



March 19, 2020

Chairman Chuck Grassley
135 Hart Senate Office Building
Washington, DC 20510

Ranking Member Ron Wyden
221 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Grassley and Ranking Member Wyden,

On behalf of the Endocrine Society, thank you for the opportunity to provide comments as you consider factors contributing to poor maternal health outcomes in the United States. The Endocrine Society is the world's largest professional organization of endocrinologists, representing the interests of over 18,000 physicians and scientists engaged in the treatment and research of endocrine disorders like diabetes, obesity, osteoporosis, thyroid disease, and infertility.

The Society believes there is an opportunity to improve the health outcomes associated with diabetes in pregnancy through telehealth in the Medicaid population. Patients with diabetes who become pregnant are at a significantly greater maternal and fetal risk, particularly if their diabetes is uncontrolled. As a result, these individuals often require insulin therapy and frequent visits to an endocrinologist or high-risk obstetrician (every 1-2 weeks in addition to routine OBGYN appointments, which are typically monthly). During these visits, the physician will review blood glucose logs and adjust insulin doses as needed. Members of the care team and/or the physician may also provide diabetes education to the patient.

Telemedicine could be effectively utilized for a significant proportion of these visits, as blood glucose log review and therapy adjustment can be conducted remotely. Patients who require visits weekly could see their endocrinologists or high-risk obstetrician every other week and utilize telemedicine (telephone or video visit) for the remaining visits from their home. Patients who require bi-weekly visits can utilize telemedicine visits once per month.

The Society believes that the use of telehealth in this population would ease the burden on patients who would find it difficult to miss work or be away from home each week. Easing this burden would reduce the high rate of noncompliance in this patient population, avoid costly complications, unnecessary hospitalizations and C-sections, and improve outcomes in their babies.

Thank you for the opportunity to provide feedback on your request for information. Should you have any questions, please contact our director of health policy, Meredith Dyer, at mdyer@endocrine.org.

Thank you,

A handwritten signature in blue ink that reads "E. Dale Abel".

E. Dale Abel, MB.BS., D.Phil. (MD, Ph.D.)
President, Endocrine Society