

January 6, 2017

President-elect Donald J. Trump

Dear President-elect Trump:

On behalf of the Endocrine Society, I write to offer our assistance as you develop your policies during your presidency.

The Endocrine Society is the oldest and largest global professional membership organization representing the field of endocrinology. Our 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. These expert scientists and physicians shape the genesis and delivery of patient care from bench to bedside to well-being. Our more than 18,000 members are in 122 countries and include scientists, physicians, educators, nurses, and students.

Every chronic disease of the 21<sup>st</sup> century has a link to hormonal issues, making endocrinologists indispensable to other physicians, patients, and policymakers who depend on their unique training, expertise, and perspective. Historically, endocrinologists have revolutionized the field of healthcare through scientific breakthroughs such as the discovery of insulin, cortisone, or the estrogen receptor. These advancements in science shape treatments that enhance the lives of tens of millions of patients worldwide.

The Society's members are affected by policy changes made at the federal level that impact their ability to effectively treat their patients and conduct research to develop new treatments and cures. We look forward to working with your administration and highlight some of the Society's policy priorities below.

**Ensuring access to affordable health care:** We urge caution with respect to current calls for the repeal of Patient Protection and Affordable Care Act (ACA). We are concerned that such actions would have a detrimental impact on our member physicians and their patients. Americans must be assured of adequate and affordable insurance that covers their health care needs. The high cost of coverage and treatment, and inadequate insurance causes many to skip or delay care. We need a health system that will allow all Americans to lead healthier and more productive lives.

Policies that expand access to coverage, such as those that prevent pre-existing condition exclusions and allow young people to remain on their parents' plans until age 26, are critically important. These policies alone, however, are not enough to ensure meaningful access to



health care. We would like to work with you and your administration to ensure that the needs of our patients are fully considered as the health insurance and health care system is reevaluated.

**Addressing the global epidemic of diabetes and obesity:** More than 26 million Americans have diabetes and more than 1/3 are obese. Diabetes, in fact, leads a list of just 20 diseases and conditions that account for more than half of all spending on health care in the United States. US spending on diabetes diagnosis and treatment totaled \$101 billion in 2013, and has grown 36 times faster than spending on heart disease, the country's No. 1 cause of death, researchers reported.<sup>1</sup>

Better preventive care is needed to identify and effectively treat those who are affected before the condition worsens or costly complications develop. Access to intensive behavioral counseling and the necessary diabetes supplies are crucial to support these efforts. Provider and patient education must also be prioritized to reduce hypoglycemic events, a significant driver of diabetes spending. To provide integrated care for people who have diabetes and who may be at risk of developing costly and related medical problems, the US health care system must also continue researching and building effective multidisciplinary care team models.

We urge your administration to start by supporting: expanded Centers for Disease Control funding for the National Diabetes Prevention Program, a proven behavioral intervention that reduces the risk of progressing from prediabetes to diabetes by 71 percent in the Medicare population; Medicare coverage of continuous glucose monitors, the gold-standard for managing diabetes; and 2-year reauthorization of the Special Diabetes Program at \$300 million annually to fund type 1 diabetes research at the National Institutes of Health (NIH) and treatment, education, and prevention programs for American Indian and Alaska Native populations, who are disproportionately affected by type 2 diabetes.

**Federal funding for biomedical research:** Endocrine scientists funded by the NIH continue to make remarkable contributions in areas of critical national interest, including diabetes, obesity, the microbiome, cancer, bone health, and fertility. Further progress, however, depends on adequate federal support. The opportunities to cure many diseases and conditions will decrease in the years ahead as the federal government's investment in biomedical research declines due to inflation and inadequate funding levels. We have recommended at least \$34 billion for the NIH in FY 2017 to make up for years of flat and under-funding, and to maintain America's status as a leading research engine.

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<sup>1</sup> Dielman JL, et al. US Spending on Personal Health Care and Public Health, 1996-2013. *JAMA*. 2016;316(24):2627-2646.



We are concerned that Congress adjourned in 2016 without finalizing FY 2017 funding and urge your administration to work with Congress to complete the appropriations process before the current continuing resolution (CR) expires in April. While providing stop-gap funding, the CR still undermines funding by tying it to last year's levels and leaving federal agencies uncertain about the future and unable to implement new initiatives.

**Reducing harmful exposure to endocrine disrupting chemicals (EDCs):** EDCs are chemicals that can cause adverse health effects by interfering with hormones in the body. EDCs are found in everyday products and throughout the environment. The scientific evidence is more definitive than ever before that EDCs disrupt hormones in a manner that harms human health. However, there is no comprehensive, coordinated approach to regulating EDCs in the US. We urge your administration to support coordinated regulatory oversight of EDCs. Regulatory policies based on comprehensive data covering low and high-level exposures would have significant economic and health benefits.

**Women's health care:** 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. Ensuring that all women have access to necessary health care services, contraception, and preventative screenings is a top priority for the Society. Should the Affordable Care Act be repealed, we strongly urge that preventative health services, including contraception, continue to be covered free-of-charge.

To ensure that there are appropriate therapies to treat women, it is critical that females are considered in research studies in all phases of biomedical research. The investigation of sex-specific effects is a significant component of the rigor and completeness in research. We urge your administration to support efforts to consider how sex as a biological variable contributes to biomedical research. Research by NIH should consider sex as a biological variable where appropriate, and clinical studies by the NIH and reviewed by the FDA should report data by sex.

**Recognizing the value of endocrinologists:** In a new system focused on improving quality and reducing costs, endocrinologists will be key members of the care team, coordinating care for patients with co-morbidities to ensure effective transitions of care, and provision of care to accepted standards. As the federal government moves forward in overhauling the Medicare physician payment system, it is vital that physicians are incentivized to provide the highest standards of care while preventing unnecessary expenditures. Non-face-to-face and telehealth services should be covered by Medicare to assist with this goal, and evaluation and management services should be revalued to account for cognitive work.



**Regulatory burdens in research:** Clinical and basic scientists who run federally-supported research programs are impacted, often negatively, by the time and effort required to comply with various administrative requirements imposed by granting agencies and enforced by their home institutions. As your administration examines opportunities to reduce federal regulations, we encourage you to consider opportunities to reduce onerous regulatory burdens faced by researchers.

We look forward to engaging with your administration on many health and research issues. Please do not hesitate to contact Mila Becker, JD, Chief Policy Officer, at [mbecker@endocrine.org](mailto:mbecker@endocrine.org) when our expertise may be of value.

Sincerely,

Henry Kronenberg, MD  
President, Endocrine Society

cc: Representative Tom Price