

# MEDICAL SOCIETY of the STATE OF NEW YORK

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**MEMORANDUM IN OPPOSITION**

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**S. 2861-A (MAZIARZ)**

**AN ACT to amend the education law and the public health law, in relation to certain mandatory medical education**

This measure would require prescribers of prescription pain medication to complete mandatory coursework or training relating to opiate-dependent patients. The bill also requires that the DOH Workgroup on Pain report to its recommendations for additional continuing medical education to the commissioner of health relating to the treatment and management of opiate-dependent patients. **The Medical Society of the State of New York opposes this measure.**

The Medical Society of the State of New York agrees that continuing medical education is valuable to physicians in keeping up-to-date on new clinical information, and physicians throughout the state voluntarily take continuing medical education for continued professional development in those areas that pertain to their individualized practice. The Medical Society and 16 other medical specialties societies and organizations are opposed to mandatory continuing medical education for pain management.

This legislation fails to understand the role of the Accreditation Council for Continuing Medical Education (ACCME). According to the ACCME, the "ACCME's mission is the identification, development, and promotion of standards for quality continuing medical education (CME) utilized by physicians in their maintenance of competence and incorporation of new knowledge to improve quality medical care for patients and their communities. The ACCME fulfills its mission through a voluntary self-regulated system for accrediting CME providers and a peer-review process responsive to changes in medical education and the health care delivery system. The ACCME is committed to supporting high quality, community-based CME for local physicians and health care teams throughout the United States and around the world. Medical school and residency programs are the beginning of doctors' training. For the rest of their careers, physicians rely on accredited continuing medical education to help them improve their practice and deliver high-quality, safe, effective patient care. " Through its recognition process, the ACCME designates state medical societies as accreditors of local CME organizations. The Medical Society of the State of New York is the ACCME recognized accrediting provider for all of New York State. No entity with New York State is qualified to approve continuing

medical education course nor will ACCME necessarily recognize course work approved by an agency within New York State.

The 2010 Institute of Medicine Report, *“Redesigning Continuing Medical Education for the Health Professions”* stated that “an emerging concept, called continuing professional development (CPD), includes components of CE but has a broader focus, such as teaching how to identify problems and apply solutions, and allowing health professionals to tailor the learning process, setting, and curriculum to their needs.” The principles of CPD have been recognized and conceptually adopted by the American Medical Association, CPD signals the importance of multifaceted, lifelong learning in the lives of all health professionals. Under this system the professionals learning will take place in the classroom setting and at the point of care. According to the IOM report, “It shifts control of learning to individual health practitioners and has the flexibility to adapt to the needs of individual clinicians, enabling them to be the architects of their own learning. The system bases its education methods on research theory and findings from a variety of fields, and embraces information technologies to provide professionals with greater opportunities to learn effectively.” Such a system details five core competencies including: patient-centered care, interdisciplinary team-based care, evidence-based practice, quality improvement strategies, and the use of health informatics.

Additionally, one of the requirements of ACCME prior to any continuing medical education program is the needs assessment to determine what gaps exist in physician education. This legislation does not require a needs assessment to best determine what type of education is needed for the 140,000 prescribers in New York State.

The Medical Society believes that the education process needs to occur through a cadre of learning processes; such as on-line, webinar, didactic, performance improvement programs, situational learning, and needs to be individualized to fit the physician’s needs. Consequently The Medical Society of the State of New York and the medical specialty societies support voluntary continuing medical education that is individualized to the physician’s practice needs and strongly oppose a CME mandate relating to opiate dependant patients.

This legislation also fails to recognize that the Medical Society of the State of New York, the specialty societies, the American Board of Medical Specialties, and the American Osteopathic Association already provide CME on pain management. Therefore, in the event that a CME mandate remains necessary, satisfactory completion of this coursework should be counted.

The Medical Society of the State of New York and the various specialty societies provide CME credits through their own accredited national organizations following the same ACCME standards. The specialty societies also provide specialty board certification and recertification continuing education credits which can include course work on pain management. For physicians to be certified or recertified by the American Board of Medical Specialties (ABMS), pain management course work is required. The Medical Society suggests that physicians who have been board certified or recertified within the ten year requirements by ABMS and AOA should qualify for an exemption from the CME mandate established by this bill. Furthermore, physicians who have been certified by the DEA to prescribe suboxone have already taken eight hours of continuing medical education credits that includes pain management, and prescription medication abuse. Consequently, this education should be deemed sufficient for an exemption from the CME mandated established by this bill.

Additionally, the Food and Drug Administration Amendments Act of 2007 gave the FDA the authority to require a Risk Evaluation and Mitigation Strategy (REMS) from manufacturers to ensure that the benefits of a drug or biological product outweigh its risks. REMS may be required by the FDA as part of the approval of a new product, or for an approved product when new safety information arises. Essentially, REMS is a safety strategy to manage a known or potentially serious risk associated with a medicine to enable patients to have continued access to such medicines by managing their safe use. Many of New York State physicians are availing themselves of these courses. Physicians who have satisfactorily completed REMZ course work should be able to count these programs towards the CME mandate established by the this bill.

Additionally, the Medical Society recommends that coursework completed as part of a risk management course or other appropriate liability course that incorporates an educational component regarding controlled medication prescriptions is sufficient to be counted toward satisfaction of the CME mandate established by this bill. This is a concept that New York State has embraced previously. Finally, the American Medical Association and the National Specialty Associations have developed webinars and courses on topics related to responsible opioid prescribing. Again, physicians should be able to count these programs towards the CME mandate established by this bill.

**For all the reasons cited above, the Medical Society of the State of New York opposes this measure and urges its defeat.**

Respectfully submitted,

**ELIZABETH DEARS, ESQ.**

4/19/13  
PFC/oppose