



## **Coalition for Healthcare Communication’s Response to ACCME Rule Making Call for Comments**

The Coalition applauds ACCME for opening this rule making proceeding. Our September 12<sup>th</sup> letter to ACCME stated: the Coalition and its members understand the public policy and public health importance of the ACCME, and we believe that the public, the medical profession and patients are best served by a strong ACCME that is respected by the medical community, the press, policy makers, and the public. In our view, ACCME is at the very center of the very complex network of constituents that are involved in the American continuing medical education enterprise, as evidenced by the following facts:

- ACCME is the leading accrediting body for the certified CME activities that enable physicians to maintain their licenses to practice. Most physicians cannot practice in the U.S. without obtaining AMA PRA category 1 credits. These credits are required for re-licensure by 45 states, and 43 states accept the AMA PRA certificate as equivalent for license re-registration. Sixty-two boards require participation in CME activities as a part of the requirement to maintain board certification, and most hospitals require physicians to participate in CME activities in order to maintain privileges.
- ACCME directly designates “Accredited Providers,” the entities authorized to offer certified CME programs at the national level and, through its program of Recognition, designates state and territorial medical societies to accredit providers of CME in their local areas.
- The ACCME accrediting process is considered an integral component of post graduate education of clinical doctors, and thus the delivery of health care to America’s patients. The ACCME program is recognized and relied upon by major federal and state agencies, including the FDA, the Department of Health and Human Services, Congress, and state licensing boards and law enforcement agencies.

Doctors, patients, accredited providers, government agencies, states, licensing boards, hospitals, Congress – the number and diversity of the parties that rely directly or indirectly on the ACCME is extraordinary. It highlights the fact that the ACCME cannot be considered a private organization. Its decisions are fully intertwined with the public

interest and the delivery of health care. And because of the ACCME's authoritative status, the public and all of the aforementioned constituents have a right to fully expect that it follow open and well understood procedural rules of fairness and due process in its rule making and enforcement procedures.

The Coalition believes that the ACCME's recently adopted Notice and Comment Procedure – whereby the ACCME publishes a proposed rule or policy change on its website and offers interested parties the opportunity to submit written data, views, or arguments – offers enhanced fairness and due process. We also urge ACCME to ensure that the public has sufficient time to comment, to make all preliminary comments public, and to enable a “reply” comment period for those who choose to participate. Moreover, we also recommend that ACCME post all proposed rules *before* they go into effect, and provide an opportunity to comment before final implementation.