ENDOCRINE SOCIETY
Hormone Science to Health

The Center for Medicare & Medicaid Services (CMS) issued an RFI, due November 4, asking for feedback on four topics:

1. Topic 1: Accessing Healthcare and Related Challenges: CMS wants to empower all individuals to efficiently navigate the healthcare system and access comprehensive healthcare.

The Endocrine Society represents over 11,000 physicians in clinical practice who are engaged in the treatment of endocrine disorders, such as diabetes, hypertension, infertility, obesity, osteoporosis, endocrine cancers (i.e., thyroid, adrenal, ovarian, pituitary) and thyroid disease. Many of these conditions are chronic and costly to the Medicare system. According to the Centers for Disease Control and Prevention (CDC), 37.3 million Americans have diabetes and about one in five people with diabetes do not know that they have it. Additionally, those living with diagnosed diabetes also have other chronic co-morbidities: 69% have high blood pressure, 44% have high cholesterol, and 39% have chronic kidney disease. Diabetes is the seventh leading cause of death in the United States and costs a total estimated $327 billion in medical costs and lost work and wages.

Of those patients with diabetes, approximately 1.45 million have Type 1, which requires them to take insulin to control their condition. This life saving drug is over 100 years old, yet rising costs have made insulin unaffordable for many who rely upon it. The Centers for Medicare & Medicaid Services (CMS) is in the process of implementing the Medicare drug price negotiation provisions of the Inflation Reduction Act of 2022 (P.L. 117-69), which will reduce the price of negotiation-eligible insulin and create a $35 co-pay cap for Medicare beneficiaries. The latter goes into effect on January 1, 2023, and the Endocrine Society urges CMS to take the steps necessary to educate beneficiaries about this new benefit.

The Endocrine Society recognizes that CMS covers Diabetes Prevention Programs through the Medicare Diabetes Prevention Program (MDPP) expanded model. The MDPP is a valuable tool to prevent patients from developing diabetes, and we applaud CMS for quickly using its emergency authority to adjust some of the requirements to respond to the COVID-19 public health emergency. However, the Society urges the agency to make the MDPP a permanent covered benefit and to continue waiving the limit on virtual sessions once the public health emergency ends. As we have seen, expanded access to virtual care is an important tool to improve health and patient adherence.

Endocrinologists also care for Medicare beneficiaries with obesity, the prevalence of which has been increasing over the last two decades. According to the CDC, obesity prevalence reached 41.9% in March 2020, and the annual medical cost of obesity in this country was $173 billion in 2019 dollars. The Endocrine Society is taking steps to address this public health crisis and urges CMS to do the same. The Society recognizes that Medicare covers treatments for obesity in accordance with its statutory authority, including intensive behavioral therapy (IBT) and bariatric surgery but does not cover anti-obesity medications. Under current rules, IBT for Obesity can only be covered by Medicare if the beneficiary receives the service from a primary care provider in a primary care setting. We urge CMS to consider allowing other providers to serve as direct providers of the IBT for Obesity benefit. The Society also urges the agency to improve its beneficiary education materials on this topic to ensure beneficiaries are aware about the spectrum of benefits available to address this growing public health challenge.

Data show that 78.5 percent of counties in the United States have no practicing endocrinologists, forcing patients to travel long distances and endure significant wait times to see an endocrinologist. As the

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prevalence of endocrine disorders increases, the shortage of endocrinologists will pose significant challenges for Medicare beneficiaries, and therefore, the Society urges CMS to maintain and implement policies designed to mitigate these access challenges. Telehealth is an important tool to expand the reach of endocrinologists, and to the extend allowed by statute, access to audio-visual and audio-services should be maintained. Additionally, Medicare Part B covers access to medically necessary transportation services, and CMS should make these transportation services as widely available as possible since not all seniors drive or have access to public transportation.

2. Topic 2: Understanding Provider Experiences: CMS wants to better understand the factors impacting provider well-being and learn more about the supply and distribution of the healthcare

As discussed, endocrinologists are responsible for treating patients with costly, chronic conditions. Appropriate intervention and management are critical to improving beneficiaries' health outcomes as well as reducing spending on acute events that may result when these conditions are not well controlled. Despite this, endocrinology is not one of the well compensated specialties; endocrinologists make $257,000 years on average based on Medscape's 2022 Physician Compensation Report. Endocrinology is like family medicine and general internal medicine in that physicians typically bill evaluation and management (E/M) services rather than more costly procedures. The Endocrine Society appreciates the changes CMS made to reduce the documentation burden and increase the values of outpatient E/M codes. However, these changes still do not relieve the pressure on endocrinologists to see as many patients as possible to meet their RVU targets and pay off their student loans.

The Physician Fee Schedule's budget neutrality requirement, which the Society realizes is in statute, makes it difficult to implement meaningful changes. The impact of the increased outpatient E/M codes has been somewhat eroded by the conversion factor reductions that have not been completely mitigated by Congress and lack of positive updates. The Endocrine Society urges CMS to explore add-on payments and payment models that will reimburse the services provided by endocrinologists in a way that is commensurate to their value to the Medicare system.

Endocrinologists are also unable to access beneficiaries' current drug formularies, which is a particular problem for patients with Type 1 diabetes. Physicians are forced to change patients' insulin products when formularies change, which is called non-medical switching. Without access to a beneficiaries' formularies, it is a challenge for physicians to prescribe a covered insulin product. The Endocrine Society recommends that CMS work with the Part D drug plans to ensure that the most current information is available to physicians through their electronic medical records.

3. Topic 3: Advancing Health Equity: CMS wants to further advance health equity across our programs by identifying and implementing policies that may help eliminate health disparities. We want to better understand individual and community-level burdens, health-related social needs, and strategies to address health inequities, including opportunities to address social determinants of health and burdens impairing access to comprehensive quality care.

Health inequity in endocrine diseases is pervasive and persistent. Racial and ethnic minority groups have historically had higher rates of illness and death from diabetes and other endocrine diseases than White people. This makes it critical for CMS focus its disease prevention and education efforts on these

groups. Coverage of the Medicare Diabetes Prevention Program and Diabetes Self-Management Training are important benefits to address these disparities, but more can be done to target educational efforts at the beneficiaries and providers most in need.
Telehealth can be a useful tool to mitigate health disparities, as it has given beneficiaries access to care that may have been unavailable during the COVID-19 public health emergency. However, there are still barriers for beneficiaries with limited access to broadband internet, CMS should ensure that audio-visual or audio-only telehealth visits are available to all beneficiaries.

4. Topic 4: Impact of the COVID-19 Public Health Emergency (PHE) Waivers and Flexibilities: CMS wants to understand the impact of waivers and flexibilities issued during the COVID-19 PHE to identify areas for improvement, including opportunities to further decrease burden and address any health disparities that may have been exacerbated by the PHE.

According to Medicare Part B claims data for 2021, endocrinologists delivered telehealth services at the highest rate outside of mental health providers. This is a testament to the value of telehealth services in the delivery of medically necessary services to patients while minimizing exposure to COVID-19. In particular, the waiver of the originating site and geographic origination restrictions requirements have been beneficial for endocrinologists and their patients. To the extent Congress provides CMS with this statutory authority, the Endocrine Society encourages CMS to eliminate the geographic restrictions and originating site requirements.

Additionally, coverage for audio-only services should be maintained. This benefit allows endocrinologists and other providers to deliver care to some of the most vulnerable beneficiaries: those without access to high-speed broadband or the devices required for simultaneous audio-visual connections and those who may require a caregiver or translator to join a visit. Audio-only coverage is a valuable tool for reducing health disparities.

CMS has established parity between telehealth and in-person services during the COVID-19 public health emergency but has stated that telehealth services will be reimbursed at the outpatient rate after the public health emergency. The Endocrine Society urges the agency to reconsider this policy and maintain this reimbursement parity. Telehealth has become a useful tool for managing beneficiaries' care and the resources required to deliver telehealth services are not significantly less. As such, maintaining payment parity would be most appropriate and would help ensure physicians continue to offer virtual care.

CMS waived the requirement for providers to be licensed in the state where the patient resides when delivering Medicare telehealth services during the public health emergency. The reach of this waiver has already been reduced as states have ended their public health emergencies. Endocrinologists feel this flexibility is especially important, particularly given the shortage of endocrinologists in certain areas of the county. To the extent CMS can maintain this policy, the Society urges the agency to do so as well as work with states and Congress to expand it to improve beneficiaries' access to care.