



January 7, 2010

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### **Society-Championed DXA Provision Passed in Health Reform**

The Senate passed the Patient Protection and Affordable Care Act (HR 3590) on December 24, 2009, and included as part of that legislation a two-year fix of the payment cuts to DXA services performed in physicians' offices. The provision, which sets DXA payment rates at 70 percent of the 2006 level (approximately \$98) for 2010 and 2011, was not included in the House-passed version of the bill.

The Society has been working aggressively on this issue to support its members who provide this vital test to patients in their offices. A coalition of specialty societies, including the Endocrine Society, has worked with members of Congress, including Senators Blanche Lincoln (D-AR) and Olympia Snowe (R-ME) and Representatives Shelley Berkley (D-NV) and Michael Burgess (R-TX), who sponsored standalone legislation to identify a solution to the payment cuts that have lowered DXA payment rates by more than 65 percent since 2007. The Society and the National Osteoporosis Foundation were pivotal in gaining Senator Lincoln's support for the legislation. Since that time, the coalition has been building support on Capitol Hill for the legislation, which ultimately led to Senator Lincoln's inclusion of the language in the health reform legislation developed by the Senate Finance Committee.

House and Senate conferees are working on melding the bills passed by each chamber into one comprehensive bill. Congressional leaders have expressed their intent to send a final bill to the President by the end of January. The Society and its partners will continue their efforts to have the DXA provision included in the final bill signed by the President.

### **CMS Releases Information on EHR Incentive Payments**

The Centers for Medicare and Medicaid Services (CMS) released last week both a proposed rule and an interim final rule on two important provisions of an impending incentive program for physicians using electronic health records (EHR) for patient care. Established through the American Recovery and Reinvestment Act of 2009, the program allows physicians to become eligible for up to \$44K in incentive payments if they become "meaningful users" of a "certified" EHR. Physicians who do not adopt a certified EHR system will face a reduction in their Medicare fee schedule payments of -1 percent in 2015, -2 percent in 2016, and -3 percent in 2017 and beyond. Exceptions for significant hardships will be made on a case-by-case basis. Though complex, the proposed and interim final rules provide explanations of what constitutes both "meaningful use" and a "certified" EHR. Endocrine Society staff are currently evaluating the proposed and interim final rules detailing this information and will provide an analysis in the coming weeks. Members wishing to view the proposals released by CMS can obtain them through the links below.

For details and definition on “meaningful use” of an EHR please click here.

[http://www.federalregister.gov/OFRUpload/OFRData/2009-31217\\_PI.pdf](http://www.federalregister.gov/OFRUpload/OFRData/2009-31217_PI.pdf).

For details and explanation of a “certified” EHR, please click here.

[http://www.federalregister.gov/OFRUpload/OFRData/2009-31216\\_PI.pdf](http://www.federalregister.gov/OFRUpload/OFRData/2009-31216_PI.pdf).

Stay tuned to future issues of *Endocrine Insider* for more information.

### **Society and CDC to Host Consensus Conference on Testosterone Assay Standardization**

The Endocrine Society and the Centers for Disease Control and Prevention (CDC) will host a consensus conference to identify key recommendations from the scientific and medical communities on ways to enhance the use of accuracy-based testosterone (T) assays. The conference will take place February 18-19 at the CDC in Atlanta, and participation is by invitation only.

Deficiencies in testosterone assays, especially in the critical low ranges, severely limit effective use of these assays in research and clinical settings. The consensus conference is part of an ongoing collaboration between the Society and CDC aimed at a common goal—improved patient care and public health through the development and broad implementation of standardized testosterone measurements.

As a call to action, The Endocrine Society published an article in the February 2007 issue of the [\*Journal of Clinical Endocrinology and Metabolism\*](#) summarizing the evidence of these deficiencies and recommending accuracy-based testing of testosterone and calibration of all methods against a single standard. Also in 2007, the CDC initiated a project to standardize the measurement of testosterone in human plasma.

Standardized methods, reference materials, and reference ranges have been developed by CDC and are now available to laboratories and assay manufacturers. Efforts to inform the medical and scientific community of the problem and its solutions are ongoing. The February consensus conference will result in a unified call from the medical and scientific community for accurate and reliable standardized testosterone testing.

### **CMS Alters Non-Coverage Language in Response to Society Request**

In late December, the Centers for Medicare and Medicaid Services (CMS) issued a national non-coverage [decision memo](#) on outpatient intravenous insulin therapy (OIVIT). OIVIT consists of an outpatient regimen of pulsatile or continuous intravenous infusion of insulin, guided by the results of any of the following: measurement of respiratory quotient; measurement of urine urea nitrogen; measurement of arterial, venous or capillary glucose; and/or measurement of potassium concentration.

CMS contacted The Endocrine Society in November asking for its comments on the proposed non-coverage determination. In its [written response](#), the Society supported CMS’ proposal but requested that the agency alter language to clarify that non-coverage is based on a lack of conclusive evidence of therapeutic benefits of OIVIT. As a result of the Society’s comments, CMS’ final non-coverage determination stated that OIVIT (also known by many other terms, including Cellular Activation Therapy (CAT), Chronic Intermittent Intravenous Insulin Therapy (CIIT), Hepatic Activation Therapy (HAT)) has not been clearly shown to improve health

outcomes in Medicare beneficiaries and therefore is not reasonable or necessary for any indication.

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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