

April 6, 2021

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Ave SW  
Washington, DC 20201

Dear Secretary Becerra:

On behalf of the Endocrine Society, I write to congratulate you on your confirmation as Secretary of the Department of Health and Human Services (HHS) and to offer our assistance as you develop and implement programs and policies that will affect our members who conduct research and/or treat patients, as well as the patients we care for. **We would also like to request a meeting with you and your staff to discuss shared policy priorities described below.**

Founded in 1916, the Endocrine Society represents approximately 18,000 physicians and scientists engaged in the treatment and research of endocrine disorders, such as diabetes, hypertension, infertility, obesity, osteoporosis, endocrine cancers (thyroid, adrenal, ovarian, pituitary), hormone-affected cancers (breast, prostate) and thyroid disease. Endocrinologists are at the core of solving the most pressing health problems of our time. We promote policies to help ensure that all individuals with endocrine diseases have access to high quality, specialized care and adequate, affordable health insurance. We hope to work with you on areas of shared concern and commitment:

### **Access to Care**

Endocrinologists care for people who suffer from multiple chronic conditions that require access to coordinated care by many specialists. Many of these patients benefit from the Affordable Care Act (ACA)'s guarantee of health insurance with no annual or lifetime caps or pre-existing condition exclusions. We have joined with other health organizations in amicus briefs to support the ACA and urge HHS and the Biden Administration to not only protect a health care system that ensures patient access to care that is continuous, high-quality, adequate, and affordable, but to enhance the current law. We want to stress the importance of maintaining insurance market reforms, including the guarantee of health insurance with no annual or lifetime caps or pre-existing condition exclusions, and the opportunity for children to be covered by their parents' insurance until age 26. The ACA has allowed many of these people to obtain affordable insurance coverage; without it, many Americans cannot afford the cost of care for diabetes, which averages \$13,700 per



year. We also stress the importance of reinstating Title X protections for reproductive health and contraceptive health care, which are critical to women's health.

### **Making Insulin Affordable**

Access to affordable insulin continues to be a serious problem for people with diabetes across the country. The average price of insulin has nearly tripled over the past 15 years despite the fact insulin has been available for 100 years. An increasing number of patients are exposed to these costs because of high deductible plans and higher levels of coinsurance. In January, the Society released updated recommendations to address insulin access and affordability. Our position statement, [published](#) in the *Journal of Clinical Endocrinology & Metabolism*, offers a range of recommendations to lower the cost of insulin including allowing government negotiation of drug prices, increasing transparency, lowering patient cost-sharing, increasing competition through the approval of biosimilar insulin, limiting future insulin price increases to the rate of inflation, and including real-time benefit information in electronic medical records. We hope to work with you in the coming months as the Administration considers how to address drug pricing in general and insulin affordability specifically.

### **Diabetes and Obesity Epidemics**

The prevalence of diabetes in this country is staggering: 34.1 million Americans – or 13% of all US adults – have diabetes. 88 million American adults – approximately 1 in 3 – have pre-diabetes. Diabetes is the most expensive chronic condition in our nation. \$1 out of every \$4 in US health care costs is spent on caring for people with diabetes. \$237 billion is spent each year on direct medical costs and another \$90 billion on reduced productivity. Meanwhile, obesity continues to increase with approximately 42.4% of adults and 19.3% of children considered obese.

Layered onto the diabetes and obesity epidemics is the COVID-19 pandemic. And while research is still emerging, we know that COVID-19 has put people with diabetes and/or obesity at increased risk for poor outcomes and death; COVID has also further exposed and exacerbated existing health disparities among communities of color, lower-income, and other underserved populations, communities that also have a higher prevalence of diabetes. This combination of COVID, diabetes, obesity and disparities has created unique and urgent challenges to both people with these conditions and to health care workers.

There are wide range of programs and agencies under your purview that are important for research and prevention of diabetes and obesity. The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH) is critical



for discoveries to prevent and better treat diabetes and obesity and is helping us understand the unique aspects of how COVID-19 presents and progresses in patients with these diseases. The National Diabetes Prevention Program (DPP) is an evidence-based lifestyle intervention program funded through the NIH which has demonstrated that a 5-7 percent weight loss could reduce the risk of developing diabetes by 58 percent. The Center for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO) aims to improve the overall health and well-being of people by providing grant funds to states and local governments to address obesity in their local communities. We strongly support these programs because of the important work they are doing to prevent and better understand diabetes and obesity and we recognize the importance of inter-agency coordination of these issues.

### **Women's Health**

Endocrinologists treat many conditions affecting women that are caused by a loss of normal hormonal function, including menopause, infertility, breast cancer, and Polycystic Ovary Syndrome. Ensuring that all women have access to necessary health care services, contraception, and preventive screenings is a top priority for the Society.

A growing body of research shows that sex and gender differences influence our health across the lifespan. The COVID-19 pandemic provides a clear example of why we must consider both sex and gender in research. Men are more likely than women to die from the virus, while women seem more likely to suffer long-term side effects. To advance women's health - and ensure better health care for all - there needs to be a commitment to including sex as a biological variable (SABV) in research and support for inclusion policies. We hope to work with you to implement the Biden Agenda for Women, expand the NIH inclusion and SABV policies, and achieve the HHS Healthy People 2030 women's health objectives.

### **Transgender Health and Research**

Endocrinologists are important members of the transgender care team. The Endocrine Society advocates for developing evidence-based policies for transgender people, protecting their access to care, and better funding and research to address transgender health gaps. We are deeply concerned about the increasing number of state legislative efforts to deny care to transgender people and criminalize use of puberty blockers in minors with gender dysphoria. The Society has developed [clinical practice guidelines](#) and [policy recommendations](#) for transgender health care and we hope to work with you on policies to protect access to care for transgenders and advance transgender research.



## **Biomedical Research**

The Endocrine Society is a leading advocate for biomedical research and we are deeply concerned about the future of biomedical research without sustained support. As the amount of real dollars allocated to federal research funding remains flat or declines, so too do the opportunities for researchers. The Society strongly supports increased federal funding for biomedical research to provide the resources needed to enable American scientists to address the burgeoning scientific opportunities and maintain the country's status of the preeminent research enterprise. As you know, the NIH is the leading and is sometimes the only source of funds for certain types of vitally important clinical and translational research that is not performed in the private sector or other government agencies. We appreciate President Biden's commitment to medical research, including specifically cancer and diabetes, and look forward to working with the Administration to advance science, enhance the research workforce, and, importantly, find cures.

## **Physician Payment and Telehealth**

Physician reimbursement is an important issue for our members, particularly policies such as the Medicare Physician Fee Schedule (MPFS) because of many of the patients our members treat are Medicare beneficiaries. We appreciate the actions the Centers for Medicare & Medicaid Services (CMS) has taken to increase reimbursements for important services provided by endocrinologists in the CY2021 MPFS Final Rule. We also appreciate the actions CMS implemented to reduce the burden associated with and to improve the values of the outpatient evaluation and management services. We look forward to continuing to work with the Administration on solutions to create an appropriate payment structure that is equitable for all physicians, including endocrinologists.

Our members are grateful for the telehealth flexibilities implemented by CMS in response to the COVID-19 pandemic, which have allowed them to continue to deliver high quality care to patients while minimizing their risk of exposure to COVID-19. We appreciate the flexibility that CMS has provided in several different areas of care including expanding use of telehealth through both audio/video and audio-only visits, development of a code to describe virtual check-ins, and allowing for direct supervision to be provided using real-time interactive audio and video technology. The Endocrine Society urges you to carefully review the data collected during the public health emergency to gain a better understanding of how these telehealth policies can be retained and optimized under regular circumstances.



## Endocrine Disrupting Chemicals

Endocrine Disrupting Chemicals (EDCs) are chemicals that can cause adverse health effects by interfering with hormones in the body. EDCs are found in everyday products and throughout the environment. The scientific evidence is more definitive than ever before that EDCs disrupt hormones in a manner that harms human health. However, there is no comprehensive, coordinated approach to regulating EDCs in the US. The Food and Drug Administration, for example, has no authority to regulate these chemicals used in cosmetics, personal care products, and food packaging. Regulatory policies based on comprehensive data covering low and high-level exposures would have significant economic and health benefits. We hope to work with you to develop coordinated regulatory oversight of EDCs based on scientific evidence, including data developed by researchers in academic settings, and continued support of the National Institute of Environmental Health Sciences to build the scientific basis for such regulation.

In conclusion, the Endocrine Society shares many common issues with the Administration's health agenda. The list above reflects our priorities and interwoven in these issues is the pressing need to address COVID-19 and our commitment to diversity, equity, and inclusion. Our members can provide expertise in several key health areas and we stand ready to assist you in your role as Secretary. We hope to meet with you to discuss these issues and policies and will have our staff contact your scheduler. In the meantime, if you have any questions or would like additional information, please have your staff contact our Director Advocacy and Policy Rob Goldsmith at [rgoldsmith@endocrine.org](mailto:rgoldsmith@endocrine.org). We look forward to working with you to protect the public's health.

Sincerely,

Carol H. Wysham, MD  
President  
Endocrine Society