



September 3, 2009

Society Opposes CMS Cuts to Physician Payment and Consultation Codes in 2010

On August 26, The Endocrine Society submitted comments to the Centers for Medicare and Medicaid Services (CMS) in opposition to proposed reimbursement cuts in the 2010 physician fee schedule. The schedule includes a proposal to cut Medicare physician payments by 21.5 percent and to eliminate all inpatient and outpatient/office consultation codes.

The proposed 21.5 percent across-the-board reduction comes even as CMS suggests ways to improve the flawed sustainable growth rate (SGR) formula used to calculate physician reimbursement rates. In the proposed rule, CMS would retroactively eliminate physician-administered drugs from Medicare Part B, thereby easing the payment restrictions imposed by the SGR in future years. However, this change would not impact the extent of the cuts to physician reimbursement in 2010. As in years past, the Society will continue to push for the elimination of the 21.5 percent cut to payments and for the more permanent solution of SGR reform.

The agency's proposal to eliminate inpatient and outpatient/office consultation codes was a surprise to specialty societies and physicians alike. CMS stated in its proposed rule that it anticipates endocrinologists to fare better by approximately 3 percent over past years due to an increase in payment to new and established office visit codes and initial hospital stay codes. However, many Society members have expressed their disagreement with this information, stating that they expect to see a 15 to 20 percent cut to their Medicare reimbursement as a result of the proposal. The Society strongly opposes the elimination of these codes.

The Society also commented on patient access to dual energy x-ray absorptiometry scans and on the Medicare Physician Resource Use Measurement and Reporting Program.

To view a copy of the Society's letter to CMS, please click [here](#).

CDC Recommendations Mirror Endocrine Society Guideline on Pediatric Obesity

The Centers for Disease Control and Prevention (CDC) recently released its recommendations on strategies to prevent obesity in the United States. During the July Weight of the Nation conference, CDC announced its first comprehensive set of recommendations to promote healthy eating and physical activity through environmental and policy changes. The CDC recommendations mirrored the recommendations in The Endocrine

Society's guideline *Prevention and Treatment of Pediatric Obesity* published in December 2008.

Much like the Society's guideline, the CDC recommendations focus on strategies and priorities, highlighting influential programs with proven results. The CDC recommends that communities improve the availability of affordable healthier food and beverage choices in public service venues, citing the Rhode Island Nutrition, Physical Activity and Obesity Program as an example of success. The program provides easy access to low-cost fresh fruits and vegetables at work sites through a partnership with the state's largest fresh produce distributor. The Society's guideline identifies a 2005 program of Arizona schools in which vending machines and unhealthy snacks were replaced with fruits and vegetables. A five-month study of the program's results indicated a decreased fat content in the meals of students in the program.

Other recommendations common between the CDC report and the Society's guideline include increasing the number of supermarkets and grocery stores in underserved communities and stronger support for breastfeeding. Both documents also call for policymakers to provide incentives to encourage retailers to make high-quality fresh fruits and vegetables more readily available to all. Overall, both the CDC report and The Endocrine Society's guideline promote a community strategy that encourages the involvement of policymakers, schools, clinicians, parents, and the patients to successfully combat and prevent obesity.

To read the entire CDC report, please click [here](#). *Prevention and Treatment of Pediatric Obesity* and other Endocrine Society clinical practice guidelines can be found [here](#).

Society Members May Be Eligible for NIH Loan Repayment Programs

The National Institutes of Health (NIH) has begun accepting applications for its extramural and intramural Loan Repayment Programs (LRPs), which repay a portion of student loans for individuals in target areas of research, some relevant to endocrinology. The five extramural LRPs are Clinical Research, Pediatric Research, Health Disparities Research, Contraception and Infertility Research, and Clinical Research for Individuals from Disadvantaged Backgrounds. The intramural LRPs are AIDS Research, Clinical Research, and General Research for ACGME Fellows.

Application deadlines for the intramural and extramural programs are December 1, 2009, and May 1, 2010, respectively. More information is available on the LRP website at www.lrp.nih.gov.

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, Senior 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

Alohrr@endo-society.org

Dewey Sampson, Administrative Assistant

240-482-1389

dsampson@endo-society.org