



December 10, 2009

Society Endorses EDC Legislation in Support of Society's Goals

To support the goals outlined in the Society's Scientific Statement and position statement on [endocrine-disrupting chemicals](#), the Society endorsed the "Endocrine Disruption Prevention Act of 2009" (HR 4190/S 2828), introduced by Representative Jim Moran (D-VA) and Senator John Kerry (D-MA) on December 3, 2009. Entirely in line with the Society's positions, the bill will advance endocrine science in the field of endocrine-disrupting chemicals (EDCs) and improve the regulatory process by ensuring it is informed by the best science. Specifically, the bill addresses the need for more research on EDCs and coordinated output of research results, proposing to develop a research program under the auspices of the National Institute of Environmental Health Sciences (NIEHS).

To advance the Society's goal of strengthening regulation of EDCs, the Society has discussed the findings of the statements with staff of the committees that have jurisdiction over this issue, including the House Energy and Commerce Committee and the Senate Environment and Public Works Committee, and with the staff of Representatives Moran, Slaughter (D-NY), Rush (D-IL), and Markey (D-MA). The Society also provided comments on draft language to overhaul the Toxic Substance Control Act and will continue to offer support to this process in the coming months. As reported in a previous edition of *Endocrine Insider*, the American Medical Association (AMA) also supported a Society-sponsored resolution calling for improved regulation of EDCs.

FY 2010 NIH Appropriations Included in Omnibus Package

The National Institutes of Health, which is currently being funded through a continuing resolution set to expire on December 18, has been included in an omnibus of six of the remaining appropriations bills that have not been signed by the President. According to the conference agreement reached between House and Senate negotiators yesterday, NIH will receive \$31 billion in fiscal year (FY) 2010, an increase of \$692 million above the FY 2009 level, not considering additional funds the agency received in FY 2009 through the American Reinvestment and Recovery Act. The House may take up the measure as early as this week.

Health Reform Debate Continues in Senate; Temporary Pay Fix Possible

The Senate began debate November 30 on the "Patient Protection and Affordable Care Act" (HR 3590), addressing a small number of amendments during the first days of debate. The bill includes a public option that allows states to opt-out, eliminates the limitation on coverage of those with pre-existing conditions, establishes an Independent Medicare Advisory Committee to determine Medicare payment policy, and eliminates the 21.5 percent payment cut on physicians' services scheduled to take effect January 1, 2010, instead providing a 0.5 percent increase. HR 3590 also includes a provision to address the DXA payment cuts that affect scans performed in physicians' offices, setting the payment rate around \$98 (70 percent of the 2006 level of \$140) for two years. As reported in previous editions of *Endocrine Insider*, the Society and a number of other specialty societies have been working for the past two years to identify a fix to these payment cuts.

Negotiations continue on contentious issues such as the public option, but Senate Democratic leadership is intent on holding a vote on HR 3590 before the end of the year and has suggested that the Senate will remain in session over the holidays if necessary.

Although HR 3590 addresses the issue of the Medicare physician payment cuts, the Senate has not addressed the larger issue of replacing the Sustainable Growth Rate (SGR) formula, the flawed Medicare physician payment formula that results in the deep payment cuts that Congress must avert each year.

The House also did not include a fix to the SGR in its large health reform package; however, it did pass a standalone bill on November 19, "Medicare Physician Payment Reform Act of 2009" (HR 3961), to overhaul the SGR. This bill provides approximately a 1.2 percent increase for 2010 based on the Medicare Economic Index (MEI) instead of a 21 percent Medicare physician payment cut. Starting in 2011, the bill sets two separate targets for the growth rate of Medicare physician expenditures. One target would cover all evaluation and management services and preventive services, and the second target would cover all other physician services. Yearly updates would likely differ for the two categories. Although it is unlikely that the Senate will consider this legislation before the end of the year, other vehicles are being discussed to address the payment cuts scheduled to take effect on January 1, 2010. The focus now is on passage this month of a payment patch lasting for weeks rather than months to address the immediate threat to physicians and patients. The details of this proposal and its legislative vehicle will be known in the next few days.

Society's Efforts Lead to Delay in Implementation of Problematic CMS Enrollment Rules

Combined efforts by The Endocrine Society, American Medical Association, and other specialty societies have resulted in the postponement of a new policy scheduled to go into effect January 1, 2010, which likely would have resulted in physician nonpayment for legitimate claims. On October 5, 2009 the Centers for Medicare and Medicaid Services (CMS) began marking for nonpayment legitimate and accurately filed claims because physicians and other health care providers were not appropriately enrolled in the Provider Enrollment, Chain, and Ownership System (PECOS) database. Developed in 2003, PECOS did not automatically include physicians who were enrolled in the Medicare program in prior years; those physicians must actively enroll in PECOS. CMS determined that any physicians not enrolled in the PECOS database by January, 2010, as well as the physicians and other health care practitioners to whom the non-enrolled physicians refer patients, will not be paid for their services. As a result of the Society's successful advocacy efforts, the implementation date for this policy has been pushed back to April 5, 2010.

There are many concerning issues with this policy, including the fact that most physicians and other providers have only just begun to learn of its existence. Additionally, physicians have no practical or convenient way to determine whether the physicians or health care providers who refer patients to them are in the PECOS database, thereby risking non-payment for services if the referring physicians are not enrolled. Medicare has created additional information on the PECOS database, including instructions on how to enroll and what to expect as the implementation date nears. This information can be found at <https://pecos.cms.hhs.gov/pecos/login.do>.

Society Asks Secretary Sebelius for Delay in Elimination of Consultation Code Billing

The Endocrine Society sent a letter to Health and Human Services Secretary Kathleen Sebelius last week asking for a one-year delay in the implementation of the Centers for Medicare and Medicaid Services (CMS) policy to eliminate Medicare billing for inpatient and outpatient/office consultation codes. Despite strong opposition from the Society and other specialty medical groups, CMS has

finalized its policy to move forward with the elimination of billing for the codes beginning January 1, 2010. In place of the eliminated codes, CMS will increase payment for initial hospital stays by 2 percent and new or established office visits by 6 percent. The Society believes that a one-year delay in implementation will help both to educate physicians on the changes this policy will bring and to provide opportunity to gather data on the impact of the changes. A copy of the letter sent to Secretary Sebelius is available [here](#).

Many questions surrounding the implementation of the new policy have been left unanswered, including providing physicians a thorough explanation of which codes to use in place of the eliminated consultation codes. Physicians are also without information on what action third party payers may take in light of the decision that Medicare will no longer pay for these services. CMS intends to release documentation to provide more detail to physicians who will be affected by the changes in billing codes. However, with less than a month before the January 1, 2010 implementation, the lack of details is likely not only to affect physician reimbursement but also to disrupt physician offices.

Members can help in this effort by using the link below to send an email to Secretary Sebelius. The Society has developed a [sample letter](#), which can be edited to reflect specific examples or concerns.

The Endocrine Society will continue to advocate for fair and reasonable Medicare reimbursement for endocrinology services and will keep its members informed of policy changes that affect them.

***New York Times* Calls Scientific Statement Best Single Report on EDCs**

Nicholas Kristof, noted columnist for *The New York Times*, cited the Society's Scientific Statement on endocrine-disrupting chemicals (EDCs) in his Sunday, December 6 [column](#) exploring whether certain common chemicals are linked to breast cancer and other ailments.

Leading up to his Sunday column, Kristof promoted the piece in his high-profile blog "[On the Ground](#)" on Saturday, December 5. He called the Scientific Statement "the best single report ...which systematically goes through the evidence on point after point."

Kristof has cited the Statement in three of his previous columns, calling it "landmark" and a "powerful warning," and suggesting that it should serve as "a wake-up call."

The continued coverage of the Scientific Statement is a reflection of the scientifically sound nature of the Society's endeavors in EDCs. The Scientific Statements Task Force and the Research Affairs Core Committee jointly oversaw the development of the Statement, which was written by a group of EDC expert Society members tasked with describing the current state of EDC science through a comprehensive review of the literature. The resulting document presents a balanced, measured look at the effects of EDCs and suggests future directions to help ameliorate those effects.

Published earlier this year in *Endocrine Reviews*, the [Statement](#) was officially released to the public during a press conference at ENDO 09. Several major dailies including *USA Today*, *Los Angeles Times*, *Baltimore Sun* and *Milwaukee Journal Sentinel* have covered the Statement.

NIH Approves Human Embryonic Stem Cell Lines

The National Institutes of Health recently approved 13 human embryonic stem cell (hESC) lines for use in NIH-funded research. The cell lines, developed by Children's Hospital of Boston (which submitted 11 of the 13 lines) and Rockefeller University, are the first to be approved under the [NIH](#)

[Guidelines](#) for Human Stem Cell Research, adopted in July 2009 in response to President Obama's Executive Order 13505. The new guidelines establish policy and procedures under which NIH will fund human stem cell research and ensure that NIH-funded research in this area is ethically responsible, scientifically worthy and conducted in accordance with applicable law. An additional 96 lines have been submitted to NIH for either internal administrative review or consideration by the external Working Group for Human Embryonic Stem Cell Eligibility Review and the NIH Advisory Committee to the Director.

Details on the newly approved cell lines and instructions for their use are available on the [NIH registry](#).

Society Partners with PDR to Provide Free Electronic Drug Alerts

According to the Physicians' Desk Reference Network™ (PDR), physicians' complimentary copy of the 2010 PDR reference manual will be arriving by mail in the next few weeks. The new manual contains several changes, including the integration of PDR with the Health Care Notification Network (HCNN). HCNN is the only service that provides electronic delivery of important FDA-required drug Alerts to physicians. The Endocrine Society has worked with HCNN over the past year to help its physician members enroll in this informative program.

The combined PDR – HCNN service will provide endocrinologists with FDA-required Alerts and monthly specialty-specific clinical updates via HCNN and with the 64th edition of the reference manual with regular insert updates.

To ensure continued delivery of the PDR reference manual and FDA-required Alerts for endocrinology, recipients of the 2010 manual must confirm their contact information on the included verification form and return it in the provided postage-paid envelope. This information may also be verified online at <http://verification.pdr.net>. *Please be sure to note your affiliation with The Endocrine Society on the PDR form or in the online materials.*

To register for other PDR services or to report an undelivered PDR reference manual, please contact the PDR Network directly at 1-800-232-7379 or online at www.pdr.net.

Questions about receiving FDA Alerts via HCNN can be directed to Holly Whelan, Associate Director of Health Policy, at hwhelan@endo-society.org.

Information on H1N1 and People with Diabetes

The Department of Health & Human Services (HHS) has recently disseminated information about the 2009 H1N1 flu and people with diabetes. At high risk for complications from H1N1 and the seasonal flu, people with diabetes should be vaccinated as soon as possible. Therefore, HHS has requested that organizations such as The Endocrine Society apprise their members of the most up-to-date information and provide physicians with tools to inform their patients.

Following are some points of interest surrounding the 2009 viruses reported by HHS and the Centers for Disease Control and Prevention (CDC):

- Flu activity has been higher this season and the majority of reported flu cases have been H1N1.
- In the past, flu pandemics have been characterized by multiple waves. Scientists and doctors recommend H1N1 vaccination even if flu activity slows, as it could resume later in the season.
- Although all states have ordered the H1N1 vaccine, because the vaccine distribution varies by state, each community will circulate the vaccine differently.

- The 2009 H1N1 vaccine is taking longer to produce. However, scientists, doctors, manufactures, and the HHS are working endlessly to produce a safe vaccine that will be available as soon as possible.

HHS and the CDC have compiled the following resources relevant for people with diabetes and the general population:

- [FLU.gov](http://www.flu.gov) is a one-stop resource with the latest updates on the H1N1 flu. The site contains information on [How to Prevent and Treat the Flu](#), [Flu Essentials](#), [Why the H1N1 Vaccine is Safe and Recommended by Health Experts](#), [Myths & Facts](#) of the flu. To look up where to get vaccinated in your state, visit the [Vaccine Locator](#). This information is updated regularly as more doses are shipped each week.
- Flu (both seasonal and 2009 H1N1) and diabetes information is included on www.cdc.gov/diabetes and <http://ndep.nih.gov/>.
- An additional resource is the CDC hotline, 1-800-CDC-INFO (1-800-232-4636), which offers services in English and Spanish 24 hours a day, 7 days a week.

The Endocrine Society will continue to keep its members informed as new information becomes available.

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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