

October 5, 2023

The Honorable Jason Smith  
Chairman  
House Ways and Means Committee  
1139 Longworth House Office Building  
Washington, DC 20515

Dear Chairman Smith:

On behalf of the Endocrine Society, we appreciate the opportunity to provide comments on the Committee on Ways and Means Request for Information (RFI) on improving access to healthcare in rural and underserved areas. Founded in 1916, the Endocrine Society represents approximately 18,000 physicians and scientists engaged in all research and clinical aspects of hormone health, including diabetes and obesity. Our membership includes over 11,000 endocrinologists who are on the front lines in treating patients with diabetes and obesity, which are two of the most common chronic illnesses in the United States.

In your request for comments, you highlight the disparities that exist in rural America and underserved areas in accessing healthcare. Our members and the patients they treat have unfortunately seen these impacts directly. Data shows that 78.5% of counties in the United States have no practicing endocrinologists.<sup>1</sup> This forces our patients to travel long distances and endure significant wait times to see an endocrinologist. Our members also treat patients with two of the most common and costly chronic conditions in the country – diabetes and obesity. These conditions also have a significant impact in rural areas. According to the [National Institutes of Health \(NIH\)](#), rural populations have a 16% higher incidence of type 2 diabetes compared to urban areas. Data has also shown that adults living in rural counties are more likely to suffer from obesity than adults living in urban areas.<sup>2</sup> As clinical stakeholders in this policy issue, we would like to share information with you concerning questions asked about provider payment, the healthcare workforce, and innovative technology:

### **Sustainable Provider Financing & Healthcare Workforce**

As your RFI correctly points out, there continues to be a perpetuation of historical payment inequities in our current physician payment system. As you may know, the conversion factor for physician payments in the Medicare Physician Fee Schedule (MPFS) is only \$2.00 higher than it was in 1992. This unfortunately represents over thirty years of stagnant Medicare

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<sup>1</sup> Goodson JD, Shahbazi S, Song Z. Physician Payment Disparities and Access to Services-a Look Across Specialties. *J Gen Intern Med.* 2019 Nov;34(11):2649-2651. doi: 10.1007/s11606-019-05133-0. Epub 2019 Aug 5. PMID: 31385213; PMCID: PMC6848648.

<sup>2</sup> CDC: More Obesity in U.S. rural counties than in urban counties. 06/14/2018. Retrieved from: <https://www.cdc.gov/media/releases/2018/s0614-obesity-rates.html>



reimbursement rates. At a time when endocrinology continues to be one of the lowest paid specialties and there is a shortage of endocrinologists, the current reimbursement rates will further impede the size of the endocrine workforce. Also, rising medical education debt continues to be a burden for new physicians, and this may make it less likely for these physicians to choose endocrinology as their specialty. The Society urges you to consider ways to provide financial stability to physician practices which would preserve access to care for Medicare beneficiaries. We support HR 2474, the Strengthening Medicare for Patients and Providers Act which would provide an annual inflation update equal to the Medicare Economic Index (MEI). We encourage you to look at this legislation and other policy options to improve our physician payment system.

### **Innovative Models and Technology**

We are pleased to see your request for information on innovative care models and technology. As you know, telehealth visits have become popular in recent years and endocrinologists play an important role in the delivery of virtual care. Within the endocrinology specialty, there are several services that can be delivered virtually and many of our patients prefer telehealth over other modes of care. According to Medicare Part B claims data, in 2021 endocrinology utilized telehealth services the most of any specialty outside of mental health. Telehealth also plays a crucial role in ensuring that adequate healthcare is provided to rural and underserved areas. Patients who lack access to transportation and those in hard-to-reach areas have also benefited from expanded access to virtual care. For example, a [United States Government Accountability Office \(GAO\) report](#) found that the proportion of Medicare beneficiaries utilizing telehealth was similar across racial and ethnic groups. The Endocrine Society believes that expanded access to telehealth services will ensure that underserved populations receive the care they need.

This increased use of telehealth in endocrinology is a frequent topic of discussion among our members who believe that more guidance is needed on how to appropriately deliver telehealth services. Recognizing the need for guidance from endocrinologists on telehealth delivery, the Society convened a nine-member panel of U.S. endocrinologists with expertise in telehealth delivery. The panel authored a policy perspective examining the appropriate use of telehealth visits in endocrinology. The paper, which was published in [The Journal of Clinical Endocrinology & Metabolism](#), laid out a series of considerations for clinical endocrinologists to guide them on whether telehealth is appropriate, and how these considerations might impact the quality of care. The paper acknowledges the importance of health equity in telehealth delivery and urges policymakers to consider ways to make broadband internet more affordable and accessible. There is also a need for websites and technology platforms that are culturally, language and literacy appropriate, and accessible to those with impaired vision or hearing. We encourage you to review this paper which is available [here on our website](#). We would also welcome the opportunity to discuss this with you in greater detail.



Due to the COVID-19 public health emergency (PHE) the Centers for Medicare and Medicaid Services (CMS) instituted telehealth flexibilities which allowed providers to deliver high quality care via telehealth. While the PHE has ended, Congress passed legislation extending these waivers through the end of 2024. We ask that Congress pass legislation directing CMS to make coverage and payment of these waivers, including audio-only services, permanent. Permanent coverage of these telehealth waivers and audio-only services will ensure increased access for patients who do not have the necessary technology needed to access virtual care. We also urge Congress to permanently relax the originating site requirements which would ensure that patients can receive telehealth from home. The Endocrine Society supports bipartisan legislation to permanently extend these waivers including the CONNECT For Health Act and the Expanded Telehealth Access Act.

### **Coverage of Obesity Treatment and Care**

Finally, we wanted to take this opportunity to highlight an issue important to our members and critical to their patients' care. We are particularly alarmed by the increased prevalence of obesity across the nation, and your committee has a unique opportunity to address this epidemic. Over 42% of adults and 19% of children are estimated to have obesity. [Recent data](#) released by the Centers for Disease Control and Prevention (CDC) show that 22 states have an adult obesity prevalence at or above 35%. The Midwest and Southern parts of the country had the highest prevalence of obesity. Three states (Louisiana, Oklahoma, and West Virginia) have an obesity prevalence of 40% or greater. Unfortunately, the obesity epidemic has resulted in increased economic costs. Obesity accounts for \$170 billion in higher medical costs each year. Obesity has also affected our nation's military readiness and national security. Just over 1 in 3 young adults between the ages of 17 and 24 are too heavy to serve in our military.

The obesity epidemic has had a damaging impact on the nation and Congress must address this before it is too late. As you may know, there is legislation introduced within your committee's jurisdiction that would take significant steps to address this issue. We urge you to pass HR 4818, the Treat and Reduce Obesity Act (TROA) which would expand access to evidence-based obesity treatment and care. The management of obesity includes a range of options which include lifestyle intervention, pharmacotherapy, and surgery. Currently, there are restrictions in place which prevent millions of Americans from accessing obesity treatment and care. TROA would remove these restrictions by ensuring that Medicare beneficiaries have access to the full range of obesity treatment options. TROA would ensure that Medicare beneficiaries can access FDA- approved anti-obesity medications (AOM), which results in improved overall health. AOMs, which are scientifically proven to be effective, are currently prohibited from being covered under Medicare. TROA would also remove restrictions pertaining to Intensive Behavioral Therapy (IBT), an effective lifestyle intervention for obesity



that includes dietary and nutrition assessment to promote weight loss. CMS has limited coverage of IBT to mostly primary care providers which has resulted in underutilization of the benefit. TROA would remove these restrictions by allowing qualified healthcare providers to such as endocrinologists to offer IBT services.

We also encourage you to review our obesity resources and educational materials. Many of our members are making significant contributions to the advancement of knowledge in obesity research, prevention, and treatment and we have prioritized these issues in our policy work. We have developed and distributed educational resources about obesity to Members of Congress including an “Obesity Playbook” which provides a “101” education on the issue of obesity and includes information about TROA. We have also hosted a series of educational congressional briefings on obesity, which are available on our [website](#).

We appreciate your attention to these very important issues and thank you for the opportunity to provide comments. If you have any questions or we can be of any further assistance, please contact Rob Goldsmith, Director of Advocacy and Policy at [rgoldsmith@endocrine.org](mailto:rgoldsmith@endocrine.org).

Sincerely,

Stephen Hammes, MD, PhD  
President  
Endocrine Society

Cc: The Honorable Richard Neal, Ranking Member