

July 15, 2009

Dear Representative:

On behalf of The Endocrine Society, I applaud you for addressing the increasing cost of health care and significant number of uninsured Americans through comprehensive health reform. Our members treat patients with some of the country's most challenging public health issues, such as diabetes, obesity, and cardiovascular disease. As such, our membership has a significant stake in the future of the health care delivery system and we appreciate the opportunity to help shape the policy discussions as they move forward. The Endocrine Society respectfully provides the following comments on the "America's Affordable Health Choices Act of 2009."

Sec. 111 Prohibiting pre-existing condition exclusions

The Society supports efforts to ensure that all Americans have access to adequate and affordable health care. An important step to reaching this goal is to ensure that the uninsured and the insured who must switch health insurance plans are not penalized for a pre-existing condition. Currently, a person with diabetes would likely be denied coverage by most non-employer based health plans or be forced to pay a significantly higher premium than someone without a pre-existing condition. Eliminating this exclusion is an important step in ensuring that all Americans have access to affordable health coverage.

Sec. 223 Payment rates for items and services

As mentioned above, The Endocrine Society supports universal coverage. If the House determines that a public plan is the appropriate way to reach that goal, it is important that physician payment rates for such a plan are not tied to Medicare payment rates and that physician participation is not mandatory. We support your efforts to provide a payment bonus to those physicians who participate in both Medicare and the public plan, and to provide physicians with the opportunity to opt out of participation if they so choose.

Sec. 1121 Sustainable growth rate reform

It is widely believed that the current Medicare payment formula, which uses physician fee schedules that are often copied by private insurers, results in unfair and impractical reimbursement rates. The Sustainable Growth Rate often serves to disadvantage providers whose practice involves mainly evaluation and management (E & M) services and favors those who perform the procedures that have contributed to rapidly rising healthcare costs. Payment levels under the Medicare program are already low for E & M services, so that many providers cannot afford to make needed improvements to infrastructure, staff, and delivery of care. This financial bind threatens the ability of providers to survive in the current health care delivery system and is likely to lead to reduced patient access to needed health services, particularly specialty care.

We support the committees' efforts to recognize the critical value of cognitive, non-procedural services that physicians like endocrinologists and primary care physicians provide by creating a separate SGR for E & M and preventive services that is allowed to grow at a greater rate.

Sec. 1149 MedPAC study and report on bone mass measurement

The Endocrine Society appreciates your recognition of the importance of bone mass measurement through the provision requiring a MedPAC study on the impact of the payment cuts on dual energy x-ray absorptiometry (DXA). The Welcome to Medicare screening program provides coverage for DXA bone density scans for women. These tests help to identify older adults with osteoporosis, a condition that usually causes no symptoms until a life-limiting fracture occurs, often associated with need for hospitalization, greatly increased morbidity and mortality, and burgeoning costs (\$19 billion dollars in

2000). Unfortunately, only 13 percent of eligible female Medicare beneficiaries receive the DXA benefit each year. A 2008 Kaiser study showed that increasing DXA testing and treating decreased bone density during a 5-year period resulted in a 37 percent reduction in the hip fracture rate, at a \$30.8 million savings in a single year, in the study population. Clearly, preventive care is beneficial and saves money and consequently increasing routine preventive care across the board for all Americans will add value to any health reform proposal and save billions of dollars.

However, as a result of the Deficit Reduction Act of 2005 and changes to the practice expense methodology, payment for DXA services in physicians' offices has been cut drastically, severely jeopardizing seniors' access to this vital test. We respectfully ask that you consider including a provision in to the legislation supported by Representatives Berkley and Burgess and 106 other members of the House that would restore reimbursement to 75 percent of the 2006 level for 2010 and 2011 while MedPAC completes its study.

Sec. 1303 Rate increase for selected primary care services

The severe shortage of endocrinologists and primary care physicians in this country must be addressed by any healthcare reform proposal if it is to be effective. Any plan to provide health coverage for all Americans will have a greatly blunted impact if the increasing numbers of patients are unable to identify a physician to care for them, a hypothesis borne out by the recent experience with healthcare reform in Massachusetts. The endocrinologist shortage across the country has impaired access to care by patients with diabetes, obesity, metabolic syndrome, thyroid cancer, osteoporosis, pituitary disease, and reproductive disorders. According to a recent analysis of the supply of and demand for endocrinologists, it is standard to encounter waits of 3–9 months, and many endocrinology practices are closed to new patients.

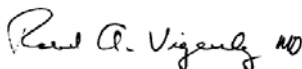
We applaud the committee's efforts to provide greater incentives for physicians to choose primary care as their focus through increased payments for primary care services. However, we encourage the committees to ensure that other subspecialists who provide a significant amount of E & M services, such as endocrinologists, who are also facing a severe workforce shortage benefit from this provision. For many endocrinologists, a majority of their time is spent providing direct patient care in the office setting to new and established patients for continued management of a variety of endocrine disorders. The shortage of endocrinologists will significantly impact the care available to individuals with costly and debilitating endocrine conditions such as diabetes and obesity. We respectfully ask that bonuses for primary care physicians be extended to other internal medicine subspecialists facing workforce shortages and an increasing numbers of patients with high cost chronic conditions.

Sec. 1305 Coverage and waiver of cost-sharing for preventive services

It is important that Congress recognize that preventive care is the most cost-effective form of patient care. Preventive care may serve either to obviate the development of disease or to decrease the impact of disease through earlier diagnosis and treatment. The Endocrine Society supports the committee's efforts to improve access to preventive services by waiving co-insurance and deductibles for these services.

Thank you for considering our comments. Please contact Stephanie Kutler, Director of Government Affairs, if we may serve as a resource to you as you move forward with the "America's Affordable Health Choices Act of 2009." Stephanie may be reached at 301-941-0254 or skutler@endo-society.org.

Sincerely,



Robert Vigersky, MD
President
The Endocrine Society