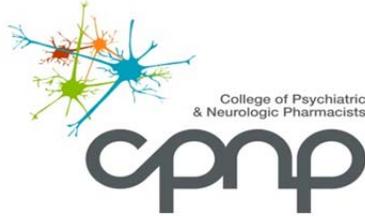




Academy of
Managed Care
Pharmacy®



August 20, 2014

The Honorable Sylvia Matthews Burwell
Secretary, Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-612-P. Open Payments. 42 CFR Parts 403, 405, 410, et al. *Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015; Proposed Rule*

Dear Secretary Burwell:

We are writing to express our concern regarding the recent Centers for Medicare and Medicaid (CMS) Calendar Year 2015 Physician Fee Schedule proposed rule, which contains a provision regarding the criteria for exempting certain continuing medical education (CME)-related payments from reporting pursuant to the Physician Payments Sunshine Act. As representatives of pharmacy stakeholders, we encourage you to maintain a strong reporting exemption for accredited CME and *to extend that exemption* to programs for continuing pharmacist education (CPE) programs that are certified by *bona fide* pharmacy accrediting bodies, such as the American Council on Pharmacy Education (ACPE).

Continuing education is a basic building block of the practice of pharmacy, and the members of our organizations rely upon CPE, and in some cases CME, to stay current with the state of scientific and clinical developments in our fields. Furthermore, as recommended by the Institute of Medicine, interdisciplinary training is necessary and important to ensure high quality care. Many times, the presenters and faculty of pharmacy-related CPE events are physicians, so physician participation in these events is vital to their success. We are concerned that requiring applicable manufacturers to track and report payments for items such as honoraria travel, lodging, and meals will significantly diminish the willingness of these doctors to participate in our CPE events.

Further, we believe that replacing the clear CME exemption with the category of “indirect payments,” as your proposal suggests, will effectively eliminate the reporting exemption because commercial supporters will automatically report all of these payments rather than risking later discovery of the identity of these physician speakers.

Given the importance to patient care of encouraging pharmacists to further their education through instruction from leading physicians and other health care providers, we believe it would be a significant error to require the reporting of physician CME-related, commercially underwritten value as part of the Open Payments program.

Essentially equating the indirect benefits derived by physician lecturers at accredited courses with the justifiably reportable receipt of non-educational financial remuneration and other transfers of value diminishes the credibility of CME and creates unnecessary stigma for doctors who engage in CME. Given these concerns, the undersigned organizations seek an affirmation of the CME exemption as set forth in existing CMS policy and further request that CMS *extend this policy to CPE*.

In conclusion, we strongly encourage CMS to promulgate very clear guidance under Open Payments that specifically exempts the reporting of all indirect support or transfers of value related to physician participation or attendance in an accredited CME program, including those pharmacy-specific programs accredited by ACPE, where the commercial supporter exercises no control or discretion on physician or health care professional's involvement or on the curriculum.

Sincerely,

Academy of Managed Care Pharmacy
College of Psychiatric & Neurologic Pharmacists
International Academy of Compounding Pharmacists
National Community Pharmacists Association