

June 29, 2016

The Honorable John Barrasso, MD
United States Senate
307 Dirksen Senate Office Building
Washington, DC 20510

Dear Dr. Barrasso:

On behalf of the undersigned organizations, we are writing to express our strong support for S. 2978, the “Protect Continuing Physician Education and Patient Care Act,” which would protect the dissemination of peer and independent third-party reviewed services and products that improve patient care. The uptake of evidence-based medical practice is facilitated by a practicing physician’s consideration of independent peer-reviewed journals, medical textbooks, and independent continuing medical education. When initially considering the Physician Payments Sunshine Act, Congress specifically intended to exclude such independent sources of clinical information so as to avoid chilling the dissemination of high quality and actionable clinical information that had undergone independent review. Your legislation clarifies that certain applicable manufacturer transfers of value to support independent medical educational programs and materials are exempt from reporting under the Physician Payments Sunshine Act (Sunshine Act).

Passage of this bill is urgently needed to remedy onerous and burdensome reporting obligations imposed by the Centers for Medicare and Medicaid Services (CMS) that have already chilled the dissemination of medical textbooks and peer-reviewed medical reprints and journals, and to avert a similar negative impact on access to independent certified and/or accredited continuing medical education (CME). This legislation would ensure that efforts to promote transparency do not undermine efforts to provide the most up-to-date independent medical knowledge, which improves the quality of care patients receive.

The Sunshine Act was designed to promote transparency with regard to payments and other financial transfers of value between physicians and the medical product industry. As part of this provision, Congress outlined 12 specific exclusions from the reporting requirement, including “[e]ducational materials that directly benefit patients or are intended for patient use.” In its interpretation of the statute, CMS concluded that medical textbooks, reprints of peer-reviewed scientific clinical journal articles, and abstracts of these articles are not directly beneficial to patients, nor are they intended for patient use. This conclusion is inconsistent with the reality of clinical practice where patients benefit directly from improved physician medical knowledge and is not supported by the statutory language on its face or congressional intent.

The importance of up-to-date, peer-reviewed scientific medical information as the foundation for good medical care is well documented. Scientific peer-reviewed journal reprints, supplements, and medical text books have long been considered essential tools for physicians to remain informed about the latest in medical practice and patient care. Independent, peer-reviewed medical textbooks and journal article supplements and reprints represent the gold standard in evidence-based medical knowledge and provide a direct benefit to patients because better informed clinicians render better care to their patients.