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Society Meets with New Congressional Committee Members

As Congress approaches the fourth week of its 110th session, nearly all new committee assignments have been made. Most congressional committees have held organizational meetings and are now scheduling hearings as the new Democratic majority moves forward with its agenda. The Endocrine Society's government relations team has already met with several new committee and subcommittee chairs and members. During these meetings, the Society's legislative agenda was discussed and the public policy questions and concerns of the Society's membership were relayed. In particular, the Society emphasized its concern about the future of federally supported biomedical research, the stability of Medicare physician reimbursement, and access-to-care issues that will result from impending restrictions on reimbursement for medical imaging procedures.

Here is a look at the structure of relevant health care committee leadership and a summary of each committee's health care policy jurisdiction:

House Energy & Commerce Committee

Chairman: John Dingell (D-MI)

Ranking Member: Joe Barton (R-TX)

Jurisdiction: Legislation and oversight of biomedical research and development, health and health facilities, and public health quarantine.

House Energy & Commerce Health Subcommittee

Chairman: Frank Pallone (D-NJ)

Ranking Member: Nathan Deal (R-GA)

Jurisdiction: Legislation and oversight of public health and quarantine; hospital construction; mental health and research; biomedical programs and health protection; including Medicaid and national health insurance; food and drugs; and drug abuse.

House Ways and Means Committee

Chairman: Charles Rangel (D-NY)

Ranking Member: Jim McCrery (R-LA)

Jurisdiction: Tax legislation and bills dealing with the raising of government revenue. Broad oversight authority of economic policy, welfare, Social Security, Medicare, and health care policy.

House Ways and Means Health Subcommittee

Chairman: Pete Stark (D-CA)

Ranking Member: Dave Camp (R-MI)

Jurisdiction: Legislation relating to programs providing payments for health care, health delivery systems, or health research; tax credit and deduction provisions of the Internal Revenue Code dealing with health insurance premiums and health care costs.

House Appropriations Committee

Chairman: David Obey (D-WI)

Ranking Member: Jerry Lewis (R-CA)

Jurisdiction: All federal government spending.

House Appropriations Labor–HHS–Education Subcommittee

Chairman: David Obey (D-WI)

Ranking Member: James Walsh (R-NY)

Jurisdiction: Funding for the Department of Health and Human Services (except Agency for Toxic Substances and Disease Registry, Food and Drug Administration, Indian Health Services and Facilities, and National Institute of Environmental Sciences).

Senate Finance Committee*

Chairman: Max Baucus (D-MT)

Ranking Member: Charles Grassley (R-IA)

Jurisdiction: Legislation and oversight of health programs under the Social Security Act and health programs financed by a specific tax or trust fund. Broad oversight authority of Department of Health and Human Services—Centers for Medicare and Medicaid Services [Medicare Parts A & B; Medicare Drug Benefit (Part D); Medicare Advantage (Part C); Medicaid; State Children Health Insurance Program].

Senate Health, Education, Labor, & Pensions (HELP) Committee*

Chairman: Edward Kennedy (D-MA)

Ranking Member: Michael Enzi (R-WY)

Jurisdiction: Legislation and oversight relating to education, labor, health, and public welfare, including aging, biomedical research and development, and public health. Oversight encompasses most of the agencies, institutes, and programs of the Department of Health and Human Services, including the Food and Drug Administration, the Centers for Disease Control and Prevention, the National Institutes of Health, the Administration on Aging, the Substance Abuse and Mental Health Services Administration, and the Agency for Healthcare Research and Quality.

Senate Appropriations Committee

Chairman: Robert C. Byrd (D-WV)

Ranking Member: Thad Cochran (R-MS)

Jurisdiction: All federal government spending.

Senate Appropriations Labor–HHS–Education Subcommittee

Chairman: Tom Harkin (D-IA)

Ranking Member: Arlen Specter (R-PA)

Jurisdiction: Funding for the Department of Health and Human Services (except Agency for Toxic Substances and Disease Registry, Food and Drug Administration, Indian Health Services and Facilities, and National Institute of Environmental Sciences).

Senate Special Committee on Aging

Chairman: Herbert H. Kohl (D-WI)

Ranking Member: Gordon Smith (R-OR)

Jurisdiction: No legislative authority. Studies issues, conducts oversight of programs, and investigates reports of fraud and waste. Continually reviews Medicare's performance (nearly annually).

** Subcommittee structure and leadership not yet formally announced.*

FDA Requests Society's Analysis of Recent Findings

The Center for Drug Evaluation and Research (CDER) of the U.S. Food and Drug Administration has requested permission to use the Society's analysis of two recent studies as the basis of their position on the use of pergolide and cabergoline. The studies, published in the *New England Journal of Medicine*, January 4, 2007, reported an increased risk of valvular heart disease in patients with Parkinson's disease treated with either of the two dopamine agonists. The findings have raised considerable concern among endocrinologists and patients regarding the risks to patients receiving these drugs for treatment of hyperprolactinemia, prolactinoma, or acromegaly.

Dr. Mary Lee Vance, professor of medicine and neurosurgery at the University of Virginia Health Sciences Center and chair of the Society's Media Advisory Committee, provides an analysis of the studies and discusses what these findings mean for endocrine patients. Dr. Vance's analysis notes that the doses used to treat Parkinson's disease are more than 20 times higher than those used to treat endocrine disorders. To date, there is no information on development of valvulopathy in endocrine patients. The full analysis may be found on the Society's Web site through the following link:

<http://www.endo-society.org/quickcontent/clinicalpractice/dopamine.cfm>

CDER officials lauded the thoughtful analysis, which they will utilize in the preparation of their response to the studies and position on the continued use of pergolide and cabergoline in endocrine disorders and Parkinson's disease. The Society will maintain an open dialogue with CDER and provide the agency additional information as necessary.

Research!America Highlights Society's Advocacy Efforts and Recent Public Opinion Poll

The January issue of the Research!America (RIA) publication *The Research Advocate* featured a piece on The Endocrine Society, highlighting its advocacy activities and its recent

collaboration with RIA on a public opinion poll. The results of the poll revealed the public's concern about the obesity epidemic facing America's children.

The article quoted Society President Leonard Wartofsky, MD, several times, as he expressed the importance of The Endocrine Society's role in addressing the obesity epidemic.

"One of the most important ways the Society advances medical research is through its journals, which contain a wealth of peer-reviewed data on obesity and diabetes from basic research studies and clinical trials," Wartofsky said. "Our members are leading the study and treatment of obesity, and we do all we can to support them," said Wartofsky.

The Society will continue to partner with RIA to advocate for endocrine-related health policy and scientific research issues. Stay tuned to future issues of *Endocrine Insider* for updates.

To read the full article, go to: <http://www.endo-society.org/news/press/loader.cfm?url=/commonspot/security/getfile.cfm&pageid=23781>

To view the results of the obesity survey, go to: <http://www.endo-society.org/news/press/loader.cfm?url=/commonspot/security/getfile.cfm&pageid=23784>

CMS Begins to Iron Out Pay-for-Performance Program Implementation; Many Details Still Unknown

The Tax Relief and Health Care Act of 2006 rescinds the scheduled 5.1 percent cut in physician payment rates and provides for a bonus payment of 1.5 percent for those physicians who report quality measures to the Center for Medicare and Medicaid Services (CMS). While the concept seems simple, many details of how this program will be implemented remain unknown. However, CMS has clarified a handful of elements of the program. For instance, the 1.5 percent bonus would be determined for an entire practice and would be based on a practice's total Medicare charges from July to December of this year, including the 20 percent co-payment or any deductible. However, a practice will only be eligible for the bonus payment if its physicians report a minimum number of quality measures in at least 80 percent of applicable cases. CMS has outlined some exceptions to this reporting requirement, which may be viewed at the website below.

Even though physicians working as part of a group practice will report data on quality measures individually, all tracking and payment of the bonus for 2007 will be done at the practice level. In 2008, the law allows CMS to use the provider identification number or the national provider identifier to track reporting and make bonus payments, which would allow calculation of the bonus by individual physician. However, in 2007 the law requires CMS to track and pay bonuses by practice tax identification number, grouping the bonuses for all physicians and non-physician practitioners reporting quality measures into one bonus payment.

Physicians should know by the end of January which quality measures will be considered in 2007. According to the Tax Relief and Health Care Act, all measures for the 2007 program must be finalized by April 1, 2007, but it is unlikely that many new measures will be introduced after the January 22 meeting of the Ambulatory Care Quality Alliance (AQA).

CMS has signed off on 66 measures to date in cooperation with AQA, National Quality Forum, and the AMA's Physician Consortium for Performance Improvement (PCPI). The Society provides input into quality measures through its physician representatives on the PCPI. Measures specific to endocrinology include:

- Diabetes: hemoglobin control—hemoglobin A1c control in Type 1 or 2 diabetes mellitus
- Diabetes: lipid control—low density lipoprotein control in Type 1 or 2 diabetes mellitus
- Diabetes: blood pressure control—high blood pressure control in Type 1 or 2 diabetes mellitus
- Treatment/screening dual x-ray absorptiometry (DXA) measurement—screening for women age 65 years and older

A complete list of measures accepted to date may be found at the Web site listed below.

<http://www.cms.hhs.gov/PVRP/Downloads/PVRPQualityMeasuresList.pdf>

Congress' New Strategy for Stem Cell Legislation

The Senate Health, Education, Labor and Pensions (HELP) Committee, together with the Senate Appropriations Labor-Health and Human Services (HHS)-Education Subcommittee, co-sponsored a hearing last week to highlight the importance of stem cell research and encourage additional support for the issue in Congress and the White House. Researchers from the University of Minnesota, Harvard University, and the National Institutes of Health testified to the importance of broadening the availability and use of embryonic stem cells for the development of medical cures.

The Senate plans to bring stem cell legislation up for a vote, likely in February. Rather than voting on the House version (HR 3), which passed the House by a margin of 253-174 on January 18, the Senate will instead vote on S 5—its own version of the legislation that is identical to the House-passed bill. While the Senate may consider some amendments to the legislation, it is expected to pass in its current form with strong support in the Senate and, subsequently, in the House. The reason for the Senate passing its own bill has more to do with strategy than disagreement with the House.

In the case of a veto, the chamber in which the legislation originated has the first vote to override the veto. While both chambers passed stem-cell legislation (HR 810) in the 109th Congress, the Senate has consistently had a greater margin of support for the measure than the House. Upon the President's veto of HR 810, the House failed to obtain the 2/3 majority required to override the veto. By passing S 5 instead of HR 3, Congress would put itself into a position giving the Senate first opportunity to override the veto. It is predicted that the Senate would have the necessary two-thirds majority for an override. Many believe that the momentum generated in overriding a veto in the Senate will help to garner additional support for an override in the House.

Senator Tom Harkin (D-IA) has stated that if Congress is unable to override a Presidential veto, he would like the measure added on to any "must-do" legislation. As chairman of the Labor-HHS-Education subcommittee, Harkin has the authority to attach the measure to any spending bill.

The Society will continue to monitor and report on the progress of S 5.

Legislators Identify Additional Funds for FY07

Legislators are meeting this week in hopes of reaching an agreement on funding levels for the nine unfinished appropriations bills for FY 2007, totaling more than \$463.5 billion. Senate and House appropriators are in the process of identifying potential offsets for additional spending, but are encountering difficulties determining which earmarked funds can be redirected for this purpose. An early estimate shows that as much as \$6 billion might be available to fund congressional priorities. Beyond identifying additional funds from earmarks, appropriators may be able to capture money from programs funded at higher levels in the FY07 congressional bills than recommended in the President's budget and from funds rescinded from previous appropriations.

Despite the additional funds that may be available to increase FY07 budget levels, Democrats plan to fund most agencies at last year's enacted levels,. Most legislators are in agreement on the need to boost veteran's health spending by \$3 billion while Pentagon officials are lobbying for \$4.7 billion for construction programs and healthcare needs of active-duty military personnel. Social services and health research funding are also down by approximately \$3 billion from two years ago when adjusted for inflation. House leaders may bring the funding resolution to the floor for a vote as early as next week, while Senate leaders may wait until the week before the February 15 deadline to take action in order to avoid extended debate and amendments that would send the measure back to the House for further consideration.

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