ENDOCRINE SOCIETY
Hormone Science to Health

June 6, 2025

Mehmet Oz, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Unleashing Prosperity Through Deregulation of the Medicare Program (Executive Order 14192) Request for Information

Dear Administrator Oz:

On behalf of the Endocrine Society, the world's largest professional organization of endocrinologists, thank you for the opportunity to provide comments on your Request for Information (RFI) on Executive Order (EO) 14192 "Unleashing Prosperity Through Deregulation of the Medicare Program". 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, obesity, infertility, reproductive disorders, thyroid diseases, thyroid cancer, osteoporosis and complex glandular and hormonal diseases such as adrenal and pituitary disorders and tumors. Our membership includes over 11,000 clinicians who are on the front lines in treating diabetes and obesity, which are two of the most common chronic illnesses in the United States.

The Society wishes to provide input on how CMS can implement meaningful changes to ensure better care for Medicare beneficiaries and reduced regulatory burden for providers. Reforming some Medicare regulations will help ensure Medicare beneficiaries continue to have access to high-quality care while moving to end the country's chronic disease epidemic, a stated goal of this administration.

Are there existing regulatory requirements (including those issued through regulations but also rules, memoranda, administrative orders, guidance documents, or policy statements), that could be waived, modified, or streamlined to reduce administrative burdens without compromising patient safety or the integrity of the Medicare program?

We frequently hear from our members about the barriers they face to deliver care across state lines. This barrier results in frequent problems that prevent patients from getting the specialized care they need in an efficient, cost-effective manner. Many of our members practice in areas of the country that may border several states. A good example of this is the Four Corners region of the

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southwestern United States, which includes Utah, Colorado, Arizona, and New Mexico. A Medicare beneficiary may reside in New Mexico but may have to see an endocrinologist in Utah because of a shortage of specialists in New Mexico. Our members are frequently concerned that their established patients may not be able to obtain care because they are traveling "out of state" or living in another state for several months of the year. There continues to be a shortage of endocrinologists, and this shortage significantly impacts underserved and rural areas of the country. While the number of people with endocrine-related diseases like diabetes and obesity continues to increase across the country, the number of practicing endocrinologists continues to decline. Recent data show that 78.5 percent of counties in the United States have no practicing endocrinologist.[1] This shortage forces patients to travel long distances and face significant wait times to receive essential care. Given the nationwide shortage of endocrinologists, we ask that you consider ways to make it easier for our members to deliver care across state lines. Removing the state licensure barrier would make it easier for patients in underserved and rural areas to access an endocrinologist.

Telehealth has also become a critical mode of care within endocrinology. According to Medicare Part B claims data, endocrinology utilized telehealth services the most of any specialty not related to mental health in 2021. Unfortunately, due to some, but not all state licensure rules Medicare patients may not have a telehealth appointment with an endocrinologist if patient and provider are in different states. This is even more problematic for established patients who need follow-up telehealth visits but are unable to schedule because they are traveling or living temporarily in a state other than their home state. This often results in missed appointments and other interruptions and delays in care. Telehealth restrictions put an unnecessary burden on the patient and provider. The Society encourages the agency to consider ways to make it easier for patients to receive telehealth care across state lines while ensuring that patient safety is not comprised. Some states have formed or belong to state licensure compacts that make it easier to practice telehealth across states. A website outlining those compacts may be found here: https://telehealth.hhs.gov/licensure/licensure-compacts. Removing state licensure restrictions, particularly within telehealth, would improve care for patients, while reducing costly and time-consuming travel.

Are there specific Medicare administrative processes, quality, or data reporting requirements, that could be automated or simplified to reduce the administrative burden on facilities and other providers?

Many providers are required to enter information for Medicare patients that may have already been captured in the electronic health record (EHR). For example, hospital providers often must re-enter patient demographics, medications, and allergy information into multiple forms or systems for various reporting or billing purposes. We ask that CMS consider ways to reduce these duplicative reporting requirements and time-consuming data entry and create a truly

interoperative electronic health care system that streamlines processes to report, capture and transmit necessary and pertinent patient information. As stated, a truly interoperative EHR would allow for automatic data transfer between systems, providers, and patients. Creating meaningful changes to the electronic health record would save a significant amount of time for providers while reducing administrative burden.

What changes can be made to simplify Medicare reporting and documentation requirements without affecting program integrity?

Credentialing:
All providers must complete a credentialing process to participate in the Medicare program. The credentialing process can be burdensome for providers and may take a significant amount of time to complete. We suggest that CMS look for ways to lessen the burden of the credentialing process while maintaining standards of providers who participate in the Medicare program.

Billing Requirements:
Medicare may require that a detailed narrative is submitted to ensure that proper billing codes were submitted was made by the Medicare program. Submitting narratives and other documentation is a time-consuming process that adds delay to payment and adds no real value to the Medicare program. There may also be ways to simplify the required narrative statements while making sure the appropriate information is included for billing purposes. We encourage CMS to find ways to simplify these reporting requirements.

How can cross-agency collaboration be enhanced to reduce duplicative efforts in auditing, reporting, or compliance monitoring?

Physicians and their practices are sometimes subjected to audits performed by the Medicare contractors. These audits are time-consuming and highly burdensome. We understand the needs of the agency to ensure that fraudulent payments are not made, but we also encourage the agency to undertake the audit process in an efficient and meaningful way.

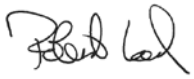
Our members have expressed concern about the frequent number of audits they see occurring at their practices. These audits often result in coordinating with hospitals and other practices to gather multiple documents and resources to ensure compliance with the audit. While audits are important to ensure that providers are complying with the rules, the agency should consider ways to reduce any duplication that may be occurring in the audit process.

Additional Recommendations:

Many of our members treat patients who use insulin pumps, continuous glucose monitors (CGM), and other technology to manage their diabetes. The Endocrine Society has clinical practice guidelines on the use of diabetes technology and our members have found that diabetes technology can significantly improve the quality of life for their patients. Medicare has issued national and local coverage determinations stipulating the eligibility requirements for these devices. While it is important to have appropriate guardrails to ensure these devices are not overly prescribed, there are specific instances where the rules can be burdensome for patients who rely on these devices, and for the physicians who prescribe them. For example, the FDA has approved several hybrid closed loop insulin delivery systems for people living with type 2 diabetes. Our members have expressed concern that Medicare will not cover these devices for some beneficiaries with type 2 diabetes because Medicare requires a low C-peptide level to approve the pump. We encourage the agency to consider ways to ensure that the people who need these devices can get them covered by Medicare.

Thank you again for the opportunity to provide feedback on this critical issue. If you have any questions or we can be of further assistance, please contact Rob Goldsmith, Director of Advocacy and Policy at rgoldsmith@endocrine.org.

Sincerely,



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