

November 12, 2024

The Honorable Mike Johnson  
Speaker  
U.S. House of Representatives  
H-232, The Capitol  
Washington, DC 20510

The Honorable Hakeem Jeffries  
Minority Leader  
U.S. House of Representatives  
H-204, The Capitol  
Washington, DC 20510

The Honorable Charles Schumer  
Majority Leader  
S-221, The Capitol  
United States Senate  
Washington, DC 20515

The Honorable Mitch McConnell  
Minority Leader  
S-230, The Capitol  
United States Senate  
Washington, DC 20515

Dear Speaker Johnson, Minority Leader Jeffries, Majority Leader Schumer, and Minority Leader McConnell:

On behalf of the Endocrine Society, the world's largest professional organization of endocrinologists, I am writing to urge you to address three critical health issues before the end of the year: reauthorization of the Special Diabetes Program (SDP); averting Medicare physician payment cuts; and, extension of telehealth waivers.

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 tumors cancers (i.e., thyroid, adrenal, ovarian, pituitary) and thyroid disease. Our membership includes over 11,000 clinicians who are on the front lines in treating diabetes and obesity, two of the most common chronic illnesses in the United States.

Congress has a limited number of legislative days remaining to address a wide range of issues important to all Americans. I want to make you aware of three issues that are critically important to our members and the patients who they treat and must be addressed by Congress before Congress adjourns.

### **Special Diabetes Program**

As you know, the Special Diabetes Program is part of a set of vital healthcare programs with authorizations that will expire on December 31, unless Congress takes action. SDP is made up of two components. The Special Diabetes Program for Type 1 advances research for type 1



diabetes at the National Institute of Diabetes and Digestive and Kidney Disorders (NIDDK) at NIH. The Special Diabetes Program for Indians (SDPI), which is administered by the Indian Health Service (IHS), provides treatment and education programs for people with type 2 diabetes among American Indians and Alaskan Natives (AI/AN). Both components of SDP have been highly successful in delivering groundbreaking research on type 1 and critically needed type 2 education and prevention programs. Funding for SDP-type 1 has accelerated progress on an artificial pancreas, advanced therapies to reduce vision loss, and identified 50 genes that influence the risk of developing type 1 diabetes. It has also resulted in the development of a screening process for people at high risk for developing the disease and for a new therapy that can actually delay the onset of the disease. SDPI has successfully funded over 400 treatment and education programs available to AI/AN communities. These treatment and education programs have reduced A1c levels, LDL cholesterol levels, and amputations in AI/AN populations. We urge you to pass a long-term extension of SDP at \$170 million per program per-year. Short-term extensions of SDP, while they can keep the program operating, are often disruptive because SDP funding requires long time frames and can take multiple years to carry out. Providing a long-term reauthorization for the longest amount of time possible will ensure continued stability of SDP and we urge you to reauthorize this program immediately.

### **Physician Payment Reform**

The Medicare Physician Fee Schedule (MPFS) proposed rule for 2025 includes a 2.83% payment cut to Medicare reimbursement that will impact all physicians delivering services under Medicare. This cut is scheduled to go into effect on January 1, 2025 unless Congress acts. This scheduled payment cut represents the fifth consecutive year of payment cuts for physicians. These cuts have impacted the endocrinology specialty. Since 2010, there has been no growth in the number of medical graduates entering endocrinology in the United States and approximately 78.5% of counties in the United States have no practicing endocrinologist.<sup>1</sup> Many patients, particularly those in rural and underserved areas, must travel long distances and endure significant wait times to see an endocrinologist. All these issues are even more troubling for our members when combined with the annual cycle of looming Medicare cuts. We urge you to pass legislation to avert the 2.83% cut to the Medicare conversion factor and to provide an annual inflationary update in the MPFS tied to the Medicare Economic Index (MEI). Providing stability to physician reimbursement will help address the challenges currently facing endocrinologists.

### **Telehealth**

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<sup>1</sup> Goodson JD, Shahbazi S, Song Z. Physician Payment Disparities and Access to Services-a Look Across Specialties. *J Gen Intern Med.* 2019 Nov;34(11):2649-2651. doi: 10.1007/s11606-019-05133-0. Epub 2019 Aug 5. PMID: 31385213; PMCID: PMC6848648.



The Centers for Medicare and Medicaid Services (CMS) currently provides important waivers to ensure that endocrinologists and other physicians can deliver care via telehealth and audio-only visits. These visits have become an essential mode of care for many patients across the country, especially within the endocrinology specialty. According to Medicare Part B claims data, the utilization of telehealth services in endocrinology was the highest of any specialty not related to mental health. Telehealth offers access to patients who live in rural areas that are far from physicians and specialists, including endocrinologists. Telehealth is often used by people for whom travel is difficult, including the elderly, people who are sick, and those without transportation access. The telehealth waivers currently in place will expire on December 31 unless Congress passes legislation to extend them. The Endocrine Society urges you to pass legislation to extend these waivers for two years which will provide certainty for endocrinologists who deliver virtual care.

Thank you for your attention to these important issues. If you have any questions or we can be of any further assistance, please contact Rob Goldsmith, Director of Advocacy and Policy at [rgoldsmith@endocrine.org](mailto:rgoldsmith@endocrine.org).

Sincerely,

Robert Lash, MD  
Chief Medical Officer  
Endocrine Society