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CONTINUING MEDICAL EDUCATION

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-PHILADELPHIA, PA-

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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)



Political Outlook

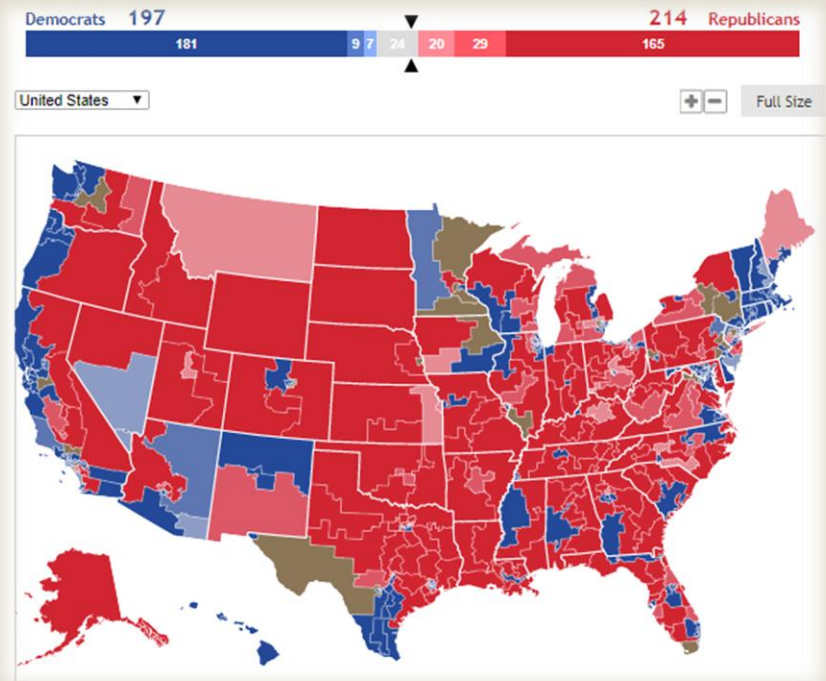
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- ❖ **Current Makeup** – The GOP controls both chambers, the House by a 236-193 margin and the Senate by a 50-49 margin.
- ❖ **Map Dynamics Favor GOP** – Due to strength in rural areas and gerrymandering, the divide of competitive House districts favor Republicans. And, in the Senate, Democrats are defending 26 seats to the GOP's 8.
- ❖ **Midterms Generally Benefit Minority Party** – Historically, the party out of power does well in mid-term elections during a president's first term. That factor is compounded by President Trump's low approval rating.
- ❖ **Recent Performances Boost Dem Optimism** – Victories in GOP strongholds such as Pennsylvania's 18th Congressional District and the Alabama Senate Seat -- as well as a strong showing in both the Arizona 8th Congressional District and Ohio 12th Congressional District Special Elections show that Democrats are a threat to compete everywhere on the map.

House Breakdown

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- ❖ **Democrats** need to pick up **23 seats** in order to gain control of the chamber.
- ❖ According to a FiveThirtyEight poll aggregate of generic ballot candidates, **Democrats lead by 7.8 points**. A national margin of six points or greater usually indicates a “wave”.
- ❖ Special election results and Republican retirements suggest that this cycle could be similar to 2006, when **Democrats gained 31 seats in the House and 6 in the Senate**.



Washington's Fall Agenda (1)

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Spending Bills

- ❖ Congressional leadership is trying to get nine of its 12 annual spending bills signed into law before the new fiscal year begins on Oct. 1.
- ❖ Instead of taking its traditional August recess, the Senate stayed in session to complete passage of the nine bills, zooming ahead of the House, which has only passed eight.

Washington's Fall Agenda (2)

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Taxes

- ❖ House Republicans have expressed interest in voting before the midterms on a package of bills they are dubbing “tax reform 2.0,” building off the tax law they passed last year.
- ❖ House Ways and Means Committee Chairman Kevin Brady (R-Texas) outlined the package in July and plans to bring legislation before his panel in September.

CME Activity on the Hill

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2018 has witnessed an unprecedented explosion of CME-related bills on Capitol Hill.

- No fewer than 14 CME-related bills currently pending

Pending Legislation: Opioid Prescribing

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Bill #	Official Title	Lead Sponsor	Summary
Committee Draft	Prescriber Education	Energy and Commerce Cmte.	Directs CMS to work with Quality Improvement Organizations to engage in outreach with prescribers identified as clinical outliers to share best practices.
H.R. 5581	ADAPT Act	Rep. Susan Brooks (R-IN) Rep. Brad Schneider (D-IL)	Requires practitioners who prescribe opioids to complete 3 hours of continuing medical education
H.R. 2063	Opioid PACE Act	Rep. Brad Schneider (D-IL)	Requires practitioners to undergo 12 hours of continuing medical education
S. 1554	Safer Prescribing of Controlled Substances Act	of Controlled Substances Act Sen. Ed Markey (D-MA)	To require certain practitioners authorized to prescribe controlled substances to complete continuing education.

Pending Legislation: CME Requirements for Government Programs

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Bill #	Official Title	Lead Sponsor	Summary
S. 1319	Community Care Core Competency Act	Sen. Sherrod Brown (D-OH) Sen. Dick Durbin (D-IL)	Directs the VA to establish a program to furnish continuing medical education material to non-VA medical professionals
S. 2286	Nick Castle Peace Corps Reform Act	Sen. Bob Corker (R-TN) Sen. Dianne Feinstein (D-CA)	The Director, acting through the Associate Director of the Office of Health Services and the country directors, shall review and evaluate the performance and health care delivery of all Peace Corps medical staff, including medical officers—to ensure that medical staff complete the necessary continuing medical education to maintain their skills and satisfy licensing and credentialing standards, as designated by the Director.

Pending Legislation: Disease and Physician Specialty-Specific CME

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Bill #	Official Title	Lead Sponsor	Summary
H.R. 1634	EAT for Health Act	Rep. Raul Grijalva (D-AZ)	Directs HHS to issue guidelines to federal agencies to ensure that federal, full time primary care health professionals have continuing education relating to <i>nutrition</i> .
H.R. 1415	End Neglected Tropical Diseases Act	Rep. Chris Smith (R-NJ)	Provides grant funds which may be used for clinical training.
H.R. 1255	CCM-CARE Act	Rep. Ben Ray Lujan (D-NM)	Creates a Cerebral Cavernous Malformations Research Consortium that will establish or expand a physician training program.
H.R. 767	SOAR to Health and Wellness Act of 2018	Rep. Steve Cohen (D-TN)	Creates a program to train health care providers to identify potential human trafficking victims. The program will provide technical assistance for health education programs and health care professional organizations to implement health care protocols, or develop continuing education training materials, that assist in achieving the purpose described.

Pending Legislation: Disease and Physician Specialty-Specific CME

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Bill #	Official Title	Lead Sponsor	Summary
H.R. 2797	Patient Choice and Quality Care Act of 2017	Rep. Earl Blumenauer (D-OR)	To provide for advanced illness care coordination services for Medicare beneficiaries.
H.R. 2046	Peer Support Specialist Act of 2017	Rep. Ben Ray Lujan (D-NM)	Requires HHS to submit to Congress and make publicly available a report on best practices and professional standards in States for peer support specialist Programs and requirements for continuing education.
H.R. 1757	Trauma Informed Care for Children and Families Act of 2017	Rep. Danny Davis (D-IL)	Asks states to incorporate Trauma-informed considerations into educational, preservice, and continuing education opportunities
H.R. 1676	Palliative Care and Hospice Education and Training Act	Rep. Eliot Engel (D-NY)	Creates a program to train health care providers to identify potential human trafficking victims.

The Return of Open Payments (1/2)

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- Under the Sunshine Act, CMS has provided guidance that effectively exempts most independent CME payments from Open Payments reporting.
 - Relies on sub-regulatory guidance (FAQs)
 - Exempts large, widely attended buffet meals

Open Payments Implementation (2/2)

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- Under the Sunshine Act final rule, CMS explicitly required the reporting of value of medical texts and journal reprints.
 - Considered to directly benefit *docs*, rather than *patients*

But Congress is re-engaging...

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- House Labor, HHS Appropriations Committee Report (p.94):
 - *Physician Disclosure.--The Committee encourages the Secretary to clarify that medical text books and journal article re-publications are considered as non-reportable transfers and permissible under the patient education exclusion as intended by Congress. The Committee believes these publications serve as direct patient education and should not be subject to reporting requirements of section 1128G of the Social Security Act.*

And CMS has reopened the book...

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- At a recent CBI forum on transparency and aggregate spend in Washington, DC, CMS Open Payments official Robin Usi stated they are currently looking for input on CME including the reporting of educational materials.
- We have been led to believe that this interest in stakeholder feedback is directly related to recent Congressional inquiries to CMS that were initiated by the CME Coalition.
- We now need the CME Community to comment!
opfeedback@cms.hhs.gov

CMS Announcement (1)

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- *CMS is particularly interested in gathering feedback about the reporting requirements for educational materials, such as peer-reviewed journals, journal reprints, and medical textbooks, as well as continuing medical education (CME) programs. For example:*
 - *What has been the impact, if any, of these reporting requirements on the distribution of educational materials and provision of CME to physicians by industry*
 - *The nature of the financial relationships between CME providers, applicable manufacturers and Group Purchasing Organizations (GPOs), and physician covered recipients, including how CME providers select and compensate physician and other speakers using funds received from industry*

CMS Announcement (2)

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- *The impact of the removal of the CME exclusion in the 2015 Physician Fee Schedule Final Rule on how industry reports CME payments*
- *If and how educational materials, such as journals and textbooks, directly and indirectly benefit patients*
- *How it may be possible to reduce unnecessary reporting burden while ensuring transparency of the financial relationships between providers and industry*

New Jersey Gift Ban Update

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- The CME Coalition has recently submitted comments to the State of New Jersey in support of its proposed rule to allow the provision of meals during the course of live CME activities.
- This proposal represents a *reversal* of an earlier rule that went into effect in January 2018, which currently limits the value of meals provided to New Jersey doctors during CME activities to just \$15.
 - Note: The earlier rule has never been enforced by the State AG
- The public has until October 5, 2018 to comment on the proposal.

Thank you!

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