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United States Senate

SPECIAL COMMITTEE ON AGING WASHINGTON, DC 20510-6400 (202) 224-5364

June 20, 2008

GORDON SMITH, OREGON, RANKING MEMBER RICHARD C. SHELBY, ALABAMA SUSAN COLLINS, MAINE MEL MARTINEZ, FLORIDA LARRY E, CRAIG, IDAHO ELIZABETH DOLE, NORTH CAROLINA NORM COLEMAN, MINNESOTA DAVID VITTER, LOUISIANA BOB CORKER, TENNESSE ARLEN SPECTER, PENNESSE ARLEN SPECTER, PENNESSE

Murray Kopelow, MD, MS, FRCPC Chief Executive Accreditation Council for Continuing Medical Education 515 North State Street, Suite 1801 Chicago, IL 60610

Dear Dr. Kopelow:

As Chairman of the United States Senate Special Committee on Aging, I take seriously the Committee's responsibility to protect and advocate on behalf of our nation's seniors. Part of this responsibility is the oversight of any program or industry affecting seniors. In March of this year, I chaired a Committee hearing entitled, "Under the Influence: Can We Provide Doctors an Alternative to Biased Drug Reviews?" The hearing examined policy that attempts to rectify the potential conflict of interest that exists when doctors' primary source of information about the drugs they prescribe comes from pharmaceutical company sales representatives.

As the Committee continues its examination of the relationship between physicians and pharmaceutical companies, we have become concerned with reports that pharmaceutical companies are increasingly using continuing medical education (CME) events as a vehicle to increase the market for their products. According to the Accreditation Council of Continuing Medical Education's (ACCME) 2006 annual report, commercial support for CME activities accounted for \$1.2 billion, or half of the budget for CME courses in the United States. In addition, several surveys have found that educational seminars have a great deal of influence on physicians' prescribing patterns.

Of particular concern are instances where drug companies use CME courses to encourage physicians to use their products for potentially controversial medical practice. For example, it has come to the Committee's attention that one pharmaceutical company, which produces an anti-herpes drug, sponsors CME events which promote testing all pregnant women for herpes. However, routine testing for herpes in pregnancy is not recommended by any scientific evidence or any national expert panel. In fact, the American College of Obstetricians and Gynecologists¹, the Centers for Disease Control and Prevention², and the United States Preventive Services Task Force³ all reject prenatal herpes testing due to the

http://www.ahrq.gov/clinic/uspstf/uspsherp.htm.

¹ American College of Obstetricians and Gynecologists (June 2007). *Management of Herpes in Pregnancy*. ACOG Practice Bulletin – Clinical Management Guidelines for Obstetrician-Gynecologists. No. 82, pp. 1489-1498

² Centers for Disease Control and Prevention (2006). *Sexually Transmitted Diseases – Treatment Guidelines 2006*. Available online at: http://www.cdc.gov/std/treatment/2006/specialpops.htm.

³ United State Preventative Services Task Force (2005). *Screening for Genital Herpes*. Available online at:

dearth of evidence that exists to recommend routine screening and the potential harm to many low-risk women and fetuses from the side effects of antiviral therapy.

I am troubled by any attempt to persuade physicians to use a drug treatment for any reason other than the patient's condition and the drug's effectiveness in treating it. Therefore, it was with great interest that the Committee took note of the ACCME's credentialing standards and practices for CME courses.

In an effort to better understand the ACCME's credentialing standards and practices for CME courses, please provide us with the following documentation and information:

- 1.) a copy and written description of the accreditation process for CME courses;
- 2.) any criteria the ACCME uses, as part of the accreditation process, regarding the scientific validity of course content;
- 3.) any mechanisms the ACCME has in place to ensure that no undue influence by any industry is being exerted through CME courses; and
- 4.) any further plans the ACCME may have in place to develop such mechanisms.

Please respond fully to this request by close of business on Friday, July 7, 2008. Feel free to contact Jack Mitchell or Cara Goldstein of my staff at (202) 224-5364 with any questions you may have concerning this request.

Sincerely,

Herb Kohl Chairman