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AMA Adopts Society's Endocrine Disrupter Policy; NYT Columnist Cites Society Statement

At its Interim Meeting in Houston this week, the American Medical Association (AMA) House of Delegates (HOD) passed a resolution introduced by The Endocrine Society on the regulation of endocrine-disrupting chemicals (EDCs). Society delegates Vineeth Mohan, MD, Susan Sherman, MD, and Robert Vigersky, MD, presented the Society's resolution, which was co-sponsored by the American Association of Clinical Endocrinologists and the American Society for Reproductive Medicine, with support from the American College of Obstetricians and Gynecologists, Society for Occupational and Environmental Health, California Medical Association, and from the Endocrine, Subspecialty, and Young Physician Section Councils of the HOD. Upon passing the resolution, the HOD established new AMA policy on EDC regulation, which states:

The AMA will work with the federal government to pursue the following tenets:

- Regulatory oversight of endocrine-disrupting chemicals should be centralized so that regulations pass through a single office to ensure coordination among agencies with the exception of pharmaceutical agents that are regulated by the Food and Drug Administration and are used for medicinal purposes;
- Policy should be based on comprehensive data covering both low-level and high-level exposures; and
- Policy should be developed and revised under the direction of a collaborative group comprising endocrinologists, toxicologists, occupational/environmental medicine specialists, epidemiologists and policymakers.

The adoption of these principles by the HOD represents a broad consensus among the entire medical community that more needs to be done to protect the public from potential health risks of exposure to EDCs. As AMA policy, these tenets enjoy the full support of the House of Medicine.

Continued High-Profile Media Coverage

As part of his ongoing coverage of EDCs, Nicholas Kristof once again cited the Society's [scientific statement](#) in his Sunday, November 8 *New York Times* [column](#). The statement presents an extensive literature review and recommendations for moving forward, which make it useful for scientists, physicians, policymakers, and the informed lay public. Kristof has repeatedly acknowledged the scientific statement, having referred to it as a "landmark" document. The ongoing media attention to the Society's work on the science and policy of EDCs is a testament not only to the need for the Society's expertise in the policy debate, but also to the dedication and hard work of the Society's expert members who developed the scientific statement and the position statement, and who continually provide expert comment on the topic in a number of media and policy venues.

The Endocrine Society will continue its efforts to inform the public policy debate on EDCs through outreach to legislators and policymakers and to raise awareness among the public through continued response to media inquiries.

Society and AMA Oppose CMS' Elimination of Consultation Code Billing

Spurred by the Centers for Medicare and Medicaid Services' (CMS) decision to eliminate billing for consultation codes, the American Medical Association's (AMA) House of Delegates approved this week a resolution calling for the AMA to oppose all public and private efforts to eliminate payments for inpatient and outpatient/office consultation codes and to support legislation to overturn CMS' action to eliminate the codes. The Endocrine Society and other specialty medical societies co-sponsored the resolution.

CMS has finalized its decision to eliminate billing for inpatient and outpatient/office consultation codes and instead to require physicians to bill for either new or established office visits or for initial hospital stays. The Endocrine Society and other physician groups have worked extensively throughout the past few months to oppose these changes, but CMS decided to advance its proposal as planned. The agency will increase payments for initial hospital stays by 2 percent and outpatient/office visits by 6 percent in order to offset losses from the elimination of these codes. Even so, many endocrinologists expect to see a significant reduction in reimbursement as a result of this new policy.

Other Provisions in the Final Rule

Scheduled to go into effect on January 1, 2010, the final rule also contains details about CMS' proposal to retroactively remove physician administered drugs from the sustainable growth rate formula (SGR). This policy change will make a significant contribution to decreasing the rate at which SGR targets are met and exceeded in 2011 and beyond. However, the decision does not affect the looming 21.2 percent reduction to physician payment that is scheduled to go into effect in January. The U.S. House of Representatives has recently introduced legislation to eliminate these cuts for 2010 and to alter the SGR system in the process. More detailed information on this issue can be found [here](#). Though CMS estimates endocrinologists will see an approximate 2 percent increase in payment in 2010 as a result of positive changes to practice expense costs, this increase does not take into account the scheduled 21.2 percent pay cut.

Other important changes in the final rule include expanding the number of measures and measure groups available for reporting in the Physician Quality Reporting Initiative (PQRI). Successful 2010 PQRI participants may earn an incentive payment of 2 percent of their total Part B allowed charges. In addition, the Medicare Resource Use Measurement and Reporting Program, which produces confidential reports on resource use data, will expand in 2010 to include data on diabetes care and eight other high-cost, high-volume conditions. Endocrinologists have not been designated as a physician group to receive these confidential reports, though they may be included in future years of the program.

The Endocrine Society will continue to work on the issue of consultation codes in the coming weeks and months and will keep its members informed on all issues of importance related to the 2010 fee schedule and physician reimbursement. Questions about any of these issues may be directed to Holly Whelan, Associate Director of Health Policy, at hwhelan@endo-society.org.

House Health Reform Bill Creates Public Option with Negotiated Rates, Neglects Physician Pay Cut

On Saturday, November 7, the House passed the "Affordable Health Care for America Act" (HR 3962) by a vote of 220-215. The bill includes a public option with negotiated rates for participating physicians, creates a licensure pathway for follow-on biologics through the Food and Drug Administration (FDA), eliminates the pre-existing conditions limitation imposed by insurers, and establishes an Office of Minority Health at a number of federal agencies, including the FDA.

The bill does not include a fix for the 21.5 percent physician payment cut scheduled for January 1, 2010. This portion of the original House health reform legislation was removed and covered in a separate bill, the "Medicare Physician Payment Reform Act" (HR 3961). This bill provides a 1.2 percent increase for 2010. Starting in 2011, the bill would set two separate targets for the growth rate of Medicare physician expenditures. One target would cover all preventive services and evaluation and management services, and the second target would cover all other physician services. Yearly updates would likely differ for the two categories. The bill will likely be considered by the full House during the week of November 16th.

The health reform process in the Senate is still at a standstill as the leadership awaits a score from the Congressional Budget Office, which is expected later this week. The timing of the Senate vote is still unclear, and it may not happen until after the New Year. After a Senate bill passes, it will be merged with the House bill passed this weekend.

NIH Continues to Operate Under Continuing Resolution

As the Senate has yet to pass a number of appropriations bills, including the Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) bill, those agencies funded by the appropriations bills that have not been signed by the President continue to operate under a continuing resolution (CR). These agencies are funded at the budget levels established for fiscal year (FY) 2009 through December 18, 2009 or until the FY 2010 bills are signed by the President.

Funded through the Labor-HHS bill, NIH will issue non-competing research grant awards at a level below that indicated on the most recent Notice of Award (generally up to 90% of the previously committed level) until the final FY 2010 appropriation is enacted. This is consistent with the agency's practice during the CRs of FY 2006 - 2009. NIH will consider upward adjustments to these levels after the final appropriation is enacted but expects institutions to monitor their expenditures carefully during this period. The NIH policy can be viewed in its entirety here:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-012.html>.

FTC Delays Implementation of Red Flags Rule until Mid-2010

The Federal Trade Commission (FTC) announced last week that, at the request of Members of Congress, it will delay the implementation of the Red Flags Rule until June 1, 2010. After multiple previous delays, the rule was scheduled to go into effect on November 1, 2009.

Developed under the "Fair and Accurate Credit Transactions Act," the Red Flags Rule requires financial institutions and creditors to address the threat of identity theft in their business practices. The law requires creditors to develop and implement written identity theft prevention programs and protection of credit card information and tax identification numbers, such as social security numbers. According to the FTC, physicians who accept insurance or allow payment plans are considered creditors.

The American Medical Association (AMA) and medical specialty societies, including The Endocrine Society, have expressed their dissent that the Red Flags Rule should apply to physicians and have presented the argument that physicians are not, in fact, creditors. Both the AMA and the FTC have developed resources on compliance with the rule and simple identity theft prevention programs that can be incorporated into current HIPAA security and privacy policies. Physician resources are available at:

<http://www.ftc.gov/redflagsrule>

<http://www.ama-assn.org/ama/no-index/physician-resources/red-flags-rule.shtml>

FASEB Releases New Presentation on Biomedical Science Education and Workforce

The Federation of American Societies for Experimental Biology (FASEB) recently released a compilation of data on the education and employment of biological and medical scientists. The PowerPoint presentation includes data from the National Institutes of Health and the National Science Foundation, among other sources. The presentation is intended to provide key insights into national trends and to represent an overview of national survey data on many facets of scientific training and workforce development in the life sciences. FASEB encourages member society scientists to use the graphs in their own publications and presentations and to use the information as a starting point for more in-depth analyses.

The entire presentation can be accessed [here](#).

November NIH Extramural Nexus Highlights Funding Opportunities, ARRA Reporting

The November Issue of the NIH Extramural Nexus, a monthly update from the NIH Office of Extramural Research (OER), is now available online. The Nexus provides the external scientific community with updates on NIH policies and activities as well as an opportunity to gain a better understanding of the operation of extramural programs. This month's issue covers the high ARRA reporting submission rate of NIH grantees, new resources to prepare for the upcoming changes in peer review, the new RePORTER tool, and some funding opportunities. The full issue is available at: <http://nexus.od.nih.gov/nexus/nexus.aspx?Month=11&Year=2009>.

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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