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### **The Endocrine Society Takes its Advocacy Message to the Hill**

On November 7, members of the Society's Advocacy and Public Outreach Core Committee (APOCC) took to the halls of Congress to advance the Society's advocacy agenda. Committee members focused on three main issues: support for the Society's soon-to-be released white paper titled *On Increasing Minority Participation in Clinical Research*, legislation to reverse cuts to physician reimbursement for dual energy x-ray absorptiometry (DXA), and the Society's new position statement on increasing patient access to diabetes testing supplies.

APOCC members took the Society's message on the importance of increased participation by minorities in clinical research trials to the offices of Representatives Carnahan (D-MO), Perlmutter (D-CO), Berkley (D-NV), Bernice Johnson (D-TX), Inslee (D-WA), Frelinghuysen (R-NJ), McCarthy (D-NY), Billbray (R-CA) and Green (D-TX), and Senators Bond (R-MO) and McCaskill (D-MO). While the National Institutes of Health (NIH) requires that women and minorities be included in the research it funds, the Food and Drug Administration (FDA) does not require the same of pharmaceutical companies' drug trials when bringing new drugs to market. Without inclusion of diverse populations in clinical trials of new drugs, the safety and efficacy of these drugs cannot be verified in all populations. In an effort to address the complex issue of participation by minorities, the Society's white paper makes recommendations for all stakeholder groups. Suggestions for Congress include the establishment of an office of minority health within the FDA to oversee the regulatory changes that the agency must implement to ensure adequate diversity in trials.

The Society's delegates also visited House offices to raise awareness of legislation sponsored by Rep. Shelley Berkley (D-NV) that would return reimbursement for DXA and VFA scans back to their 2006 levels. In 2006, DXA was reimbursed at approximately \$140 per procedure; in 2007 it was reimbursed at only \$82. Due to cuts implemented in the Deficit Reduction Act, DXA payments will be cut by 75 percent by 2010, to a level of only \$35 per procedure. This will limit the ability of providers to continue to perform the test in their offices. Rep. Berkley is currently looking for House co-sponsors of this legislation, and APOCC members received support and interest from some of the members of Congress that they visited.

Finally, APOCC members mentioned the approval of a new Society position statement on patient access to diabetes supplies, and the importance of health coverage for these supplies. While many insurers provide coverage for people with diabetes, not all provide an adequate amount of supplies needed to successfully manage their disease. The Society asks that federal

and state governments work to require health plans to include adequate coverage for these supplies to stave off the costly complications of the disease.

For further information on the Society's advocacy issues, please contact the Government & Public Affairs Department at [govt-prof@endo-society.org](mailto:govt-prof@endo-society.org).

### **Endocrine Society Addresses Capitol Hill on Obesity Epidemic**

On October 29, Gilbert August, MD, representing The Endocrine Society, spoke to a near-capacity crowd of congressional staffers, association leaders, and industry executives at a luncheon briefing on Capitol Hill. The event, "The Importance of Biotechnology in Addressing the Obesity Epidemic," was organized by the Biotechnology Industry Organization (BIO) to highlight the current treatment options for obesity, as well as the needs and hopes of both patients and physicians to better address this growing epidemic.

Dr. August's remarks centered on many of the recommendations contained in The Endocrine Society's new clinical guideline, "Prevention and Treatment of Pediatric Obesity," which will be available to the public soon. As noted in his remarks, the prevalence of childhood obesity has increased four-fold since 1970 for children ages 6 to 11. Some of the specific recommendations coming out of the pediatric obesity guidelines included:

- Prescribing and supporting lifestyle (diet and physical activity) modification as the cornerstone of prevention of obesity
- Advocating that schools provide for 30-60 minutes of moderate to vigorous daily exercise in all grades as well as providing nutritional education
- Reserving pharmacotherapy, in combination with lifestyle modification, for obese children only after failure of a 6-month trial of lifestyle modification alone, and for overweight children only if significant co-morbidities persist despite lifestyle modification

The guideline also discusses indications for bariatric surgery in youth.



Pictured (from left to right): Dr. August, Dr. Cowley, John Taylor (of BIO), Dr. Rowley, Julie Janeway, and Dr. Tataranni

Dr. August stressed the critical need for effective prevention and treatments for obesity. "Obesity has reached epidemic levels, and our nation's medical community, legislators, and public have to work collectively to find effective and affordable treatments for this serious

medical condition,” he said. “It is vital that Congress understands and addresses the obesity epidemic. Adults and children are at risk for serious health problems unless we can come together to improve the prevention and treatment of this disease.”

William Rowley, MD, Senior Futurist and Chief Operating Officer of the Institute for Alternative Futures, moderated the briefing and discussed the prevalence, challenges, and the impact of obesity. Other presenters included Antonio Tataranni, MD, VP Medical Metabolism, sanofi-aventis U.S. Pharmaceuticals, who discussed what he considered to be the current groundbreaking treatments for obesity. Michael Cowley, PhD, Chief Scientific Officer, Orexigen Therapeutics Inc. looked to the future and presented his view of the promise of biotechnology. Finally, Julie Hill-Janeway, Board Member of the Obesity Action Coalition, presented her perspective as an obesity patient and the need for access to effective treatments.

A video of this event can be viewed here: <http://www.bio.org/news/video/obesity.asx>.

### **L-HHS Appropriations Bill Set to Go to President; Veto Likely**

This week, both the House and Senate approved a conferenced version of the FY 2008 Labor-HHS-Education (L-HHS) appropriations bill. The House initially passed the measure as part of a larger package that included the military construction-VA (VA) spending bill, with the intention of preventing a presidential veto of L-HHS by combining it with a bill that has the president's support. However, the Senate voted first to split the L-HHS bill from the VA bill by failing to attain 60 votes in support of combining them, and then passed the standalone L-HHS bill, sending it back to the House for final independent passage. This ensures that the president will receive the L-HHS bill on its own and sets the stage for a veto of the measure.

The President has threatened to veto all domestic appropriations bills that exceed his proposed budget requests, and the current L-HHS bill does so by \$9.8 billion. The conferenced bill provides NIH with \$30 billion in FY2008, a \$100 million increase over the amount the Senate had previously approved and a \$300 million increase over the House-approved amount. This is an apparent increase over FY2007 of \$1.1 billion or 3.8 percent. However, after required transfers to the Global AIDS Fund, the increase is reduced to \$900 million. The next step is for the L-HHS bill to be sent to President Bush for his approval or veto. In the event of a veto, both the House and the Senate would need a 2/3-majority vote to override. Currently, neither the House nor Senate has the votes necessary to override.

Look for further updates on appropriations in future issues of *Endocrine Insider*.

### **CMS Final Rule Reflects Physician Payment Cut and Upward DXA Equipment Correction**

The Center for Medicare and Medicaid Services (CMS) released its Final 2008 Medicare Physician Fee Schedule last week, providing physician payment information for the upcoming year. The schedule proposes a 10.1 percent cut to physician payments in 2008, an increase of .2 percent above the previously proposed reduction of 9.9 percent released in CMS's proposed rule in July, 2007. In order to halt the cuts, Congress must act by either altering the formula used to calculate payments or deferring the cuts to future years.

Discussions are occurring among members of the Senate Finance Committee on ways to eliminate the payment cut before the end of the year. One proposal being discussed would suspend the cuts for one year by decreasing payments to Medicare Advantage (MA) plans. MA plans generally receive a higher rate of reimbursement than Medicare fee-for-service. Another proposal would suspend the physician payment cut for two years by cutting MA plans by approximately \$30 billion. It would also increase reimbursements to providers in rural areas. These proposals are controversial in Congress, and it remains to be seen how the House and Senate will address physician payments for the coming year.

Also included in the final rule is a correction that The Endocrine Society and other organizations brought to the attention of CMS. In its proposed rule, CMS assigned the cost of equipment used for DXA scans as \$41,000 reflecting “pencil beam” technology. The current equipment used for DXA tests is “fan beam” technology, at a cost of \$85,000. The American Medical Association’s Relative Value Update Committee (RUC), reviewed this mistake on behalf of CMS, and submitted its support for a correction to be made. CMS accepted this correction, and in 2008, DXA equipment will be valued at the appropriate rate of \$85,000.

The Society will submit comments to CMS opposing the 10.1 percent cut to physician payments in 2008 and provide relevant updates in future issues of *Endocrine Insider*.

For questions regarding articles listed in *Endocrine Insider* or information on advocacy and policy activities within The Endocrine Society, contact the Government & Public Affairs department:

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