

May 10, 2017

Senator Mitch McConnell, Majority Leader
Senator John Cornyn, Assistant Republican Leader
Senator John Thune, Republican Conference Chairman
Senator John Barrasso, Republican Policy Committee Chairman
Senator Orrin Hatch, Finance Committee Chairman
Senator Lamar Alexander, Health, Education, Labor & Pensions Committee Chairman
Senator Mike Enzi, Budget Committee Chairman
Senator Shelley Moore Capito
Senator Tom Cotton
Senator Ted Cruz
Senator Cory Gardner
Senator Mike Lee
Senator Rob Portman
Senator Pat Toomey

Dear Senators:

The Endocrine Society looks forward to working with your working group as you develop the Senate's version of health reform legislation. Our goal is to ensure that patients continue to have access to affordable, high quality insurance coverage, preventive services, and patient-centered care. While implementation of the Patient Protection and Affordable Care Act (ACA) has had its challenges, people with endocrine conditions have benefited from many of the law's provisions and we urge caution in stripping current provisions and protections. Losing these benefits would have a detrimental impact on these individuals and the health care system.

As endocrinologists, our members care for people with complex, chronic diseases, such as diabetes, obesity, osteoporosis, infertility, rare cancers and thyroid conditions. These diseases affect growing numbers of patients, placing stress on the health care system. Our more than 18,000 members care for patients and are dedicated to advancing hormone research and excellence in the clinical practice of endocrinology. 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 would like to work with you to ensure that the needs of endocrine patients are fully considered as policies affecting access to health insurance and the health care system are reevaluated. We urge you to include the following principles in your legislation:



Affordable access to health insurance - Endocrinologists care for people who suffer from multiple chronic conditions that require access to coordinated care by many specialists. Many of these patients benefited from the ACA's guarantee of health insurance with no annual or lifetime caps or pre-existing condition exclusions. The ACA has allowed many of these people to obtain affordable insurance coverage; the cost of care for endocrine conditions such as diabetes, which averages \$13,700 per year¹, is beyond the ability of most people to pay without insurance coverage. People with diabetes who do not have health insurance have 79 percent fewer physician office visits and are prescribed 68 percent fewer medications than people with insurance coverage—but they also have 55 percent more emergency department visits than people who have insurance.² Alleviating some of the financial burden through insurance coverage allows those people with diabetes to follow the care plan developed with their physician and avoid costly complications. We believe strongly that no person who currently has health insurance should lose their coverage because of the repeal of the ACA. In summary, affordable access should include the following:

- **A guarantee of health insurance coverage with no annual or lifetime caps or pre-existing conditions exclusions.**
- **An option for young adults to remain on their parents' insurance plan until age 26.**
- **Protections against unreasonable out-of-pocket costs that would cause a patient to delay or skip necessary health care.**

Preventive health benefits - Patients with endocrine conditions have benefited from the elimination of beneficiary cost sharing for preventive screenings or care under the ACA. The ACA created the Prevention and Public Health Fund (PPHF), which has funded the expansion of effective prevention programs such as the evidence-based Diabetes Prevention Program (DPP). The DPP reduces the chances of a person with prediabetes from progressing to diabetes by 71 percent, resulting in savings of \$2,650 for each person enrolled.³ The number of Americans with prediabetes is estimated to be 86 million, with these people progressing to type 2 diabetes at a rate of 10 percent per year.⁴ Without PPHF funds, the Centers for Disease Control and Prevention (CDC) could not have expanded the DPP. Approximately 12 percent of the agency's budget is funded through PPHF, and elimination of the Fund will have a significant impact on health programs beyond those funded by the CDC, as appropriators must reallocate funds within the Labor, Health and Human Services appropriation bill to allow the CDC programs to continue. Preventive health care improves the health of Americans while also

¹ American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2012. *Diabetes Care*. April 2013.

² *ibid.*

³ Diabetes Prevention Program Independent Evaluation Report. Centers for Medicare and Medicaid Services. March 2016. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-03-23.html>

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reducing costs and these programs must be continued under a new health care system. **We believe it is critical that the Senate bill ensure access to preventive health services, including programs such as the Diabetes Prevention Program, at no cost to the beneficiary.**

Coordinated care - New care models developed through the ACA, such as accountable care organizations, or by the ACA-authorized Center for Medicare and Medicaid Innovation have increased the focus on providing coordinated care for people who are treated by multiple health care providers. Coordination of care has been shown to reduce costs and result in higher quality of care. A 2016 study found that people receiving the most fragmented care were more likely to receive care that departed from clinical best practices (32.8 percent vs 25.9 percent), experience more preventable hospitalizations (9.1 percent vs 7.1 percent), and pay more for care (\$10,396 average patient cost vs \$5,854).⁵ As CMS implements the Medicare Access and CHIP Reauthorization Act (MACRA), the development of new payment models by the Innovation Center is critical to ensure that endocrinologists and other specialists can develop pathways to participate in alternative payment models (APMs). Any system that replaces the ACA must continue to support development of new models of care that our members can participate in and focus on coordinated care for people with multiple chronic conditions.

Women's health protections - Many conditions affecting women are the result of a disruption in the normal functioning of hormones in the body, such as menopause, infertility, breast cancer, and Polycystic Ovary Syndrome. Treatment of these conditions is often provided by endocrinologists. The preventive health benefit has granted women access to contraception at no cost. While contraception allows a woman to plan when the right time is to start a family, hormonal contraception is also used to treat many endocrine conditions. We strongly urge that preventative health services, including contraception, continue to be covered free-of-charge under any ACA replacement plan. **Ensuring that all women regardless of their socioeconomic status have continued access to necessary health care services, contraception, and preventative screenings is a top priority for the Society. Furthermore, existing protections that ensure women are not charged higher premiums than men must be preserved.**

Thank you for the opportunity to share these concerns and recommendations. Policies that expand access to coverage, offer preventive health benefits, and improve the efficiency and quality of health care are critically important.

⁵ Frandsen, BR. Care Fragmentation, Quality, and Costs Among Chronically Ill Patients. *Am J Manag Care*. 2015; 21(5):355-362.



Please consider the Endocrine Society a valuable resource as you move forward. We hope to work with you to preserve the health care coverage gains achieved and to continue to find ways to improve the quality of health care for our patients and all Americans. If we can provide any additional information or assistance to you, please do not hesitate to have your staff contact Mila Becker, JD, Chief Policy Officer, at mbecker@endocrine.org.

Sincerely,

A handwritten signature in black ink that reads "Barbara Byrd Keenan".

Barbara Byrd Keenan
Chief Executive Officer, Endocrine Society

cc: