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August 27, 2013

Marilyn B. Tavenner Administrator Centers for Medicare and Medicaid Services U.S. Department of Health and Human Services Hubert H. Humphrey Building, Room 445-G 200 Independence Avenue, SW Washington, DC 20201

Dear Ms. Tavenner:

On behalf of the more than 94,000 clinically practicing physician assistants (PAs) represented by the American Academy of Physician Assistants (AAPA), we are writing to request that CMS add AAPA to the list of accredited continuing medical education (CME) bodies that are exempt from reporting through the Sunshine Act.

AAPA appreciates the intent of the Sunshine Act to increase transparency of transfers of value from industry to physicians that have the potential to create bias. Additionally, AAPA appreciates the monumental work accomplished by CMS in developing the regulations to implement the law, as well as in providing a wealth of informational resources through CMS' Open Payments website.

We are concerned with the possible impact of the Sunshine Act on CME offered by AAPA and AAPA constituent organizations. The Sunshine Act does not cover physician assistants. However, confusion has occurred through the CMS FAQs that include an exemption for CME activities that have been accredited by the ACCME, AMA, AAFP, AOA, or ADA CERP. As a result, some companies have taken the position that they will only support CME offered by the five exempted organizations; other companies appear to be struggling with the interpretation and have not yet published what they intend to do; and some companies have indicated that they will continue to support CME accredited by organizations, like AAPA, that provide learning opportunities for non-physician healthcare professionals, but with new reporting requirements.

As AAPA and AAPA constituent organization CME conferences often include physicians as faculty, the omission of AAPA as an exempted accrediting body means participation by physicians as speakers or attendees will be subject to reporting. We anticipate the concerns of industry regarding the unclear reporting requirements will result in significantly fewer approvals for AAPA accredited CME activities.

We believe that there are many compelling reasons for CMS to provide clarification that AAPA, as an accrediting body, is exempt from the Sunshine Act requirements. Indeed, we believe that significant

unintended consequences will result if AAPA is not treated in the same manner as the five accrediting CME organizations that have been exempted from the Sunshine Act, including --.

- 1. Increased risk to patient safety: Physicians will be far less likely to attend or serve as faculty in AAPA educational activities. The loss of inter-professional education opportunities raises the risk of patient safety and less optimal care associated with team-based care.
- 2. Loss of CME independence: AAPA CME is independent of commercial influence through the application of the same Standards of Commercial Support used by physician CME organizations. Requiring reporting of faculty and learners of independent CME to industry creates a conflict of interest with our obligation to patients of ensuring independence from commercialism. (Recently, AAPA demonstrated its commitment to these standards by being the first and to date *only* accrediting organization to state that we will not accredit activities where industry asks for the names of faculty on grant applications. Such information can be a proxy for content control within industry approval processes.)
- 3. Lower quality of CME for PAs: Industry grant support of CME is widely recognized as helping CME organizations expand their ability to offer quality medical education. These resources enable us to develop more innovative education than otherwise possible in today's resource constrained environment.
- 4. Financial punishment of non-physician CME organizations: The Sunshine Act is already causing a shift in funding away from non-physician CME towards physician CME due to the "safe harbor" created only for physician CME organizations.

We would very much like to work with CMS to develop a FAQ providing clarification that CME accrediting organizations, like AAPA, who have formally adopted the ACCME Standards for Commercial Support, also be recognized as exempted accrediting bodies.

We look forward to hearing from you and to working with CMS on this important issue. Please do not hesitate to have your staff contact Sandy Harding, AAPA senior director of federal advocacy, at sharding@aapa.org or 571-319-4338 for additional information.

Sincerely yours,

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Lawrence Herman, PA-C, MPA AAPA President

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