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Society's Revised Stem Cell Position Statement Calls for Expanded Scope and Funding for Stem Cell Research

At its October 23 meeting, The Endocrine Society's Council approved a new position statement [insert hyperlink] on stem cell research. In its statement, The Endocrine Society supports the following positions:

- An increase in NIH funding for stem cell research;
- An increase in the number of embryonic stem cell lines for NIH-funded research;
- A broadening of the scope of federally funded research to include cells generated through somatic cell nuclear transfer;
- Availability of federal funding for the derivation of embryonic stem cells from discarded in vitro fertilization (IVF) embryos and through somatic cell nuclear transfer;
- Adherence to the highest ethical and scientific research standards; and
- Federal oversight of embryonic stem cell research to assure ethical standards are always met.

The Society first issued a position statement on stem cell research after President Bush instituted policies that limited the number of human embryonic stem cell (hESC) lines eligible for federally funded research. The Society has now revised its position in consideration of President Obama's reversal of the Bush policy and of recent advances in the field of stem cell research. Despite President Obama's actions, current legislation and NIH guidelines continue to limit the scope of federally funded research on hESC. The Endocrine Society will continue to advocate for its researcher members and for the advancement of science.

Society position statements are thoroughly vetted documents outlining the Society's views on current and salient issues in the public policy arena. Their intended audiences include policy makers and the media. The stem cell position statement was developed by the Research Affairs Core Committee in collaboration with the Advocacy and Public Outreach Core Committee.

Clinical Practice Guideline on CAH Approved by the Society

Last week, The Endocrine Society's Council approved the Society's most recent clinical guideline, *Congenital Adrenal Hyperplasia (CAH) Due to Steroid 21-hydroxylase Deficiency*. The guideline was developed by a task force of content experts chaired by Phyllis W Speiser, MD.

Co-sponsored by the American Academy of Pediatrics, Androgen Excess and PCOS Society, CARES Foundation, European Society of Endocrinology, European Society for Paediatric Endocrinology, Lawson Wilkins Pediatric Endocrine Society, and the Society of Pediatric

Urology, the guideline addresses newborn screening, prenatal treatment, diagnosis after infancy, medical treatment of CAH in growing patients, treatment of NCCAH, complications of CAH, feminizing surgery, experimental treatments, and CAH in adulthood.

The Society's Council also approved a revised version of The *Testosterone Therapy in Adult Men with Androgen Deficiency Syndromes* guideline. This guideline was originally published in the June 2006 issue of the *Journal of Clinical Endocrinology & Metabolism*. According to Society policy, all guidelines will be evaluated three years after publication to determine if revisions or updates are needed. The task force, led by Shalender Bhasin, MD, reviewed recent developments in the field and determined that a few recommendations should be changed. A summary of the revisions will be included as a memo at the beginning of the guideline posted on the Society's website.

All published Society clinical practice guidelines are available at <http://www.endo-society.org/guidelines/Current-Clinical-Practice-Guidelines.cfm>.

The Society has eight other guidelines nearing completion and coming soon. Please contact the Society's Government & Public Affairs department at govt-prof@endo-society.org for more information.

Senate Fails to Move Physician Pay Fix; Cut still Projected for January

Recently, The Endocrine Society [informed](#) its physician that Senator Debbie Stabenow (D-MI) had introduced legislation in the U.S. Senate known as the "Medicare Physicians Fairness Act" (S. 1776). This legislation would have repealed the flawed sustainable growth rate (SGR) formula currently used to establish annual Medicare physician payment updates. The bill did not set a new payment system; instead, it proposed to reset the budget baseline and to erase the deficit that the reimbursement system has accumulated over the past few years—a debt that is scheduled to cause a 21.5 percent cut to physician payments in January 2010 without congressional action to stop it. The passage of this bill would have also cleared the way for the creation of a new payment system under health reform or other legislation currently moving through both houses of Congress. However, a procedural vote that occurred in the Senate last week failed to pass, and as a result, S. 1776 did not move forward for final approval.

The medical community, including members of The Endocrine Society, generated more than 40,000 phone calls to the Senate in an effort to encourage passage of this S. 1776. Despite the failure of this bill, The Endocrine Society continues to press Congress for an SGR fix to be included as part of health system reform or other legislation. There is an excellent case for repealing the SGR sooner rather than later. The Congressional Budget Office estimates that repealing the SGR in 2006 would have cost \$127.2 billion. Today, that cost has risen to \$285 billion, and it keeps rising every year that Congress does not act to repeal this flawed formula. Without a permanent solution to the SGR, many physicians will be forced to stop seeing Medicare patients.

The Endocrine Society will continue to advocate for meaningful health reform, including the repeal of the SGR.

CMA Adopts Policy Based on Society's EDC Statements

On October 18, 2009, the California Medical Association (CMA) adopted a resolution introduced by the San Francisco Medical Society (SFMS) urging more collaboration among

government, medical and scientific groups to decrease exposure to endocrine-disrupting chemicals (EDCs).

Based on the Society's Scientific Statement and Position Statement on endocrine-disrupting chemicals, the resolution calls for collaboration among medical and scientific groups to identify ways to: decrease exposure to EDCs; centralize regulatory oversight of EDCs to ensure coordination among agencies; ensure policy regarding EDCs is based upon comprehensive data covering both low-level and high-level exposures; and encourage the education of all health professionals on the human health effects of toxic chemical exposures.

The new policy will be referred to the American Medical Association House of Delegates (HOD) for consideration by the full House of Medicine and possible adoption as AMA policy. The Endocrine Society also has introduced a resolution to the full HOD, based on the Society's statements, which calls for a precautionary approach to be taken in the development of new EDC policy.

NIH Funding Opportunities

Extramural LRP Deadline Looming

As previously reported in [Endocrine Insider](#), the National Institutes of Health extramural Loan Repayment Programs (LRPs) application cycle has begun, with the deadline of December 1, 2009. The extramural LRPs include Clinical Research, Pediatric Research, Health Disparities Research, Contraception and Infertility Research, and Clinical Research for Individuals from Disadvantaged Backgrounds. To be eligible for the Program applicants must possess a doctoral-level degree (with the exception of the Contraception and Infertility Research LRP); be a U.S. citizen, national, or permanent resident; devote 20 hours or more per week to conducting qualified research funded by a university, nonprofit organization, or federal, state, or local government entity; and have qualified educational loan debt equal to or exceeding 20 percent of their institutional base salary.

The intramural LRPs are also accepting applications, with deadlines of February 1, 2010 for renewals and May 1, 2010 for new applications.

For more information please click [here](#).

Transformative Research Projects Program

Under the auspices of the National Institutes of Health's (NIH) Roadmap for Biomedical Research created in 2004, NIH is seeking applicants for its Transformative Research Projects Program (TRPP). TRPP was created to enhance submission and support of exceptionally innovative, high risk, original and/or unconventional research that has the potential to have a profound impact within the clinical, basic or behavioral/social science arenas.

In 2010, NIH plans to provide \$25 million for the program, and applicants may request as much as that amount in total yearly costs. The final number and dollar amount of awards will depend on the number of meritorious applications the agency receives. Applications are currently being sought from scientists representing all disciplines relevant to the NIH mission, including the biological, behavioral, clinical, social, physical, chemical, computational, engineering and mathematical sciences. Interdisciplinary teams and individual investigators with innovative ideas are encouraged to apply.

The deadline for submitting applications is January 22, 2010 with Letters of Intent due by December 22, 2009. See instructions in the RFA (RFA-RM-09-022) at <http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-09-022.html>. Additional information including FAQ about TRPP is available at: <http://nihroadmap.nih.gov/T-R01/>.

New Tool for Clinicians Helps Ensure Accurate Payment

A new online tool has been created by the American Medical Association to help physicians determine the reasons behind claim denials and the best course of action to reverse them. Named the Claims Workflow Assistant, this free tool can be used to identify the claims adjustment group and the reason and remark codes that describe the denials received on electronic remittance advices (ERA). The tool was developed for guidance only and does not ensure the reversal of a denied claim.

The Claims Workflow Assistant includes look-up features on claims workflows, claims adjustment group codes (CAGC), claims adjustment reason codes (CARC), and remittance advice remark codes (RARC). Physicians are also able to enter the unique combination of CAGC, CARC, and RARC codes in order to generate template letters that can be used to appeal claim denials.

Additional information on this new resource, including the features described above, can be found on the American Medical Association's website at <http://97.65.39.51/AMADenialManagement/default.aspx#>.

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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