



March 29, 2017

---

*SPECIAL ENDO 2017 EDITION*

## Advocacy News

### **"Obamacare is the Law of the Land"; ACA Repeal Efforts Fail**

A failed attempt by the White House and the House Republican leadership to pass a replacement system for the Affordable Care Act (ACA/Obamacare) has left the ACA fully intact and "the law of the land," according to US House of Representatives Speaker Paul Ryan.

The events of Friday, April 24 were the culmination of weeks of work by the House Republican leadership, House committees of jurisdiction, and the White House to develop the American Health Care Act (AHCA) and bring it to the floor of the House of Representatives for a vote. Despite the addition of sweeteners, such as giving states power to decide on essential health benefits and additional funds to provide larger tax credits for older adults, conservative Republicans from the Freedom Caucus and moderate Republicans had significant concerns that would have caused them to vote "no" on passage of the AHCA while the Democrats remained unified in their opposition to the bill. Without the 216 votes needed to pass the legislation in the House, Speaker Ryan and President Trump pulled the legislation before a vote could be taken. With this action, President Trump has stated his intention to move on to different policy priorities thereby forcing the House to abandon its efforts to repeal and replace the ACA. It is unclear what actions Secretary of Health and Human Services Tom Price will take to undermine the ACA or stabilize the individual market.

We were vocal in our opposition to a number of the provisions of the AHCA based on our [health reform principles](#). Visits with relevant House and Senate committees, contact with congressional offices by our Advocacy and Public Outreach Core Committee, and hundreds of grassroots letters

sent by our membership were effective in communicating our priorities for any replacement legislation.

### **Endocrine Society Applauds CMS Announcement on Therapeutic CGM Coverage Expansion**

The Centers for Medicare and Medicaid Services (CMS) [has announced new coverage criteria](#) for continuous glucose monitors (CGM). The guidance states that all Medicare individuals who have Type 1 or Type 2 Diabetes and who use intensive insulin therapy can access therapeutic CGM (e.g. Dexcom G5) to monitor their blood glucose levels. The Endocrine Society has advocated for many years to expand coverage for CGM to the Medicare population and is pleased with CMS's new coverage criteria. We look forward to continuing to work with the agency to ensure patients have access to these lifesaving tools.

### **Trump Administration Budget Contains Drastic Cuts for NIH**

On Thursday, March 16, President Trump released a preliminary budget proposal, otherwise known as the “skinny budget” for fiscal year (FY) 2018. The proposed budget calls for major cuts at research funding agencies, including a severe cut of \$5.8 billion (nearly 20% of the budget) to the National Institutes of Health (NIH). The budget also proposes to eliminate entirely the Fogarty International Center, and consolidate the Agency for Healthcare Research and Quality (AHRQ) within NIH, in addition to other unspecified claims of plans to fundamentally reorganize the NIH. The proposed budget is at odds with the requests of the biomedical research community and far below the Endocrine Society's requested amount for the NIH in FY 18, included in our [testimony to Congress](#).

The effects of a cut of this magnitude would be disastrous for biomedical research in the United States. Because most of the NIH budget is allocated to existing multiyear research projects for example, the Trump budget proposal could result in the NIH being [unable to issue any new awards](#) in FY 2018. The proposal also threatens to undo the major progress achieved by the Congress to put the NIH on a path of steady, sustainable increases in funding to reduce the effects of inflation on support for biomedical research. The NIH received substantial increases in FY 2016, and the House and Senate budget proposals for FY 17 could include additional increases for NIH if they are able to pass an omnibus instead of a year-long continuing resolution.

**Take Action:** We are seriously concerned about the outlook for NIH research and we strongly encourage members of the Endocrine Society to [contact your members of Congress](#) through our online advocacy campaign to ensure that research funding is protected from cuts. Our software provides a letter that you may personalize if you choose and will direct it to the appropriate congressional offices. All you need to do is EITHER provide your home mailing address OR your email and member ID.

### **Society Advocates for Renewal of Special Diabetes Program, Funding for NDPP; Take Action and Join Our Online Campaign Today**

The Endocrine Society continues to advocate for the funding of two important diabetes programs, the National Diabetes Prevention Program (NDPP) and the Special Diabetes Program, as Congress moves forward in considering funding for Fiscal Year (FY) 2017.

The NDPP utilizes lifestyle intervention to prevent or delay the onset of diabetes among individuals with prediabetes. The NDPP has demonstrated great success since its implementation and could save the country as much as \$190 billion if fully expanded. The Society has been a leading advocate for the program for a number of years and was pleased by Medicare's decision to cover the program starting in 2018. However, it is critical that non-Medicare beneficiaries have access to the program as well. We are advocating for \$25 million in FY 2017 for the administration and expansion of the program through the Centers for Disease Control and Prevention.

The Special Diabetes Program (SDP) funding is scheduled to expire on September 30, 2017, if Congress fails to act. The SDP was created in 1997 to advance research for type 1 diabetes and to address the disproportionate burden of type 2 diabetes on American Indians and Alaska Natives (AIAN). Through this funding, the Special Type 1 Program has advanced research in islet cell transplantation, beta-cell therapy, treatment for diabetic retinopathy, and innovative therapies like the artificial pancreas. The Special Diabetes Program for Indians has also shown great success by helping AIAN prevent and manage type 2 diabetes resulting in significant reductions in A1c and amputation as well as improvements in blood pressure and kidney function. The Society has advocated for the Special Diabetes Program for a number of years and continues to urge Congress to reauthorize the SDP by the September deadline and to appropriate \$300 million for these programs.

**Take Action:** Urge your Representative and Senators to support funding for these programs today. Join our [online advocacy campaign](#). Our software will provide a letter that you may

personalize if you choose and will direct it to the appropriate congressional offices. You need only to provide EITHER your home mailing address OR your email and member ID. Taking action does not take a lot of time, but it will have impact.

## **Endocrine Society Meets with EU Policymakers to Discuss EDC Criteria**

As part of the Endocrine Society's Global Endocrine Disrupting Chemicals (EDC) Advocacy initiative, the Society works with policymakers in the European Union (EU) to ensure that policies governing decisions involving EDCs are based on the latest endocrine science. On March 8 and 9, members of the Endocrine Society's European Union Endocrine Disrupting Chemicals Task Force (EU EDC TF) traveled to Brussels for a series of meetings with EU policymakers, including several Members of the European Parliament (MEPs). The meetings came at a critical time, as the European Commission [recently released further revisions](#) to proposed criteria to define EDCs in the context of applicable EU laws.

The European Union has struggled for nearly half a decade to identify workable criteria for EDCs. The current proposal uses the World Health Organization's definition for EDCs, but introduces modifications to this option that result in a very narrow definition that will prevent effective regulation. There are also provisions that would exclude certain chemicals that are designed to interfere with the endocrine system of non-human organisms. During the meetings, the Society's representatives discussed the latest science on EDCs, why the proposed criteria would not protect public health, and how the criteria would instead create further confusion if implemented in their current construction. The Endocrine Society has consistently advocated for a set of criteria that would place EDCs in multiple categories based on available scientific evidence. This option would allow for new data to be incorporated as more studies are published.

Policymakers at the meetings shared their thoughts on the positions of member state governments regarding the criteria and on the anticipated outcome of the current debate. They also gave suggestions on how the expertise of endocrinologists and endocrine scientists can be effectively incorporated at different steps before and immediately following adoption of the criteria. Although at the time this article was written, the final text of the criteria is uncertain, it is clear that Endocrine Society members will continue to be valuable contributors as the process for implementing the criteria moves forward. The Society will continue to advocate for policies that will protect public health from harms due to EDC exposures and seek opportunities to contribute to EU regulatory decisions involving EDCs.

## Clinical News

### **ENDO 2017 - The Quality Payment Program: How to Succeed under the New Payment System**

Medicare payments will soon be based on physicians' ability to provide cost-effective, high-quality care under new requirements from the Centers for Medicare and Medicaid Services. Join us on Saturday, April 1 at the Orlando Convention Center to learn about the Medicare Quality Payment Program (QPP) and how it will impact endocrinologists. The session will feature Dr. Carol Greenlee, who has practiced in a one-person private practice and now helps small practices transform to be successful under the QPP. Dr. Asra Kermani, who serves as the medical director of Southwest Health Resources, the accountable care organization (ACO) affiliated with UT Southwestern, will share her experiences developing and managing the 6<sup>th</sup> largest Medicare Shared Savings Program ACO in the country.

The session will be held in W303 on Saturday, April 1 from 4:30 to 6:00 pm.

### **CMS Introduces New Chronic Care Management Initiative**

On March 15, the Centers for Medicare & Medicaid Office of Minority Health (CMS OMH) along with the Federal Office of Rural Health Policy at the Health Resources and Service Administration (HRSA) unveiled a new educational initiative that raises awareness of the benefits of chronic care management (CCM) services for Medicare beneficiaries and provides support to health care professionals who implement CCM programs. This new initiative, called "*Connected Care*", helps health care professionals deliver coordinated care while also helping patients get support between doctor visits.

The *Connected Care* initiative includes several resources for both patients and health care professionals, including:

- A chronic care management toolkit for health care professionals, as well as resources to help health care providers implement CCM
- Patient education resources that can be used in a clinical or community setting
- Downloadable resources and suggested activities for those who would like to partner with the *Connected Care* initiative

*Connected Care* resources and more information about the initiative can be found at [go.cms.gov/ccm](http://go.cms.gov/ccm).

## **Research News**

### **Endocrine Society Supports March for Science**

On April 22, the Endocrine Society will join scientists, advocates, and supporters in Washington, DC and around the world in support of biomedical research and evidence-based policymaking at the March for Science. The mission of the March includes raising awareness “about the very real role that science plays in each of our lives and the need to respect and encourage research that gives us insight into the world.” Endocrine Society member Joanna Spencer-Segal, MD, PhD; is a member of the Steering Committee for the March for Science.

Organized by scientists and advocates for science, the March for Science is an opportunity for the diverse scientific community to come together with one voice to call for:

- support for science,
- support for publicly funded research, and
- the need for policymakers to enact evidence-based policies.

The March for Science is actually a series of events on April 22, 2017. The largest rally in support of science is planned for Washington, DC and more than 400 cities around the world will conduct satellite events simultaneously to share the message of the march.

The Endocrine Society believes the March for Science is an opportunity to celebrate science, support the scientific community, educate the public and policymakers, and we encourage our members to participate. We have developed an online toolkit to provide information to our members about the March and facilitate their participation in advocacy activities. The long-term success of the March for Science will depend on the consistent engagement of scientists and other supporters of biomedical research. To explore the toolkit and discover how you can get involved in the March for Science, please go to [www.endocrine.org/marchforscience](http://www.endocrine.org/marchforscience).

For questions regarding articles listed in *Endocrine Insider* or information on advocacy and policy activities within the Endocrine Society, contact the Government & Public Affairs department:

Mila Becker, Chief Policy Officer  
202-971-3633  
[Mbecker@endocrine.org](mailto:Mbecker@endocrine.org)

Aaron Lohr, Acting Chief, Communications  
202-971-3654  
[Alohrr@endocrine.org](mailto:Alohrr@endocrine.org)

Jenni G. Gingery, Associate Director, Media Relations  
202-971-3655  
[Jgingery@endocrine.org](mailto:Jgingery@endocrine.org)

Jessica Harris, Specialist, Government & Public Affairs  
202-971-3660  
[Jharris@endocrine.org](mailto:Jharris@endocrine.org)

Stephanie Kutler, Director, Advocacy & Policy  
202-971-3635  
[Skutler@endocrine.org](mailto:Skutler@endocrine.org)

Meredith Dyer, Director, Health Policy  
202-971-3637  
[Mdyer@endocrine.org](mailto:Mdyer@endocrine.org)

Joseph Laakso, PhD, Associate Director, Science Policy  
202-971-3632  
[Jlaakso@endocrine.org](mailto:Jlaakso@endocrine.org)