



March 18, 2010

Health Care Reform Reaches Crucial Stage; Physician Payment Cuts Scheduled to Begin April 1 *Health Reform*

Congress is expected to vote this week on a health care reform proposal originally passed by the Senate in December, 2009. Because passage of health reform legislation has stalled over the past few months, Democrats are now rumored to be pursuing passage of the bill, the Patient Protection and Affordable Care Act, through a procedure known as reconciliation. Reconciliation requires only simple majority approval for passage, rather than the 60 vote super-majority normally required to end debate and move to a vote on the legislation. While the bill was originally passed by the Senate, the White House and the House have requested some changes to the legislation that Congress is in the process of incorporating. These changes require a vote by both chambers, and the House is expected to vote this week. Passage of the legislation will be especially challenging in the House, where it is unclear whether the 216 votes necessary for approval exist.

The Endocrine Society is closely following the debate on health reform in part due to a provision included in the Senate bill that addresses payment cuts to dual energy x-ray absorptiometry (DXA) services provided in physicians' offices. DXA payments have been cut by 67 percent since 2007, and the proposal in the Senate health reform bill would restore payments for two years to 70 percent of the 2006 payment rate to approximately \$98. The proposal also instructs the Institute of Medicine to perform a study on the impact on patient access to DXA services due to the cuts.

In 2009, The Endocrine Society developed a set of guiding principles for health reform outlining the Society's key issues for inclusion in any health reform proposal. These guiding principles have been used as a basis for the Society's communication with House and Senate leadership regarding the various health reform bills that have been proposed throughout the past year.

Physician Payment Cuts

Since the beginning of the year, Congress has passed a number of short-term legislative fixes in an attempt to stave off a scheduled 21.2 percent cut to Medicare physician payments. The cuts, which have been created by the flawed sustainable growth rate (SGR), the formula by which Medicare physician payments are calculated, were originally scheduled to go into effect on January 1, 2010. However, Congress has repeatedly delayed the cuts as it attempts to find a legislative vehicle in which to include a longer-term fix to the SGR problem.

The most recent short-term fix was passed in early March and is scheduled to end on April 1. Last week, the Senate passed legislation that would again delay physician payment cuts until October 1. The bill now goes to the House for passage, where the inclusion of amendments will likely require both houses to vote again on the amended bill. As such, it is unlikely that both houses will be able to approve this most recent fix by the April 1 deadline to avert the scheduled 21.2 percent physician payment cut. If this is the case, CMS will likely instruct Medicare contractors to hold all claims for payment for a few days to give Congress an opportunity to pass the short-term fix. It is unlikely that Congress will address a longer-term fix to the SGR this year.

The Endocrine Society continues to press Congress for a longer-term fix to the SGR and encourages its members to contact their members of Congress to express their disapproval and frustration with the current payment system.

Stay tuned to *Endocrine Insider* for new developments as they occur.

Research!America National Forum Features Factors Impacting Research

On Tuesday, March 16, Society representatives participated in the Research!America annual National Forum. The National Forum, titled “Invest in Tomorrow. Invest in Research.,” featured two panel-led discussions on several topics, including the impact of health reform on research priorities, public involvement in addressing major drivers of health issues, opportunities to speed the approval of new drugs, personalized medicine, and public/private partnerships. The panels were moderated by Judy Woodruff of “PBS NewsHour” and Michael Kinsley of *The Atlantic*; panel members included:

- Carolyn M. Clancy, MD, director, Agency for Healthcare Research and Quality
- Francis S. Collins, MD, PhD, director, National Institutes of Health
- Thomas R. Frieden, MD, MPH, director, Centers for Disease Control and Prevention
- Margaret Hamburg, MD, commissioner, Food and Drug Administration
- Margaret Anderson, executive director, FasterCures
- Paul Chew, MD, chief science & medical officer, sanofi-aventis U.S.
- Jennifer Howse, PhD, president, March of Dimes Foundation
- Barbara Kunz, president, Health and Life Sciences Global Business, Battelle Memorial Institute
- Robert Tjian, PhD, president, Howard Hughes Medical Institute
- Jack T. Watters, MD, vice president of external medical affairs, Pfizer Inc

A podcast will be available on Research!America’s Web site: <http://www.researchamerica.org/>.

CMS to Host Informational Call Providing Guidance on ICD-10 Implementation

The Centers for Medicare and Medicaid Services (CMS) will host a conference call for providers interested in learning more about the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) system. The call, titled *Basic Introduction to ICD-10-CM*, will take place on Tuesday, March 23, 2010 from 1:00 – 2:30 p.m. EDT. This conference call will provide participants with an overview and basic introduction to both ICD-10-CM and ICD-10-PCS (Procedure Coding System) requirements.

According to CMS, discussion topics for the call include requirements to report ICD-10-CM/PCS codes for services provided on or after October 1, 2013; key similarities and differences between the current ICD-9-CM system and ICD-10-CM; the general structure, characteristics, and new features of ICD-10-CM; the impact of ICD-10-CM on medical record documentation; and combating myths and misperceptions of the ICD-10-CM system.

Registration information and discussion materials for this conference call can be accessed at http://www.cms.hhs.gov/ICD10/07_CMS_Sponsored_Calls.asp.

NIDDK Seeks Comments on Draft Diabetes Research Strategic Plan by March 31

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is requesting feedback on its draft Diabetes Research Strategic Plan. Developed with broad external input by the Diabetes Mellitus Interagency Coordinating Committee, which is chaired by the NIDDK, the Strategic Plan will help guide the direction of NIH and other Federal agency-supported diabetes research for the next decade.

The Plan may be downloaded and comments submitted (through March 31) through the NIDDK website at <http://diabetesplan.niddk.nih.gov>.

Endocrine Society Urges Patients to Discuss Benefits and Risks of Bisphosphonate Use with their Health Care Provider

Recent reports have appeared in the media suggesting a potential link between the long-term use of bisphosphonate medications and an increased risk for an unusual type of leg fracture called a subtrochanteric femoral shaft fracture. Although these news reports have generated concern among patients and health care providers, there is currently no conclusive evidence demonstrating that bisphosphonates cause this rare type of fracture.

In response to these reports, The Endocrine Society released a [statement](#) encouraging patients to discuss these issues and any concerns they have with their medication with their health care provider.

The Endocrine Society also recommends that healthcare professionals should continue to follow the recommendations in the package insert when prescribing bisphosphonates. Patients should continue taking their medication unless advised to stop by their health care provider, and should continue to pay careful attention to factors related to fall prevention. Health care providers and patients should report any adverse events associated with the use of bisphosphonates to the FDA MedWatch program.

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:

Janet B. Kreizman, Deputy Director
301-941-0252
Jkreizman@endo-society.org

Arlyn Riskind, Director, Media Relations
301-941-0240
Ariskind@endo-society.org

Stephanie Kutler, Director
301-941-0254
Skutler@endo-society.org

Loretta L. Doan, PhD, Assoc. Dir., Science Policy
301-941-0258
Ldoan@endo-society.org

Holly Whelan, Assoc. Dir, Health Policy
301-951-2613
Hwhelan@endo-society.org

Lisa Marlow, Manager
240-482-1392
Lmarlow@endo-society.org

Aaron Lohr, Manager, Media Relations
240-482-1380
Alohr@endo-society.org

Dewey Sampson, Administrative Assistant
240-482-1389
dsampson@endo-society.org