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# THE INTERSECTION OF HEALTH POLICY AND CME— WASHINGTON UPDATE

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-PHILADELPHIA, PA-

# Speakers

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- ❖ 25+ years of experience as a lobbyist, Capitol Hill staffer and health policy expert
- ❖ Served on the committee (Senate Health, Education, Labor and Pensions) and personal staffs of Senator Edward M. Kennedy (D–MA)

Tom Sullivan



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# Health Priorities in the 116<sup>th</sup> Congress

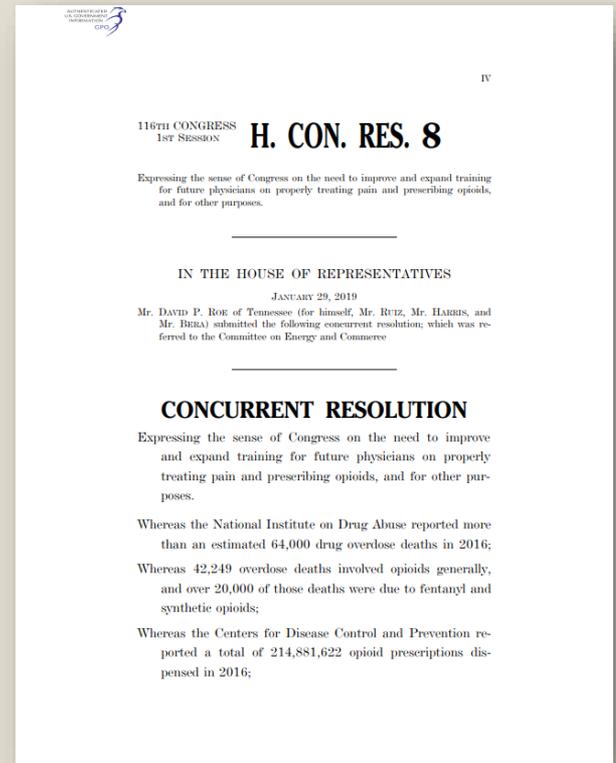
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- **ACA in the courts**
  - DOJ is no longer defending the ACA in court... but the law is likely to stand.
  - Trump administration regulations have weakened the ACA, but the Exchanges are *not* in crisis.
- **Drug pricing**
  - Senate and House committees are taking action.
  - Pressure to generate savings could force action on drug pricing.
  - Many major policy shifts will occur through regulations.
- **Surprise medical bills**
  - Hospitals and insurers have been at odds over legislation to limit consumer's exposure to surprise medical bills.
  - Among the few bipartisan issues in 2019.

# CME on Capitol Hill: House Resolution

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- Reps. Phil Roe (R-TN), Raul Ruiz (D-CA), Andy Harris (R-MD), and Ami Bera (D-CA) recently introduced a congressional resolution expressing support for the need to expand training for physicians on opioid prescribing.



# CME on Capitol Hill: Drug Pricing

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- The Senate Health, Education, Labor, & Pensions (HELP) Committee recently introduced legislation that would direct the Secretary of HHS to report on the potential of addressing biosimilars through CME, reducing misinformation, and awarding grants for CME biosimilar programs.



# CMS, CME, REMS, and MIPS

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- In the recently-released Medicare Physician Fee Schedule, CMS adopted a recommendation from the Coalition to align FDA's REMS program with QI-CME under Medicare's new Merit-Based Incentive Payment System (MIPS).
- For the first time, the proposed rule cites CME related to opioid analgesic REMS as a primary example of the type of activity that meets the requirements for physicians to satisfy this Improvement Activity.

Proposed Change and Rationale:

Addition of “An example of an activity that could satisfy this improvement activity is completion of an accredited continuing medical education program related to opioid analgesic risk and evaluation strategy (REMS) to address pain control (that is, acute and chronic pain)” as an example of an accredited continuing medical education (CME) program that could meet this improvement activity. Due to the importance of safe prescribing to prevent opioid misuse and opioid use disorder, CME programs related to opioid analgesic REMS may be especially useful to MIPS eligible clinicians in their attempts to prevent opioid misuse among their patients and combat the opioid epidemic.

# New MIPS Category Consolidations

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- CMS is planning to make some significant consolidations within the MIPS program beginning in 2021:
  - *The goal is to move away from siloed activities and measures and move towards an aligned set of measure options more relevant to a clinician's scope of practice that is meaningful to patient care.*
- The CME community has an opportunity to **comment** before September 27 in order to ensure a continued commitment to rewarding CME through MIPS.

# MIPS Credit for CME

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- The CME Coalition has applauded CMS for recognizing Quality Improvement continuing medical education (QI-CME) as an 'Improvement Activity' under MIPS.
- In coordination with the ACCME, the CME Coalition has developed a logo and official descriptive language identifying accredited CME activities that meet CMS' standards under MIPS.
- The CME Coalition encourages CME provider organizations to utilize this logo and language to signify all activities that meet the CMS MIPS requirements.



*“Completion of this accredited CME activity meets the expectations of an Accredited Safety or Quality Improvement Program (IA\_PSPA\_28) for the Merit-based Incentive Payment Program (MIPS).”*

# The Latest on Open Payments

- In another development from the Physician Fee Schedule, CMS has proposed some minor simplifications for Open Payments reporting as it pertains to CME.
- CMS proposes to consolidate two separate categories for CME programs: while previous regulations had distinguished between accredited/certified and unaccredited/non-certified continuing education programs, the new proposal would consolidate these categories.
  - In effect, this would eliminate the ambiguity caused by having a separate category for accredited CME (which is exempted), and is likely a recognition that the existence of this category was superfluous given their guidance on reporting for these events.
- **Key takeaway:** Nothing in this proposal would impact existing guidance (FAQ #8165) that exempts accredited CME from reporting in the Open Payments database.

# The Senate Finance Cmte is Keeping Watch

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- Seven pharmaceutical company CEOs recently testified before the Senate Finance Committee on rising drug prices. Senate Finance Committee Chairman Chuck Grassley (R-IA) sent follow-up letters to the CEOs asking them to provide additional information on a variety of topics, including how much each company spends on non-profit CME support payments.
- Chairman Grassley is trying to shed light on the relationships between patient advocacy groups and pharmaceutical companies.
- Recent questioning shows that there is still skepticism and misunderstanding among Members of Congress on what CME is.
  - Payments to CME non-profits was one of many issues the Chairman sought information on and we will continue to monitor the congressional interest in the issue.

# Thank You

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