

January 17, 2017

Sen Mitch McConnell
Majority Leader

Rep Paul Ryan
Speaker of the House

Sen Chuck Schumer
Minority Leader

Rep Nancy Pelosi
Democratic Leader

Sen Orrin Hatch
Chairman, Finance

Rep Greg Walden
Chairman, Energy & Commerce

Sen Greg Wyden
Ranking Member, Finance

Rep Frank Palone
Ranking Member, Energy & Commerce

Sen Lamar Alexander
Chairman, HELP

Rep Kevin Brady
Chairman, Ways & Means

Sen Patty Murray
Ranking Member, HELP

Rep Richard Neal
Ranking Member, Ways & Means

Dear Majority Leader McConnell, Speaker Ryan, et al:

The Endocrine Society looks forward to working with you and the 115th Congress to ensure that our patients continue to have access to affordable, high quality insurance coverage, preventive services, and patient-centered care. We, however, urge caution with respect to current efforts to repeal the Patient Protection and Affordable Care Act (ACA). While implementation of the ACA has had its challenges, people with endocrine conditions have benefited from many of the law's provisions. Losing these benefits would have a detrimental impact on these individuals and the health care system. Consequently, we urge you to allow stakeholders, like to the Endocrine Society, to review and provide input into any replacement plan that will be considered, and to consider this replacement at the same time a repeal vote is taken to avoid inadvertent harm to those who depend on the ACA.

The Endocrine Society is the oldest and largest global professional membership organization representing the field of endocrinology. Our more than 18,000 members care for patients and are dedicated to advancing hormone research and excellence in the clinical practice of endocrinology, focusing on diabetes, obesity, osteoporosis, infertility, rare cancers and thyroid conditions. 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 our patients are fully considered as policies to ensure Americans have access to health insurance and the health care system are reevaluated and urge you to consider the following principles:

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.

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 reducing costs and these programs must be continued under a new health care system.

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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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.

Protecting women's health - 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. These policies alone, however, are not enough to ensure meaningful access to health care.

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 cursive script that reads "Henry Kronenberg".

Henry Kronenberg, MD
President, Endocrine Society