interest rules under the accreditation code, pharmaceutical and medical device makers underwrite an important portion of medical educational programming through their support of independent grants. Unless replaced somehow by government dollars, this support is vital to the continued education of our healthcare providers.

Changes in medicine often are revolutionary. Patients and society demand that our physicians receive information instantaneously, and that updates in treatment, diagnosis, and prevention are disseminated to physicians as soon as practically possible. Without CME, health care practitioners cannot get the most recent and up-to-date advances. Such advances are pivotal in allowing physicians to begin implementing

### **How CME Improves Patient Outcomes**

In order to appreciate the rationale for supporting physician participation in continuing education, it is necessary to have an appreciation for the intrinsic value of CME and the role it plays in our healthcare system. Several studies in the past few years have analyzed the impact of continuing medical education on improving patient care. These studies have repeatedly shown that physicians who are educated about the latest advances in evidence-based practice will make more informed treatment decisions, resulting in improved patient outcomes. Some examples of recent studies include an industry-supported CME program for multiple sclerosis, which demonstrated "statistically significant changes in participant knowledge and competence across a broad range of patient-care topics."<sup>1</sup> Another study found that physicians who attended an industry-supported educational activity for chronic obstructive pulmonary disease were 50 percent more likely to

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<sup>1</sup> *Multiple Sclerosis CME/CE Live Intervention Demonstrates Improved Clinician Knowledge*, published by Med-IQ October 2, 2012

provide evidence-based care than nonparticipants were.<sup>2</sup> In addition, patients suffering from hypertension were 52 percent more likely to receive evidence-based hypertension care when they were seen by physicians who attended an industry-supported educational activity than those seen by nonparticipants.<sup>3</sup> Yet another study showed that “heart disease patients whose general practitioners participated in an interactive, case-based CME program had a significantly reduced risk of death over 10 years compared with those whose doctors didn't receive the education.”

The *Journal of Cancer Education* published a study in April 2014 that surveyed close to 300 oncologists about the role of industry-supported CME in their professional development and patient care.<sup>4</sup> The study found that 90 percent of oncologists “agree” or “strongly agree” that commercial support may be more necessary for oncology than for other specialties due to the rate at which cancer therapies are introduced. Respondents indicated that commercial support plays an important role in providing this cutting-edge information. Three-quarters of the oncologists indicated that commercial support is a significant reason high-quality oncology CME is available. Furthermore, approximately 88 percent said it is “somewhat” to “very likely” that implementation of new or emerging therapies would be slower if commercial support is reduced, and 89 percent said implementation of evidence-based medicine would be slower. When asked about their concerns with removing commercial support, oncologists responded that the lack of commercial support for CME would negatively impact the cost of CME, the availability of professional development opportunities, and access to CME.

In summary, the creation of new medicines will produce enduring social gains only if physicians are properly trained and educated about these advances. Pharmaceutical and medical device companies invest billions of dollars in creating new treatments for patients every year. Patients count on doctors to be up to date with these latest medical breakthroughs, and CME provides doctors with that knowledge.

### **Why We Support the Proposed Rule**

In tackling what it views as a glut of payments to physicians, the New Jersey Division of Consumer Affairs originally proposed a rule that would effectively prevent physicians participating in multi-hour, accredited CME activities from receiving any sustenance.

When we commented in opposition to the rule that this proposal seeks to amend, we noted that based on the typical venues used for CME seminars, the original rule's \$15 threshold presents a considerable challenge for event organizers and health professionals. For example, we found that the events menu for the Newark Airport Marriott Hotel shows that the cheapest *breakfast* option is

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<sup>2</sup> *Improving COPD Patient Outcomes: Breaking Down the Barriers to Optimal Care*. American College of Chest Physicians annual meeting Chest 2010 in Vancouver, British Columbia.

<sup>3</sup> Drexel, C. et al. *J Clin Hypertens* (Greenwich). 2011 Feb;13(2):97-105

<sup>4</sup> Robinson, C et al. *The Consequences of Diminishing Industry Support on the Independent Education Landscape: An Evidence-Based Analysis of the Perceived and Realistic Impact on Professional Development and Patient Care Among Oncologists*, *J Cancer Educ*. 2014.

available for \$25.00 per person, with lunch starting at \$35.00. In the New York suburbs, the Wilshire Grand Hotel in West Orange offers catered breakfast starting at \$16.95 – before service charges and taxes. And even further south, the Holiday Inn in East Windsor — the site for New Jersey’s 2017 CME Provider Conference — offers its most basic breakfast package for \$18.95 per individual. Lunch prices are considerably higher. The continental breakfasts offered by each of the aforementioned hotels would clearly be described as “modest” under and reasonable standard, yet not one would meet the original rule’s rigid standard.

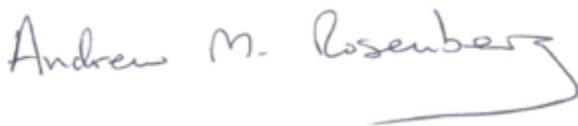
The Attorney General’s current proposed rule reverses what had amounted to a prohibition against providing meals and refreshments at CME conferences and programs. We applaud this revision of the rule which will encourage, rather than discourage, New Jersey physicians to participate in accredited CME activities.

### **Conclusion**

We are passionate about continuing medical education because we see the direct beneficial impact it has on physician excellence and patient outcomes. Eliminating the strict limitation on the provision of refreshments from accredited CME activities will have a positive impact on physician participation in CME, without creating the sort of conflicts of interest the Attorney General rightly seeks to eliminate from any relationships between industry and physicians.

If you have any questions about our comments, please contact me at [arosenberg@thornrun.com](mailto:arosenberg@thornrun.com) or (202) 688-0223.

Sincerely,

A handwritten signature in blue ink that reads "Andrew M. Rosenberg". The signature is written in a cursive style and includes a long horizontal flourish at the end.

Andrew M. Rosenberg, J.D.  
Senior Advisor, CME Coalition