CME COALITION PROSPECTUS 2026

Championing independent medical education in an evolving policy landscape.

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cme coalition

INTRODUCTION

As we enter our fifteenth year, the Continuing Medical Education (CME) Coalition (cmecoalition.org) is firmly established as the sector's undisputed voice—on the state, local and federal levels—for policy matters that impact the provision of post-graduate education to the health care workforce. Based in Washington, DC, the CME Coalition is a membership organization comprised of the nation's leading CME providers, beneficiaries (including both educational institutions and professional societies) and supporters of CME (such as pharmaceutical manufacturers and device makers) that exists to advocate for the importance of a robust national commitment to continuing medical education. Additional partnerships and affiliations have also been extended to health policy thought leaders and other interested parties who share an appreciation for the mission of the organization.

THE MISSION

In 2026, the CME Coalition will further build upon its legacy and execute on its mission to: (1) educate federal, state, international, and third-party policy makers on issues related to the provision of CME; (2) advocate for sensible federal, state, international, and non-governmental actors' policies to advance the practice of CME; and (3) provide thought leadership and convene the CME stakeholder community to chart the future of CME in the evolving world of quality measures, social media/artificial intelligence, and health system reform.

As in past years, the CME Coalition will fulfill these objectives by developing, managing, and implementing a comprehensive government affairs, stakeholder engagement, and public affairs strategy to promote the value of accredited CME to a broad audience of practitioners, supporters, and policy makers.

The Coalition will also continue to serve as a vital conduit between our members, the Alliance for Continuing Education in the Health Professions (ACEHP), and the Accreditation Council for Continuing Medical Education (ACCME) and provide informational, analytical and legal resources for member organizations seeking assistance with understanding and implementing the myriad, and ever changing, rules and regulations that guide CME. With our members' support, we will remain a recognized policy thought leader and participate in numerous activities, programs, and venues to better inform all CME stakeholders of the policy landscape and real-world trends impacting the enterprise.

2025 ACHIEVEMENTS

Stakeholder Engagement and Thought Leadership

In 2025, the CME Coalition and its members continued to be the leading voice on a wide range of issues impacting CME and other forms of continuing education (CE) for health professionals. Building on prior work in social media, company-led education, and international accreditation, the Coalition

broadened its focus to include emerging themes such as the administration's "corporate capture" narrative, federal initiatives on nutrition, and new state requirements around bias, women's health, and reproductive care.

Throughout the year, Coalition leadership provided Washington-focused policy updates and strategy sessions at major industry convenings—including the Independent Medical Education & Grants Summit, the Alliance Industry Summit, and regional forums such as the Colorado Alliance for Continuing Medical Education—helping providers and supporters understand the implications of rapid policy change for their educational activities. Coalition representatives also continued to participate actively in Alliance programming and related meetings, reinforcing the organization's role as a go-to policy resource for the CE community.

Reigniting and Deepening Congressional Engagement

With a new administration and new Congress in place, the Coalition moved quickly in 2025 to re-establish CME as a constructive, solutions-oriented voice on Capitol Hill. Beginning in the spring, Coalition staff and members met with key policymakers to underscore the role of independent, fair-balanced education in improving care, while directly addressing concerns about commercial support and industry involvement.

A central focus of this renewed engagement was the Medication Access and Training Expansion (MATE) Act, which established a one-time CME requirement for prescribers of opioid medications. Over the course of 2025, the Coalition:

- Conducted a series of meetings with original MATE Act cosponsors to discuss implementation experience and gaps in the current framework;
- Developed and refined draft legislative text that would strengthen the statute by converting the one-time training requirement into an ongoing medical education obligation for prescribers and other pain-medicine providers; and
- Secured meaningful interest from congressional champions in advancing these amendments as part of broader efforts to address the opioid crisis.

In parallel, the Coalition supported the inclusion of a CME-focused amendment to the Public Health Service Act in the FY 2026 Labor–HHS appropriations bill, which was adopted during House Appropriations Committee consideration of the legislation. This language represents an important foothold for federal CME grant programs and a platform for future work as the FY 2026 spending bills move through Congress.

Shaping the MAHA Agenda and Defending CME

In May 2025, President Trump's Make America Healthy Again (MAHA) Commission released its first report, the "Make Our Children Healthy Again Assessment," which framed "overmedicalization" as a key driver of childhood chronic disease and explicitly identified industry-funded CME as an element of alleged "corporate capture" of health care by the pharmaceutical industry. Left unaddressed, this

framing risked conflating accredited, independent CME with promotional activities and could have fueled new restrictions on commercial support.

The CME Coalition responded by engaging policymakers to explain the CME enterprise, highlight existing firewalls and Standards for Integrity and Independence, and underscore the risks of undermining evidence-based education at a time of rising misinformation. Following this sustained engagement, the Commission's September 2025 "Make Our Children Healthy Again Strategy" report—while still critical of industry influence in other areas—did not repeat or expand on the earlier references to CME. The removal of CME from the strategy document is an important marker of success in preventing independent education from being singled out as a policy target in the MAHA agenda.

Positioning CME Within the Federal Nutrition Education Agenda

In August 2025, HHS Secretary Robert F. Kennedy Jr., joined by Education Secretary Lisa McMahon, launched a federal initiative calling on medical education organizations to elevate nutrition education across six "critical areas": pre-medical standards, medical school curricula, medical licensing examinations, residency requirements, board certification, and continuing education. CME was thus explicitly identified as one of the six pillars of the administration's nutrition strategy.

The Coalition monitored this initiative closely, briefed members on the announcement and Secretary Kennedy's accompanying Wall Street Journal op-ed, and analyzed the potential implications for CME providers and supporters. When the Association of American Medical Colleges (AAMC) responded with a new set of commitments to strengthen nutrition education, the Coalition provided context and insight for members on how these commitments might translate into accreditation standards, licensure expectations, and CE demand. This work lays the foundation ahead of future actions from HHS as implementation proceeds in 2026.

State CE Policy Development

State-level policymaking around CE accelerated in 2025, and the CME Coalition remained a trusted source of intelligence and analysis for members navigating this evolving landscape. Throughout the year, the Coalition tracked and reported on bills that would:

- Establish or expand CE requirements related to implicit bias, structural competency, and cultural awareness (including legislation in Maryland, New York, Illinois, and other states);
- Create or refine requirements for women's and maternal health, menopause, and reproductive health training, including new mandates in Tennessee, North Dakota, Texas, and additional jurisdictions;
- Authorize innovative formats such as simulation training to count toward CE obligations, as in Illinois' HB 3850; and
- Introduce new topic-specific mandates in areas such as sickle cell disease and nutrition.

In several cases—notably in Virginia, where proposals on unconscious bias and cultural competency

have been vetoed multiple times—the Coalition's ongoing monitoring helped members anticipate possible changes and understand the political dynamics driving repeated legislative attempts.

The Future of CE

Recognizing that many of the most important questions facing the CE community extend beyond traditional policy debates, the CME Coalition began a sustained conversation in 2025 about establishing a member working group focused on the future of CE. Through our monthly strategy calls and targeted outreach, we solicited input from providers, supporters, and other stakeholders on the key themes such a group should tackle, including:

- How diversity, equity, and inclusion considerations should shape CE design and delivery;
- The opportunities and risks associated with artificial intelligence and advanced analytics; and
- Other emerging trends that will define what "good" CE looks like in the coming decade.

This exploratory work has already helped sharpen the Coalition's perspective on these issues and will serve as the foundation for a formal "Future of CE" working group that we hope to launch in 2026. That group will be charged with developing practical resources to help CE providers respond to these trends and with informing the Coalition's policy positions on topics such as AI governance, data use, and evolving expectations for health professional competencies.

Federal Data and Public Health Tracking

In late 2025, the Coalition initiated a new project to track changes in federal public health data collection and sharing across HHS agencies, including CDC and NIH. As federal leaders reevaluate surveillance systems, program metrics, and transparency requirements, this tracking effort is designed to help members understand how shifting data priorities may affect CE content, quality measures, and reporting expectations. The Coalition has created an internal tracker, continues to update it as new policies emerge, and is soliciting input from members on tools or datasets that would be particularly valuable to monitor.

PRIORITY ISSUES FOR 2026

The CME Coalition has identified the following priorities that it will be working on in 2025:

Providing Policy Thought Leadership to the Broader CME Community

As in prior years, the CME Coalition will continue to serve as the primary policy thought leader for the CME and CE enterprise. In 2026, Coalition representatives will remain active at major industry meetings, including Alliance convenings, independent education and grants summits, and specialty-specific conferences, where they will present on the latest developments in federal and state health policy and their implications for CME. Looking into 2026, several CME Coalition members anticipate participating in panel discussions during the Alliance's Annual Conference in Atlanta—during which the Coalition also plans to host our annual policy reception for our members in attendance.

The Coalition will also continue hosting member-only strategy calls that feature subject-matter experts from leading law firms, government agencies, and organizations such as ACCME and ACEHP, translating complex regulatory trends into clear, actionable guidance. Across these efforts, the Coalition's overarching objective will be to help providers and supporters navigate heightened scrutiny of corporate influence, conflicts of interest, and data transparency while preserving the independence and integrity of accredited education.

Differentiating Company-Led CE

Establishing a clear distinction between CME and company-led CE will remain a top priority for the CME Coalition in 2026. As policy proposals emerge that involve disclosures pertaining to company-led CE, the CME Coalition maintains the importance of establishing clear distinctions on CME and company-led CE in the eyes of learners. The Coalition intends to continue collaborating with stakeholders and industry partners, as well as engaging with policy makers, to ensure this important distinction is maintained.

With the MAHA Commission, HHS leadership, FDA, and other policymakers increasingly focused on "corporate capture" and conflicts of interest in health care, the Coalition expects scrutiny of industry-supported education in the year ahead. A major priority will be ensuring that efforts to curb inappropriate industry influence accurately distinguish between independent, accredited CME and promotional activities. The Coalition will proactively engage the administration and key congressional committees to prevent reports, regulations, or legislative proposals from mischaracterizing CME or imposing unworkable restrictions on commercial support. At the same time, the Coalition will monitor related initiatives—such as FDA's expanded oversight of direct-to-consumer drug advertising and social media promotion—to anticipate and address any spillover effects on accredited education.

International Work

The Coalition will continue collaborating with our international partners to ensure that American CME providers have the ability to seamlessly provide educational activities outside the U.S. In this effort, the CME Coalition intends to maintain communications with the European Accreditation Council for Continuing Medical Education (EACMME) regarding their revised criteria that would negatively impact and restrict satellite symposiums for CE.

In furtherance of comments we submitted regarding EACCME 3.0 in 2023, our Coalition's International Policy Working Group met with EACMME leaders in early 2024 to discuss our concerns with the revised criteria, and the meeting further highlighted the importance of continued dialogue between U.S.-based CME providers and the EACCME to resolve differences and improve the quality of medical education. Additionally, the conversation reflects the ongoing efforts to maintain high-quality, unbiased medical education across different regions and the challenges involved in harmonizing accreditation standards while ensuring educational integrity and avoiding commercial influence.

State Activity

At the state level, the Coalition anticipates continued momentum behind CE mandates related to implicit bias, structural competency, cultural awareness, women's and maternal health, reproductive care, menopause, and other topic-specific public health priorities. It also expects ongoing debates over acceptable CE formats and venues, including the role of simulation and digital education, and periodic efforts to regulate meals and other interactions associated with educational events.

In 2026, the Coalition will maintain close surveillance of these trends, provide timely analysis to members, and, where appropriate, engage state policymakers to encourage approaches that align with the strengths and realities of accredited CME. The goal will be to support state requirements that genuinely enhance provider competence and patient outcomes while avoiding administrative burdens or restrictions that could limit access to high-quality education.

Federal Activity

At the federal level, the CME Coalition will execute an aggressive, coordinated government affairs strategy that positions independent, fair-balanced CE as a critical part of the nation's response to complex health challenges. This strategy will encompass advancing reforms to the MATE Act and related CE legislation, defending CME against misdirected "corporate capture" narratives, shaping the implementation of the nutrition education initiative, and identifying opportunities to position CME as part of the solution to various public health challenges. It will also include structured engagement with FDA, DEA, HRSA, CMS, and other agencies to clarify the role of CE in promoting high-value, evidence-based care and to address concerns about commercial support in a balanced and constructive manner.

Drawing on insights from its federal data tracking project, the Coalition will anticipate how shifts in surveillance, quality measurement, and reporting may affect CE demand and design, ensuring that members are prepared for new expectations and positioned to demonstrate the measurable impact of their educational activities.

BENEFITS OF MEMBERSHIP

Since our founding, membership on the Steering Committee offers a seat at the table in determining all Coalition policy and significant decisions (which are determined by consensus). Steering Committee Members are invited to participate in regular monthly calls and populate our task force work groups.

As part of the Coalition, Steering Committee members are often invited to participate in policy meetings and briefings with Administration officials and Members of Congress as issues warrant. Further, Steering Committee Members receive a monthly newsletter, as well as frequent email updates regarding Coalition activities, CME policy developments and news reports related to CME. Members also have direct access to Coalition staff, which is housed at the Washington-based health policy firm of Thorn Run Partners, who are at their disposal for individualized regulatory and compliance counsel.

The CME Coalition also produces a continuous stream of useful materials for CME practitioners for use by its members, such as regularly updated Social Media, ACCME Standards, and Sunshine Act Compliance Guides, legal memoranda, FAQs, comments to CMS and ACCME, and press statements on CME related issues. As part of its role as the voice of CME, the CME Coalition is an oft-cited resource in both the trade and "Beltway" media on pressing issues of the day. All of this material may be found at the Coalition's website, www.cmecoalition.org.

In addition to supporting the Coalition's extensive advocacy efforts with Washington policymakers and the broader health care provider community, many members also find considerable value in receiving Thorn Run Partners' regularized health policy updates and analyses, which is provided as an additional benefit.

COST OF MEMBERSHIP

With a reasonable rate structure that strives to attract both corporate and non-profit members to our Steering Committee, we are confident that our members enjoy significant benefits of membership and see a real return on their commitment. Annual dues among Steering Committee members range from $2,000 to $15,000 depending upon a member's annual revenue or nonprofit status. The annual membership dues structure is as follows:

_____ Annual revenue is under $2.5M/per year—annual dues are set at $2,000.
_____ Annual revenue is above $2.5M but under $10M/per year—annual dues are set at $7,500.
_____ Annual revenue is above $10M/year—annual dues are $15,000

If you are interested in learning more about membership, please contact the Coalition's Executive Director, Chris Lamond (clamond@thornrun.com), or our Senior Advisor, Andrew Rosenberg (arosenberg@thornrun.com) who can provide additional information on the next steps to secure your membership.