July 29, 2014

The Honorable Thomas R. Carper  
Chairman, Senate Committee on Homeland Security & Governmental Affairs  
513 Hart Senate Office Building  
Washington, DC 20510

The Honorable Tom Coburn  
Ranking Member, Senate Committee on Homeland Security & Governmental Affairs  
172 Russell Senate Office Building  
Washington, DC 20510

Dear Chairman Carper and Ranking Member Coburn:

I am writing today to express concerns about the Coburn-Heitkamp substitute to S. 1347, Conference Accountability Act of 2013 and respectfully request that any legislation restricting federal employee travel include an exemption for CME sponsored scientific and medical meetings. The Association for Molecular Pathology believes this would raise existing barriers and perpetuate unintended negative consequences the Administration’s regulations have already imposed on our scientific enterprise, the clinical care provided to our veterans and active duty military personnel, and national competitiveness.

The Association for Molecular Pathology (AMP) is an international medical professional association representing approximately 2,300 physicians, doctoral scientists, and medical technologists who perform laboratory testing based on knowledge derived from molecular biology, genetics and genomics. Membership includes professionals from the government, academic and commercial clinical laboratories, community hospitals, and the in vitro diagnostics industry. AMP is proud that there are many members who work for the government who often participate in AMP sponsored meetings, government sponsored meetings, and meetings planned jointly with government agencies such as the National Institutes of Health (NIH), the Food and Drug Administration (FDA), the National Institute of Standards and Technology (NIST) and the Centers for Disease Control and Prevention (CDC). The contribution of federally employed scientists, clinicians and laboratories is instrumental to the advancement of the field of molecular pathology.

AMP is very concerned that changes in federal employee travel policies could impede participation of government-employed physicians, scientists, and other professionals in AMP scientific meetings, sacrificing important opportunities for these individuals to maintain up-to-date knowledge about the rapidly changing field of molecular pathology. Moreover, these new travel policies will potentially interfere with working relationships between our organization and its members and federal agencies, and restrict interactions and dialogue with agency officials implementing and overseeing programs with direct implications for patients and the field of molecular pathology. AMP has already been informed by several agency officials that new travel policies prevented them from addressing and otherwise participating in our 2012 and 2013 annual meetings.

The House of Representatives recently passed H.R. 313, The Government Spending Accountability Act, which was referred to your Committee along with S. 1347 The Conference Accountability Act introduced by Ranking Member Coburn. AMP has significant concerns with both pieces of legislation because they have the potential to restrict scientists and clinicians from attending scientific and medical professional meetings for the purposes of continuing medical education (CME). This result is likely to prove detrimental to relevant federal agency effectiveness and operations for several reasons.
First, among the important benefits of attendance at scientific medical meetings are the informal contacts and networking that lead to important scientific exchanges. At times, this flow of information and spontaneous collaboration can be more important than information obtained through scientific journals. For federally employed physicians and scientists who engage in research, inability to participate in medical and scientific meetings will slow the pace of advancements and harm innovation, risking the leading position the United States has in this critical area. In a study published January 2, 2014 in the New England Journal of Medicine, researchers found the United States (public and industry) comprised 51% of global research spending, at $131 billion in 2007. But by 2012, that number dropped to $119 billion, or 45% of the world's biomedical research spending. By comparison, Japan and China increased their spending by $9 billion and $6.4 billion, respectively, during the same time. In Asia-Oceania countries (Australia, China, India, Japan, Singapore, South Korea, and Taiwan), the proportion spent increased from 18.1% to 23.8%.

In addition, scientific and medical meetings provide opportunities for “cross pollination” between industry, basic science researchers, and clinical scientists. At meetings, the scientists in the commercial sector often learn of important discoveries in federal research labs, creating opportunities for academia, industry and the government to collaborate. These face-to-face interactions help spur the translation of basic research into clinical applications.

Further, government scientists working in regulatory and research agencies are advising on and making critical decisions that impact funding, approval of treatments, coverage and payment determinations, etc. Attending scientific and medical meetings keeps these federally employed scientists informed of the latest advances in scientific understanding and clinical research. Considering the impact that their decisions have on defining the focus of grants, patients’ access to new treatments, promoting public health, and more, it is imperative that they are able to attend these meetings to continue their education.

Finally, a cap on spending or the number of attendees able to attend a meeting would severely curtail the training, certification and licensure of government physicians and health professionals throughout the government, including those serving the military and veteran populations. For instance, the Veteran’s Administration has more than 200,000 employees, including approximately 20,000 physicians across more than 150 medical centers. Those physicians need to earn CME credits to not only maintain certifications and licensure, but also to ensure that veterans are receiving the most up to date clinical care. Medical meetings often provide unique opportunities for hands on training and demonstrations. Moreover, for some rapidly progressing fields such as molecular pathology, onsite CME is sparse or not available at all, making attendance at such conferences their only live option for maintenance and advancement of specialized professional skills.

Scientific and medical meetings that provide CME must complete a rigorous accreditation process through the Accreditation Council for Continuing Medical Education (ACCME). As an initial criterion for CME accreditation, sponsors must demonstrate intent to provide CME on a regular basis, information free from commercial bias, and valid and worthwhile content. Next, the organizations must complete a five step pre-application process, which includes self-study reports, interviews, performance-in-practice reviews, and more. Obtaining accreditation to provide CME is a daunting, expensive and time consuming process. This ensures a true commitment from organizations to provide valuable CME and the scrutiny promotes high quality educational opportunities for scientists and clinicians.

Federal employees, receive great value in attending meetings such as the Association for Molecular Pathology Annual Meetings for the reasons outlined in previous paragraphs. As the Committee considers legislation restricting federal employee travel, AMP respectfully requests that nonprofit scientific and medical associations’ meetings for which education is the primary goal, be exempted from a cap or restriction on federal employee travel.

Thank you for your attention and consideration of AMP’s concerns. If you have any questions or AMP may be of assistance, please contact Mary Steele Williams, MNA, MT(ASCP)SM, AMP Executive Director at mwilliams@amp.org or (301) 634-7921.

Sincerely,

Elaine Lyon, Ph.D.
President