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Society Experts Brief Capitol Hill Staff on Obesity



Leonard Wartofsky, MD MACP, Congresswoman Carolyn McCarthy (NY-D), Daniel Bessesen, MD, and Myron Genel, MD speak at the February 12th Society briefing on obesity.

On February 12, members of The Endocrine Society, in collaboration with Research!America, briefed congressional health policy staff about the prevention and treatment of obesity and engaged in discussions about possible legislative solutions to the problem. The briefing, “Are Americans Destined to be Fat for Life?” included presentations from Daniel Bessesen, MD, Chief of Endocrinology at the Denver Health Medical Center and Associate Director of the Colorado Center for Human Nutrition, and Myron Genel, MD, Professor Emeritus of Pediatrics and Senior Research Scientist at Yale University School of Medicine. Congresswoman Carolyn McCarthy (D-NY), a practicing nurse for more than 30 years before she was elected to Congress in 1996, sponsored the briefing and provided opening remarks

on the importance of addressing the obesity epidemic. The Society's Advocacy and Public Outreach Core Committee Chair Leonard Wartofsky, MD, provided an overview of obesity, including its link to endocrinology and the impact that it has on our nation. Dr. Wartofsky also highlighted the work endocrinologists do, from bench to bedside, to combat the obesity epidemic. Stacie Propst, Vice President of Science Policy and Outreach for Research!America, spoke about the importance of generating public support for obesity research and prevention efforts.

As a physician and clinical researcher, Dr. Bessesen was able to provide the audience with a first-hand account of the struggles that endocrinologists face when treating overweight and obese patients and the difficulties in identifying new and effective treatments. Dr. Bessesen focused his discussion on the effectiveness of existing treatment options, particularly on the impact that these treatments have on comorbidities such as diabetes, cardiovascular disease, and cancer. He also outlined the challenges facing policymakers as they identify prevention opportunities that are effective at slowing the progression of the obesity epidemic but also cost-effective.

Dr. Genel, chair of the public policy council for a group of pediatric subspecialties, focused his discussion on public policy solutions to the obesity epidemic. In addition to outlining the findings of recent reports on obesity, including The Endocrine Society's guideline on pediatric obesity and two reports by the Institutes of Medicine, Dr. Genel discussed the Society's specific policy objectives. These objectives include increasing funding for research into new treatment and prevention methods for obesity, providing for adequate payment to physicians to treat overweight and obese patients, ensuring communities have adequate and safe opportunities for physical activity, and ensuring access to affordable nutritional food and drink.

The briefing illustrates the value of the Society's investment in advocacy and public awareness around the issue of obesity. For the last several years, the Society has been working to educate Congress, the media, and the public about the role of endocrinology in fighting and treating obesity and the importance of research in this area. These efforts have focused on advancing public policy solutions to the obesity epidemic that meet the needs of Society members and patients. Through the briefing, the Society identified many new partners to engage in its advocacy efforts to stop the spread of obesity.

Economic Stimulus Package Includes Provisions for Physicians and Researchers

The economic stimulus bill passed by Congress and signed this week by President Obama includes provisions important to physicians and researchers. The American Recovery and Reinvestment Act of 2009 creates and promotes the widespread adoption of health information technology (HIT) and provides funds for biomedical research.

For Practitioners: The law allocates approximately \$19 billion for Medicare and Medicaid HIT incentives over a five year period, including direct incentive payments for the adoption and meaningful use of an HIT system. The total amount a physician could receive under the program would be capped and would decrease over time. As reported in the last issue of [Endocrine Insider](#), beginning in 2011, eligible physicians could receive up to \$15,000 in the first year, with reduced payments in subsequent years. Physicians who are early adopters, defined as having an HIT system in place by 2012, will be eligible for an initial larger payment of up to \$18,000. Eligible professionals in rural areas could receive a 10 percent increase in their incentive payments. The maximum amount a physician can collect in HIT bonuses is \$44,000. Physicians who do not adopt a certified HIT 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 will be made on a case by case basis for significant hardships. Details on certified systems and eligibility requirements are not yet available and will be determined by the Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology.

For Researchers: The National Institutes of Health also received a significant boost in funding in the economic stimulus bill. Of the \$10 billion included in the package for the NIH, \$8.2 billion will be allocated to the Office of the Director, with \$7.4 billion designated for transfer to the Institutes, Centers, and Common Fund, and \$800 million retained for the Office of the Director (see associated story below for further details on how the NIH funds will be spent). The \$10 billion was included in the package passed by the Senate, and was a result of an amendment offered by Senator Tom Harkin (D-IA) to add \$6.5 billion to the \$3.5 billion already in the package. The inclusion of the funds in the final package can be largely attributed to the efforts of the NIH's champions, Senators Harkin and Specter (R-PA) and The Endocrine Society lauds the senators for their efforts.

In addition to HIT provisions and the research funding, the approved stimulus bill contains positive changes to graduate medical education funding. The bill extends a moratorium through June 30, 2009 on regulations related to graduate medical education payments. The law also retroactively reverses a \$191 million cut to capital Medicare Indirect Medical Education payments.

NIH Director Describes Mechanisms for Distributing Stimulus Research Dollars

Society staff attended a meeting held by NIH Acting Director Raynard Kington, MD PhD, for the biomedical research community on February 18 to describe the NIH's plans for disbursement of the \$10.4 billion it will receive as part of the American Recovery and Reinvestment Act. Throughout his presentation and the ensuing discussion, Dr. Kington repeatedly stressed that these funds are a one-time infusion of dollars that are to be spent in their entirety within two years. He also emphasized that the expenditure of funds is to be transparent and to reflect an immediate economic impact with measurable outcomes in terms of jobs retained/created and money infused into the economy. As such, research funded with stimulus dollars must be completed within the two-year time frame, and investigators receiving stimulus funds should be prepared for reporting requirements above and beyond those typically involved with NIH grants.

The largest portion of the stimulus funds—\$8.2 billion—is allocated for research and will be sent to the Office of the Director (OD). \$7.4 billion will subsequently be transferred to the Institutes and Centers (ICs) in the same proportion as dictated under FY09 funding. The remaining \$800 million will be retained in the OD for trans-NIH initiatives. The entire \$8.2 billion will be allocated primarily through three mechanisms, with final dollar amounts under each mechanism yet to be determined.

- Previously submitted and reviewed R01 applications
 - NIH staff will examine previously submitted applications to determine if two years of funding would result in significant scientific advances and if the research is in line with IC priorities.
- Administrative supplements to existing grants
 - For existing grants with at least one year of funds remaining, there may be opportunities for administrative supplements. Details on the implementation of this mechanism are yet to be determined, but potential processes include a proposal/review process and administrative identification of eligible grants. Examples of potentially eligible items for supplemental funding include equipment, extensions for postdocs, summer students, and related projects.
- Challenge Grants
 - NIH will issue a Request for Applications for new, two-year grants describing cross-cutting, highly innovative projects. These will be large grants.

The remaining \$2.2B of stimulus funds will be disbursed as follows:

- \$1.3 billion to the National Center for Research Resources (\$1B for competitive extramural facilities and \$300M for shared instrumentation)
- \$500 million to intramural facilities
- \$400 million (through the Agency for Health Research and Quality) for comparative effectiveness research

Dr. Kington repeatedly expressed the NIH's gratitude to Congress and the Administration for the additional funds, while simultaneously cautioning the biomedical research community against viewing the funds as a recuperation of lost funding or as the promise of increased future funding. He also encouraged the research community to express its gratitude to Congress for its recognition of research as a vital part of the American economy. Society members are encouraged to write their members of Congress and thank them for including NIH in the stimulus package. A customizable sample letter has been created at <http://capwiz.com/endocrine/home/>

Redesigned *Obesity in America* Website Launched

The Endocrine Society has redesigned and launched ObesityinAmerica.org, a one-stop clearinghouse for those seeking the most up-to-date news and information on endocrine-related scientific trends and advancements addressing obesity. The website is one example of how the Society is pursuing its advocacy and public awareness efforts regarding obesity and its relationship to endocrinology.

The website contains a wealth of information developed and maintained by Society members serving on the Advocacy and Public Outreach Core Committee. Visitors to the site will also find links to the newest obesity-related studies and statistics from globally respected peer-reviewed journals, universities, government agencies, and health organizations. In addition, the site maintains a comprehensive list of medical experts qualified to interpret research and trends. An RSS feed links the site to current obesity-related headlines each and every day.

As part of a larger advocacy campaign, ObesityinAmerica.org is a public forum in which The Endocrine Society can take a leadership role in the debate about and fight against America's obesity epidemic.

Research Funding Opportunity in Steroid Hormone Testing

The Partnership for Clean Competition (PCC), a group of large sports organizations founded by the United States Olympic Committee (USOC), United States Anti-Doping Agency (USADA), Major League Baseball (MLB), and National Football League (NFL), will make targeted grants in support of research focused on the development of more effective tests for performance enhancing substances. The grants are available to researchers at universities and other world-class research institutions. The PCC's mission is to ensure integrity in sport by supporting anti-doping research, thereby ensuring the benefits of sports across all levels of participation.

Potential research areas include, but are not limited to:

- Improving existing analytical methods for detecting particular drugs
- Developing analytical methods to test for performance-enhancing drugs not currently detectable
- Discovering cost effective approaches for testing widely abused substances across all levels of sport

Pre-application deadlines are March 1, July 1, and November 1.

The founding partners (USOC, USADA, MLB, and NFL) have together pledged \$10 million toward the effort. The National Basketball Association (NBA), National Hockey League (NHL) and the PGA TOUR are also participating and contributing financially.

Society members Gerhard P. Baumann, MD, and Alvin M. Matsumoto, MD, are among the members of the PCC's scientific advisory board.

For more information visit <http://www.cleancompetition.org/>.

CMS Rules No Bariatric Surgery Coverage for BMI Less than 35

Last week, the Centers for Medicare and Medicaid Services (CMS) released its final rule on coverage for bariatric surgery in patients with type 2 diabetes. The agency reiterated its position that coverage for the service would be limited to patients with type 2 diabetes and a BMI of 35 or greater, and that not enough evidence exists to support coverage of bariatric surgery in patients with type 2 diabetes and a BMI between 30 and 34. In 2006, CMS began covering bariatric surgery in beneficiaries with a BMI of 35 or greater who had at least one co-morbidity related to obesity. This coverage determination is the first to specify type 2 diabetes as an eligible co-morbidity.

As reported in the last issue of *Endocrine Insider*, The Endocrine Society and its partners requested that the agency alter its proposal by issuing a coverage with evidence determination, allowing additional research to be gathered on the effect of bariatric surgery in patients with type 2 diabetes and a BMI between 30 and 34. Despite the coalition's recommendation, CMS confirmed its denial of coverage for patients with type 2 diabetes and a BMI of 30 to 34.

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