Below for your review are AACE President Dr. Yehuda Handelsman’s annual report on the *State of AACE* and annual reports for AACE council, committees and task forces for the 2011-2012 Association year. To review each report, just click on the item and you will automatically be taken to the report.

**AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS**  
State of AACE and Council, Committee and Task Force Annual Reports

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Dear Colleague:

As my term draws to a close, I would like to thank you for allowing me the privilege of serving as your President this past year and representing our great organization, along with your other Officers, Board, council, committees, task forces, and staff. What an incredible ride I had. This past year has broadened my perspective of the critical role endocrinologists should have in health care and on the many vexing challenges we face. At the same time, it has deepened my appreciation for what can be accomplished when talented and passionate people tirelessly collaborate to achieve AACE’s mission. I may be rightfully called “prejudiced,” but I believe that endocrinologists are the most congenial of colleagues, best educators, making complex decisions, and, above all, steadfast in their unfailing commitment to improve their knowledge for the benefit of their patients.

My sincere appreciation goes to the best “brain power” in medicine, the team, my friends, the dedicated and talented men and women who have served as Officers, on the Board of Directors, council, committees and task forces (see Honor Roll of Service – Appendix 1)—supported by our capable and dedicated staff. The impressive results of their commitment and hard work on behalf of you and your patients are evident in the report on The State of AACE, which can be accessed at www.aace.com. I have also summarized some of our major activities in my final “President’s Perspective” in the February/March issue of The First Messenger.

In Philadelphia, AACE is commemorating our country’s most precious possession—Family & Freedom. What better place to remember our patriotic spirit than in this historic city where the Declaration of Independence, which started the flames of our freedom, and the constitution, which guarantees preservation of those hard fought freedoms, were forged.

We are especially pleased to welcome our international colleagues from nearly 45 countries and, for the first time, an official delegation of endocrinologist colleagues from China who will be attending. AACE is indeed reaching out to the world of clinical endocrinology.

AACE will also be celebrating its 21st birthday, and I suppose you can say that we have, in the popular vernacular, “Come of Age.” In fact, AACE has been maturing at a rapid rate since we first emerged as a fledgling organization and it has been a remarkable ride—bumpy as well as smooth—but always with our sights on the road ahead. Our reach has continued to grow both domestically and internationally. Despite the challenges we face to our profession and specialty, AACE has remained strong, the only medical society that keeps growing progressively since its inception, fiscally sound, and steadfast in pursuing our mission of advocating for our members and their patients by being engaged in an ever-expanding scope of activities to not just preserve but enhance and expand the practice of clinical endocrinology and improve care for patients with endocrine diseases. Our past has been a remarkable success story making us ready today for the greatest opportunities that lie ahead.

Please join me now in congratulating and welcoming my successor, Dr. Alan Garber, as he assumes the mantle of leadership of AACE for the next year. Alan has worked hard and selflessly for AACE, he brings prodigious talents and recognized national and international leadership to the office. I am confident that Alan will capably engage our members and leaders to expertly steer AACE in the right direction. I also welcome Dr. Pauline Camacho and Dr. George Grunberger to the extraordinary capable
and committed Executive Committee that, together with the best Board of Directors among medical societies, will join Alan to take AACE to new heights.

Once again, I want to express my many thanks to all of you who have given so generously of your time and abilities. Please continue to do so. For those who have not had the opportunity to participate, I would like to encourage you to contribute to AACE in any way you can. The level of success we achieve has been and will always be dependent on the collective enterprise of our membership—AACE’s most valuable resource.

It has been an honor to serve you during the past year. I look forward to continuing to do so in every way possible. Thank you.

With Warm Regards,

Yehuda Handelsman, MD, FACP, FACE, FNLA
President
THE STATE OF AACE

MAJOR AACE ACTIVITIES

EmPower: The AACE Patient Awareness Resource

EmPower, formerly Power of Prevention, is the one-stop-shop for all patient health awareness initiatives created and promoted by the American College of Endocrinology (ACE) in conjunction with the American Association of Clinical Endocrinologists (AACE).

The Power of Prevention (POP) initiative was launched in May 2003 as part of AACE President Donald Bergman’s effort to promote prevention of endocrine disease and associated complications through fitness and nutrition. The number of obese children in the United States continues to grow at an alarming rate. Also, recent studies indicate that, not only are American children obese, they are developing adult conditions, such as type 2 diabetes, at an earlier age. Moreover, obesity in young adults is associated with the development of cardiovascular disease risk factors later in life.

EmPower is comprised of many successful programs and resources available for members and their patients. These components include:

- EmPower Magazine
  EmPower Magazine is a free, quarterly periodical published by the American College of Endocrinology (ACE). Each issue addresses multiple endocrine conditions, including diabetes, obesity and thyroid dysfunction, and highlights tips for prevention. Articles in the magazine are written by expert endocrinologists who have years of experience in treating patients with endocrine disorders and each issue features real stories of patients living with these conditions. The inaugural issue of the magazine was published in January 2009. The most issue recent of EmPower Magazine will be launched at the 2012 Annual Meeting. All AACE domestic members are provided with 100 copies of the each issue of the magazine for distribution to their patients.

- EmPower Diabetes Emergency Plan
  The resource, originally entitled the EmPower Diabetes Disaster Plan, was launched in 2006 following the destruction of Hurricane Katrina to help diabetic patients prepare for disaster. The checklist has been very successful and more than three million copies have been distributed worldwide. This year, in 2012, the plan has been updated and is being re-launched as the EmPower Diabetes Emergency Plan. The new checklist, which is printed on waterproof/tear-proof paper, is wallet-sized and is aimed at reaching everyone with diabetes and their caregivers to help them prepare all emergencies. The checklist is distributed to endocrinologists and patients worldwide and is available in English and Spanish.

- EmPower Website – EmPowerYourHealth.org
  The EmPower website, EmPowerYourHealth.org, serves as the online portal for endocrine-related information for patients. The website features links to resources, including EmPower Magazine.

Endocrine University®

As part of the American College of Endocrinology’s (ACE) commitment to enhance and expand the educational experiences for endocrine fellows-in-training, ACE developed Endocrine University® (EU) “Technology for Endocrinology Fellows-in-Training.” The first event of its kind ever convened was
Endocrine University® has proven to be an unprecedented success, with a total of over 2,200 endocrine fellows, representing more than 135 training programs across the country, participating since its inception. The ACE and AACE Boards feel that Endocrine University® strongly supports both organizations’ missions to promote education in the art and science of endocrinology. Participation is limited to final year fellows who are members of AACE and recommended by their program director.

The 2012 EU, which was held March 3-8 at the Mayo Clinic in Rochester, was specially designed to help prepare final year fellows for entering clinical practice by enhancing their exposure to the following key areas of clinical endocrinology:

- Thyroid Ultrasound and Fine Needle Aspiration
- Bone Density Measurement Certification
- Endocrine Laboratory and Genetic Testing
- Insulin Pump and Sensor Hands-on Instruction
- Practice Management Issues
- Meet the Expert Sessions

This year’s course was filled to capacity with 243 fellows (representing over 120 programs) attending. Fellows pay a modest registration fee. All other expenses for lodging, food, and course materials are provided through ACE. Travel costs are offset by scholarship grants provided to those fellows selected to attend EU by their program directors in Endocrinology and Metabolism (APDEM). ACE/AACE greatly appreciates the cooperation of APDEM in helping make this important learning experience available to fellows-in-training.

AACE would also like to gratefully acknowledge Novo Nordisk, whose commitment to the future of endocrinology makes this important educational initiative possible through an unrestricted educational grant.

AACE Congressional Visitations

AACE has conducted two highly successful congressional visitation trips in the past year. The 2011 Fall Congressional Visitation Trip occurred September 21 – 22, 2011, and the 2012 Spring Congressional Visitation occurred February 28 – March 1, 2012. During both visitation trips, members of the AACE Board of Directors, Legislative and Regulatory Committee and AACE state and regional chapters met with Members of Congress to request support for the following AACE legislative priorities:

- The National Diabetes Clinical Care Commission Act (H.R. 2960) – AACE’s signature diabetes legislation that establishes a new commission to evaluate federal diabetes activities and recommend new approaches to improve the quality of diabetes care and patient outcomes. During the 2012 Spring visitation trip, AACE secured a commitment from Senator Jeanne Shaheen (D-NH), Senate Diabetes Caucus Co-Chair, to introduce a Senate companion bill to H.R. 2960.
- Preservation of Access to Osteoporosis Testing for Medicare Beneficiaries Act (H.R. 2020/S. 1096) – Legislation to extend 2011 Medicare payment rates for DXA bone density scans for two more years to maintain patient access to these important preventive health services.
- Medicare Physician Payment Reform – Advocating for permanent repeal of the Sustainable Growth Rate (SGR) formula and passage of the Medicare Patient Empowerment Act (H.R. 1700/S. 1042). This legislation is not a solution to the SGR and physician payment crisis; however, it would provide a tool (the ability for physicians to enter into private contract with patients without penalty to the physician or patient) to alleviate some of the access and payment problems while Congress continues to work on permanent physician payment reform.

Between the two trips, AACE representatives participated in over 220 meetings with Members of Congress and congressional staff. Other visitation activities included the AACE legislative workshop, with advocacy training in preparation for congressional meetings, an overview of the legislative process, briefings on AACE legislative priorities and other health care issues pending before Congress; an AACE congressional luncheon featuring speakers who are key Members of Congress; and congressional
receptions for new physician members of the U.S. House of Representatives and for the Congressional Co-Chairs of the House and Senate Diabetes Caucuses. AACE also hosted a dinner for visitation participants and Corporate-AACE (CAP) representatives to discuss federal policy issues of mutual interest.

[A summary of AACE legislative priorities and activities and Board actions is included in this report]

Back to Basics: Blood Sugar Basics

The American College of Endocrinology (ACE) continues to partner with Merck on the Blood Sugar Basics program. This patient education campaign began in late 2010 and provides invaluable information for people with diabetes who are struggling to control their blood sugar levels.

The campaign’s Web site, www.BloodSugarBasics.com, serves as the key resource to teach patients how to take an active role in their diabetes management and to work with their healthcare team to set reasonable blood sugar goals. The Web site focuses not only on treating high blood sugars, but also on recognizing and preventing low blood sugars. The site offers several tools to help patients, including a quiz to measure their understanding about blood sugar levels and the top five questions to ask their doctor on their next visit.

In 2011, the Blood Sugar Basics program included a national launch at the AACE Annual Meeting and several media tours with AACE physician Dr. Sandra Weber and celebrity spokesperson Mike Golic, former NFL player and current co-host of ESPN’s Mike and Mike in the Morning syndicated radio and television show.

The program for 2012 includes the launch of a new component called “The Game Plan” which provides four simple steps to help patients set goals, meal plan, be physically active, and work with their healthcare team. Activities are expected to include a presence at the 2012 AACE Annual Meeting, a national media tour, interviews with national magazines, and more.

ACE extends thanks to Dr. Farhad Zangeneh for serving as the medical liaison overseeing the Blood Sugar Basics program.

In addition, ACE would like to thank Merck for their support through an unrestricted educational grant that made this campaign possible.

Thyroid Awareness Month

2012 marked the 18th year of the AACE Thyroid Awareness Month campaign, although there were significant revisions to the program this year. First and foremost, a new blue paisley ribbon was introduced as a new lasting symbol for thyroid awareness for 2012 and beyond. The blue paisley ribbon was promoted on all printed materials and large quantities were distributed to patients free of charge on items such as lapel pins, car magnets, and compact mirrors.

Another big improvement was the introduction of the new website www.ThyroidAwareness.com, developed as a comprehensive resource in conjunction with the new EmPower website. During the campaign in January, the website received more than 14,000 unique views.

Additionally, the January issue of EmPower Magazine focused on thyroid awareness and featured the blue paisley ribbon on the cover. A hundred copies of the magazine were sent to AACE members for distribution in their offices, along with the Thyroid Neck Check®, also redesigned with the new blue paisley theme.

A variety of other new components also contributed to a successful Thyroid Awareness Month. First, an aggressive media and public outreach effort included a satellite media tour in New York City, interviews with several national health magazines, and a matte release distributed nationally. AACE also utilized
social media for the first time to add another layer of key outreach. Additionally, a series of public service announcement videos were produced and distributed to local television stations throughout the United States, and a 30-second spot was broadcast once an hour on the CBS super screen in New York’s Times Square once an hour for three months. Another new approach for 2012 was participation in two public health fairs, where AACE physicians and staff connected directly with more than 4,000 members of the public.

Finally, AACE engaged thyroid patient organizations and identified patients to become thyroid awareness advocates. By partnering with established organizations such as ThyCa, the REACT Thyroid Foundation, the National Graves’ Disease Foundation, and Light of Life, the thyroid awareness message spread through additional communication channels and reached even more members of the public.

We look forward to building on the momentum for Thyroid Awareness Month 2013 and beyond.

The Thyroid Awareness Campaign is supported through an unrestricted educational grant from Abbott Laboratories.

Corporate AACE Partnership (CAP)

Many of AACE’s excellent scientific programs, public awareness initiatives, advocacy efforts, and other important AACE/ACE endocrine-related educational activities initiated during the past year would not have been possible without the generous support of those industry partners represented on the Corporate AACE Partnership (CAP). The CAP provides an important forum for exchange of ideas between AACE and pharmaceutical and medical device companies, which promotes better care for patients with endocrine disease.

These programs are conducted in different areas of the country to enable as many members as possible to attend. CAP member support also helps AACE/ACE fulfill its commitment to offer members affordable accreditation courses in thyroid ultrasound and FNA biopsy, bone densitometry measurement, endocrine neck diagnostic and interventional ultrasound, nuclear medicine course, national diabetes education initiative for primary care physicians, and conduct the EmPower initiative, including EmPower Magazine, and Endocrine University®.

A special thanks to our industry partners whose commitment to better endocrine health and generous support in the form of unrestricted educational grants contribute significantly to AACE/ACE scientific programs, including the AACE Annual Scientific and Clinical Congress, and other educational initiatives throughout the year at the national and chapters level that enhance the practice of clinical endocrinology and improve care for patients with endocrine diseases. AACE is concerned about the increasing and often unwarranted attacks on physician/industry relationships and the adverse effect this may have on the future of medical education, post graduate education, research, and innovation in scientific advancement, which may be detrimental to patient care. AACE issued a formal position statement on physician/industry relationships during the AACE 18th Annual Meeting & Clinical Congress on May 15, 2009, stating that “there is no inherent conflict of interest in the working relationship of physicians with industry government. Rather, there is a commonality of interest that is healthy, desirable, and beneficial.

Criteria for eligibility to serve on the Corporate AACE Partnership is as follows:

Membership on the Corporate AACE Partnership (CAP) shall be limited to pharmaceutical, medical device, or other companies whose products or services:

- Support the advancement of the mission and goals of AACE.
- Provide a value-added benefit to the members of AACE in the pursuit of excellence in the practice of clinical endocrinology and contribution to the economic viability of the physician’s practice.
- Serve to enhance the quality of care for patients with endocrine disorders.
- Foster increased awareness about endocrine disorders and the important role of the clinical
During the Annual Meeting in Philadelphia, please be sure to visit the exhibits to learn more about the many excellent products, medical devices, and services that are available to help you better serve your patients. And while you are there, be sure to thank the exhibitors for their ongoing support of AACE. The CAP is currently comprised of the 43 companies:

Abbott Diabetes Care
Abbott Laboratories
Abbott Nutrition
Allergan, Inc.
Amgen
Amylin Pharmaceuticals
AstraZeneca
Asuragen, Inc.
Bayer
Becton Dickinson and Company
Boehringer Ingelheim Pharmaceuticals, Inc.
Bristol-Myers Squibb
Daichichi Sankyo, Inc.
DexCom, Inc.
Eli Lilly & Company
Endo Pharmaceuticals
Forest Laboratories, Inc.
Genentech
Genzyme Corporation
GlaxoSmithKline
Health Monitor Network
HemoCue, Inc.
Liberty Medical Supply, Inc.
LifeScan, Inc. (A Johnson & Johnson Company)
MannKind Corporation
Medscape Education
Medtronic MiniMed
Merck & Co., Inc.
Nestlé Nutrition
NeuroMetrix
Novartis Pharmaceuticals Corporation
Novo Nordisk Inc.
Orexigen Therapeutics, Inc.
Pfizer Inc.
PhRMA
Roche Diagnostics Corporation
SANOFI
Santarus, Inc.
Takeda Pharmaceuticals U.S.A., Inc.
Valeritas
Veracyte
VIVUS
Warner Chilcott plc

Annual AACE/Cleveland Clinic Board Review Course

The Board was pleased to note AACE’s continuing cooperation with Cleveland Clinic in co-sponsoring the upcoming AACE/Cleveland Clinic Board review course scheduled to be held September 6-8, 2012, at the InterContinental Hotel and Bank of America Conference Center in Cleveland, Ohio.

MAJOR BOARD ACTIONS

The Board held four meetings during the 2011-2012 Association year and addressed a broad range of issues affecting endocrinologists and their patients, including reports and recommendations from AACE committees and task forces (See Appendix 1). The following is a summary of major actions taken by the Board. A summary of Board actions is also printed in The First Messenger in the issue following each Board meeting.

Lewis E. Braverman Distinguished Lectureship Award: The Board enthusiastically approved a contribution to the ATA’s Lewis E. Braverman Distinguished Lectureship Award. The ATA initiated a campaign to honor Dr. Lewis E. Braverman with the creation of the Lewis E. Braverman Distinguished Lectureship Award for his many years as an educator and mentor for fellows as well as his contributions to the field of endocrinology. The presentation and inaugural lecture occurred at the 81st Annual Meeting of the ATA in October 2011 in Palm Springs, CA. The Board was pleased to have AACE participate in this well-deserved recognition of Dr. Braverman.

Appointment of Editor-in-Chief of the Website: The Board approved appointment of Dr. Steven Petak as the Editor-in-Chief of the AACE Website. Dr. Petak’s principal responsibility includes oversight and approval of the content of the website in all areas, similar to those of the Editor-in-Chief of Endocrine Practice, who is responsible for the content of AACE’s scientific journal. He also oversees the current
existing editors and their sites (i.e., patient safety, *EmPower*, etc.) In addition, Dr. Petak worked with the AACE Information Technologies staff in evaluating the website and its recent revamping to ensure that it is reflective of the needs of the membership and other users. In addition, the Board approved creation of an e-mail address on the AACE website for the AACE membership to utilize in sending comments/ideas about the website. The e-mails from this address will be delivered directly to the Dr. Steven Petak, Editor-in-Chief of the AACE Website.

**International Travel AACE International Travel Policy & Waiver of Liability:** The Board approved the following international travel policy and waiver of liability:

*AACE makes every reasonable effort to protect the safety and welfare of its representatives during the course of their participation in international meetings on behalf of AACE.*

*AACE provides a free travel accident and dismemberment benefit for all members traveling to international locations on behalf of AACE in the amount of $150,000 for each individual and $1.5 million aggregate limit for all coverages.*

*In the event that the US State Department issues a travel warning for the country/region that a meeting is being held, AACE cannot participate in the meeting and risk the safety and welfare of its members and/or staff. If after agreeing to co-sponsor a meeting with an organization within a country/region at which AACE members and/or staff are officially present on behalf of AACE and for which a travel warning to that meeting location has been issued by the US State Department, AACE will withdraw its participation at any time. In the event a travel warning has already been issued, AACE will advise the co-sponsoring organization at least two (2) months prior to the date of the event if it becomes necessary to withdraw its official participation based on travel safety issues and will also advise affected AACE representatives of this action. This policy does not prevent any AACE member from traveling to the meeting as an individual at their own risk.*

**Authorized Use of AACE/ACE Titles:** The Board approved the following policy regarding the authorized use of AACE/ACE’s name and titles in personal correspondence/activities:

**Activities During Term**

*An Officer, Board Member, Committee/Task Force Member, and/or Senior Manager shall not use AACE’s/ACE’s name or his/her affiliation with AACE/ACE in a manner that would incorrectly imply an AACE/ACE endorsement of a non-AACE/ACE product or service or that would imply AACE/ACE support of a personal opinion or activity.*

**Activities Following Term**

*A former Officer, Board Member, Committee/Task Force Member, and/or Senior Manager shall not use AACE’s/ACE’s name or his/her affiliation with AACE/ACE in any manner which would imply AACE/ACE support or endorsement of policies or activities of another organization. A former Officer, Board Member, Committee/Task Force Member, and/or Senior Manager shall not use AACE’s/ACE’s name or his/her affiliation with AACE/ACE for commercial gain. A former Officer, Board Member, Committee/Task Force Member, and/or Senior Manager shall not disclose confidential or proprietary information for personal or commercial gain.*

**Finance Committee**

While challenging economic conditions continued in year 2011, AACE finances remain on solid financial ground. In light of a decline in anticipated grant revenues, AACE sought out new sources of revenue while exercising stringent cost controls. The AACE Finance Committee carefully monitored the investment portfolio for AACE reserve funds during the year, in consultation with the AACE investment advisor in order to ensure principal protection and maximizing investment return. In addition, an aggressive effort (which commenced in year 2010) to reexamine certain AACECORP financial issues associated with the publication of *Endocrine Practice* was successful culminating with the signing of an
agreement in the fall of 2011 with Wolters Kluwer (now Springer Healthcare) for the worldwide sales and marketing of *Endocrine Practice* reprints.

**2010 Audit:** The Board reviewed and accepted the audited financial statements for the American Association of Clinical Endocrinologists (AACE), its for-profit subsidiary AACECORP, and the American College of Endocrinology (ACE) for the fiscal year January 1 – December 31, 2010, as prepared and presented by the independent CPA firm of Lucas, Herndon, Hyers and Pennywitt. There were no areas of concern observed by the independent auditor related to the management of the finances or financial soundness of AACE or its affiliated organizations.

**2011 Audit:** The Board approved retaining the services of the independent CPA firm of Lucas, Herndon, Hyers & Pennywitt to conduct the audit of the financial statements of AACE, AACECORP, and ACE for the year ending December 31, 2011. The year 2011 financial audit is presently ongoing.

**AACE Restricted Reserves:** Due to market volatility, the Association had a total restricted investment reserve of $3,057,577 at December 31, 2011 (including principal and interest), down from $3,237,870 at December 31, 2010. During the first quarter of 2012, market conditions were much improved and the AACE investment portfolio has recovered previous unrealized losses and experienced positive gains. These funds can only be utilized with a two-thirds approval of the Board of Directors. Funds are added to the reserves based on the Association’s surplus at the end of the fiscal year. The reserve is intended to protect against the disruption of AACE activities as a result of any future unprojected shortfall in revenues.

**2012 Budget:** The Board approved a proposed budget for AACE, excluding AACECORP, for the fiscal year January 1 – December 31, 2012, including total projected revenues from all sources (excluding investment activities) in the amount of $12,561,197 and expenditures of $12,557,995, resulting in a surplus of $3,202. AACECORP projects a year 2011 surplus of $25,361.

**2012 Annual Meeting Clinical Congress Program Committee**

**Permanent Name for AACE Annual Meeting:** The Board approved a permanent name for the AACE Annual Meeting beginning in 2012 – AACE 21st Annual Scientific and Clinical Congress (i.e., number would change each year), along with a sub-title relevant to the current year’s main theme.

**2014 AACE Annual Meeting:** The Board approved the selection of the Paris/Bally’s hotels in Las Vegas, Nevada, as the site for the 2014 Annual Meeting – May 11-18.

**2015 AACE Annual Meeting:** The Board approved the selection of the Omni & Convention Center in Nashville, Tennessee, as the site for the 2015 Annual Meeting – May 13-17.

**2016 AACE Annual Meeting:** The Board approved the selection of the Rosen Shingle Creek Hotel in Orlando, Florida, as the site for the 2016 Annual Meeting – May 22-29.

**AACE Sex Hormones & Reproductive Endocrinology Committee/ Endocrine Sexual Hormone Dysfunction Committee**

**Committee Name Change:** The Board approved the name change of the “Endocrine Sexual Hormone Dysfunction Committee” to the “AACE Sex Hormones and Reproductive Endocrinology Committee.”

**Position Statement on Testosterone Therapy for Male Hypogonadism:** The Board approved, in principle, development of an AACE position statement on testosterone therapy for male hypogonadism.

**Academic Endocrinologists Committee**

**Fellows-in-Training Poster Sessions:** The Board approved that one or two endocrine program directors located in the city in which the AACE Annual Meeting is being held will be invited to assist in judging
the fellows-in-training poster sessions.

**AACE Membership Recruitment of Academic Endocrinologists:** The Board received a report on recruitment efforts to attract more academic endocrinologists to become members of AACE and strategies for current academic endocrinologists to become involved to include:

- A letter of invitation will be sent to all non-member academic endocrinologists from an AACE member pointing out the efforts of AACE at its Annual Meeting and other program activities to make topics and interactions beneficial for the academic endocrinologists.
- Concentrate efforts on recruiting young academic endocrinologists pointing out the networking and presentation opportunities that would be available to them at AACE educational meetings, including additional time allowed for oral and poster presentations during the Annual Meeting.

**Awards Committee**

**AACE/ACE Corporate Philanthropy Award Reestablished as AACE Outstanding Corporate Partner Award:** The ACE Board of Trustees approved that the ACE Corporate Philanthropy Award will be discontinued in its present form. The AACE Board of Directors approved that the award will be reestablished as the AACE Outstanding Corporate Partner Award to recognize AACE corporate partners for their financial support to AACE.

The Board was pleased to approve the selection of Abbott Laboratories and Eli Lilly and Company as the recipients of the newly-established AACE Outstanding Corporate Partner Award to be presented during the 2012 AACE Annual Meeting recognizing their generous support of AACE physicians and public educational programs and initiatives.

**Bylaws Committee**

The Board approved recommending to the membership at the Annual Business Meeting 11 amendments to the AACE Bylaws as set forth in the Bylaws Amendments report.

**Chapters Committee**

**Incorporation of State Chapters:** The Board amended AACE policy regarding the incorporation of state chapters to read:

*Incorporation of State and Regional Chapters (which includes all US territories) – All state and regional chapters whose financial disbursements are handled by AACE must be incorporated and that all forming state and regional chapters of AACE will be incorporated. The following optional services will be offered to domestic state and regional chapters:*

- State and regional chapters can become incorporated in the state of Florida or in their respective states as may be required by law.
- Chapters signing financial administrative agreements with AACE should be incorporated in the state of Florida. If incorporation in another state is preferred, the chapter will pay an additional fee at a reasonable cost to be determined, if financial services are requested.
- AACE legal counsel can act as a temporary agent for chapters choosing to incorporate in the state of Florida by executing all necessary paperwork required for incorporation.
- State and regional chapter chairs/officers signatures will be required to complete incorporation process in the state of Florida, if Florida is selected as the state of incorporation.
- All necessary annual reports of state and regional chapters must be filed as required by the incorporating state’s law. Services will be provided by AACE to chapters signing financial administrative agreements at a reasonable cost to be periodically determined.
- International AACE chapters must complete any and all documentation necessary to be compliant with the laws governing the country under which the chapter operates, this includes but is not limited to incorporation, legal, and financial requirements.
Committee on Obesity/Task Force on Obesity

**Obesity as a Disease State:** The Board approved the recommendation that AACE acknowledge obesity as a disease state. Obesity will be addressed as an important focus for clinical endocrinologists by AACE and pursued through a comprehensive campaign regarding its diagnosis and management. The Task Force was reconstituted as a standing Committee on Obesity to further emphasize the importance of this issue. AACE issued a press release on July 29, 2011, which can be viewed at [http://media.aace.com/article_display.cfm?article_id=5075](http://media.aace.com/article_display.cfm?article_id=5075)

**Obesity Consensus Conference and Position Statement:** The Board approved development of a position statement regarding obesity treatment options for people affected by obesity to be reviewed and finalized during a one-day consensus conference for subsequent publication. The obesity statement is currently being finalized for approval by the Board.

Diabetes Council

**Consensus Conference on Diabetes and Cancer:** The Board approved development of a Consensus Conference on “Diabetes, Diabetes Therapies and Cancer: What We Know and What We Should Do?” Upon review of the currently available information regarding the link between diabetes and cancer, as well as what diabetes therapies do and/or do not do in relation to cancer, it was felt that this was a complicated subject matter and that AACE should develop a consensus conference to formally address this issue. The Conference is scheduled to be held September 13-15, 2012, at Grand Hyatt in New York.

Endocrine Training Support Committee

**ASAP Offered to Oral Presenters:** The Board approved that fellows-in-training and residents selected for the oral presentations be recognized for their research with complimentary access to ASAP.

**2011-2012 Abstract Submission Program:** The Board approved contracting with an outside vendor to create and manage the 2011-2012 abstract submission program. The previous submission program did not offer all of the features that are necessary to facilitate the growing number of abstracts and capability to continue offering late breaking abstracts.

**Amendment to Policy Re: Access to ASAP for FIT Board Representative:** The Board approved amendment of the current AACE policy regarding complimentary access to ASAP to read:

*That AACE recognize and present a Certificate of Appreciation to outgoing fellows-in-training Board of Directors representatives at the AACE Annual Meeting Fellows-in-Training luncheon. All incoming fellows-in-training Board representatives will be provided with complimentary access to ASAP during the Fellows-in-Training Luncheon in which they are elected.*

Health Care Disparities Committee

**AACE Position Statement on Endocrine Healthcare Disparities:** The Board approved adoption of an AACE position statement on Endocrine Healthcare Disparities, which has been translated into Spanish. AACE issued a press release on August 2, 2011, which can be viewed at [http://media.aace.com/article_display.cfm?article_id=5076](http://media.aace.com/article_display.cfm?article_id=5076).

**Health Disparities Position Statement:** The Board approved an additional charge be added to the Health Care Disparities Committee:

- Evaluate and assess health problems of particular importance, such as diabetes and osteoporosis in minorities.
- Draft an AACE position statement on health disparities for consideration by the Board.

International Committee
**International Meetings:** The Board approved AACE participation in the following international meetings for 2012:

- The Society for Endocrinologists (British Endocrine Society) – March 19-22 – Harrogate, UK
- 15th International Congress of Endocrinology/14th European Congress of Endocrinology (ECE) – May 5-9 – Florence, Italy
- 4th Joint AACE-Philippine Chapter Meeting – August 9-12 – Cebu, Philippines
- 48th European Association for the Study of Diabetes (EASD) Annual meeting – October 1-5 – Berlin, Germany
- Canada Diabetes Association/Canadian Society of Endocrinology & Metabolism – October 10-13 – Vancouver, Canada
- SMNE/AACE Joint Meeting – November 27-December 1 – Leon, Mexico

**Membership Committee**

**Membership Report:** The Board noted the continuing positive growth in membership both domestically and internationally, as well as fellows. As of December 31, 2011, AACE had a total of 5,178 domestic members, which was a steady retention from 2010, and a total of 1,350 international members, which represents a 2.5% increase over 2010. There were 666 fellows-in-training members of AACE, which was an increase of 1%.

**2012 Domestic Meetings:** In support of AACE’s domestic membership development activities, and Allied Health Professional Subscription promotion, the Board authorized AACE participation as an exhibitor at the following domestic meetings in 2012 for the purpose of increasing AACE visibility and membership recruitment:

- American College of Physicians Internal Medicine 2012 – April 19-21 – New Orleans, LA
- 72nd ADA Scientific Sessions – June 8-12 – Philadelphia, PA
- 94th Endo (The Endocrine Society) – June 23-26 – Houston, TX
- 82nd American Thyroid Association – September 19-23 – Quebec City, Canada

**Legislative & Regulatory Committee**

**AACE/National Diabetes Clinical Care Commission Act (H.R. 2960):** The Board approved submitting a resolution to the AMA House of Delegates seeking AMA support for AACE’s signature diabetes legislation.

“The National Diabetes Clinical Care Commission Act” (H.R. 2960), an initiative developed by AACE over the last two years, was introduced in the U.S. House of Representatives by Rep. Pete Olson (R-22nd-TX) on September 20, 2011. This bill establishes a new commission comprised of representatives from federal agencies involved in diabetes activities, clinical endocrinologists, and other healthcare professionals and patient advocates who work with diabetic patients. The Commission will evaluate current federal diabetes activities and determine where new approaches are needed to improve the quality of diabetes care and patient outcomes. The legislation is supported by Juvenile Diabetes Research Foundation (JDRF), American Association of Diabetes Educators (AADE), American Diabetes Association (ADA), American Medical Association (AMA), Pediatric Endocrine Society (PES), Renal Physicians Association (RPA) and The Endocrine Society (TES). Corporate AACE Partnership (CAP) members that support H.R. 2960 include Lilly, Novo Nordisk and Boehringer-Ingelheim.

The Committee has been actively working with the AACE membership and the AACE state and regional chapters to secure broad-based congressional support for H.R. 2960. AACE legislative action alerts have been sent urging AACE members to contact their Representatives and request co-sponsorship of H.R. 2960. AACE successfully introduced a resolution at the 2011 AMA House of Delegates Interim Meeting that was adopted unanimously by the House of Delegates, directing the AMA to actively support and secure passage of H.R. 2960. AACE Chapter Chairs have used the passage of the AMA resolution as a basis to contact their state medical societies and enlist their help in securing congressional co-sponsors for H.R. 2960 within their respective state congressional delegations. AACE continues to pursue a sponsor
of companion legislation in the Senate. Passage of H.R. 2960 will be one of AACE’s top legislative priorities in 2012.

**Preserving Patient Access to Osteoporosis Testing, Prevention and Treatment Services:** AACE played a key role in coordinating the introduction of “The Preservation of Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2011,” (H.R. 2020/S. 1096), by working closely with House bill sponsors, Representative Michael Burgess (R-26th-TX) and Representative Shelley Berkley (D-1st-NV), and Senate bill sponsors, Senator Olympia Snowe (R-ME) and Senator Debbie Stabenow (D-MI). This legislation maintains the current partial payment fix for both dual energy x-ray absorptiometry (DXA) and vertebral fracture assessment (VFA) services through 2013. Ensuring patient access to osteoporosis testing, prevention and treatment services has been an on-going legislative priority for AACE, working with our sister societies in the DXA Coalition. In 2010, AACE successfully secured a two-year Medicare payment adjustment for DXA and VFA services under the Affordable Care Act (ACA); however, passage of H.R. 2020 and S.1096 is necessary to avoid significant payment cuts for both DXA and VFA when the ACA payment fix expires.

AACE, with its DXA Coalition partners, was successful in getting the DXA bill provisions included with other Medicare policy extensions, referred to as “Medicare extenders,” in the Temporary Payroll Tax Continuation Act of 2011 (H.R. 3630) approved by Congress on December 23, 2011. H.R. 3630 provided a two-month extension of the Medicare payment rates for DXA and VFA, through the end of February 2012, in addition to extending the social security payroll tax cut, unemployment benefits, and a freeze in Medicare physician payments avoiding the scheduled 27.4% Sustainable Growth Rate (SGR) formula pay cut, among other things.

Congress failed to include an extension of the current Medicare payment rates for DXA in the final tax conference agreement approved on February 20, 2012, despite a tremendous effort by the AACE membership contacting Members of Congress on this issue and strong support for DXA among many of the House and Senate conferees who negotiated the final conference agreement. As a consequence, effective March 1st DXA Medicare payments will drop by approximately 50% with the expiration of the two-month temporary tax package passed in December. AACE and its DXA Coalition partners will work in the months ahead to address concerns expressed by some in Congress, which include obtaining stronger data to reflect the impact of DXA payment policy on patient access to bone density scans and utilization of the scans, and completing a report by the Institute of Medicine studying these same issues. There will be another opportunity to get the current DXA payment rates extended this fall when Congress addresses the next SGR cut. AACE will be calling on the membership, as needed, between now and the end of the year to secure congressional passage of adequate Medicare payment rates for DXA bone density scans. In the meantime, AACE will also work with the Administration to see what, if any, relief can be provided to physicians to ensure the healthcare system’s capacity for providing osteoporosis testing and treatment services is not irrevocably diminished.

**Medicare Sustainable Growth Rate Formula Physician Payment Cuts and Advocating for Payment Reform:** As mentioned above, Congress ended 2011 by approving a temporary two-month fix to the Medicare Sustainable Growth Rate (SGR) formula as part of the Temporary Payroll Tax Continuation Act of 2011 (H.R. 3630). Despite sustained efforts by AACE, AMA and the rest of the medical community to secure congressional support for using Overseas Contingency Operations (OCO) funds to pay for a permanent repeal of the SGR formula, Congress enacted the Middle Class Tax Relief and Job Creation Act of 2012, that included a ten-month extension of the payroll tax cut, unemployment insurance benefits and a Medicare payment freeze, all which will expire on December 31, 2012. Without further congressional action, physicians face a 35% SGR payment reduction on January 1, 2013.

**Endocrine-Disrupting Chemicals Exposure Elimination Act (S. 1361):** The Board adopted a position of support for the principles of S. 1361 to strengthen the regulation of chemicals that are found to be endocrine disrupting and increase the focus of research on these chemicals at the NIH National Institute of Environmental Health Services. AACE will send a letter of endorsement to the bill sponsor, Senator John Kerry (D-MA), and to Representative Jim Moran (D-8th-VA), sponsor of the identical companion bill in the House of Representatives (H.R. 2521).
AACE Endorsed Letters on Health Care Reform and Other Issues of Interest: AACE submitted or jointly endorsed the following letters that address national health system reform and physician practice and reimbursement issues:

- Comments Submitted to HHS on the Draft National Prevention Strategy;
- Letter to National Commission on Fiscal Responsibility and Reform Regarding Prevention and Cost Considerations in the 2012 Budget;
- Letters to U.S. House and Senate Requesting Permanent Medicare Physician Payment Formula Solution;
- Comments Submitted to CMS on Health Quality Measures Recommended for Medicaid-Eligible Adults; and

Task Force on the Future Roles and Models of Reimbursement for Endocrinologists: The Board approved appointment of a Task Force on the Future Roles and Models of Reimbursement for Endocrinologists. The charge of the Task Force is to:

- Evaluate and develop recommendations for the future role of endocrinologists in the new health care environment (i.e., as a consultant in private, solo groups, ACOs, staff model, hospital based, academic centers);
- Evaluate potential models of reimbursement for endocrinologists in these various roles;
- Address the potential leadership and educational role of the endocrinologists in the broad-based community.

AACEPAC

Appointment of AACEPAC Officers and Board of Directors – The Board approved appointment of the slate of candidates nominated to serve as Officers and Board of Directors of the American Association of Clinical Endocrinologists Political Action Committee (AACEPAC) as follows:

Officers:
Chair – Dr. Jonathan Leffert
Vice Chair – Dr. Carlos Hamilton, Jr.
Secretary – Dr. Sandra Weber
Treasurer – Dr. Ralph Schmeltz
Assistant Treasurer – Mr. Donald Jones

Board of Directors:
Three-Year Term:
Dr. Richard Haas – NE Chapter Nominee
Dr. Raymond Fink – CA Chapter Nominee
Dr. Ralph Schmeltz – ORR Chapter Nominee
Dr. Katherine Roberts – Mid-Atlantic Chapter Nominee
Two-Year Term:
Dr. David Bybee – Legislative & Regulatory Committee
Dr. Elizabeth Holt – Carolinas Chapter President
Dr. Jennifer Lawrence – Georgia Chapter President
Dr. Sandra Weber – Legislative & Regulatory Committee
One-Year Term:
Dr. Carlos Hamilton, Jr. – Legislative & Regulatory Committee
Permanent Positions:
Legislative Chair (Currently Dr. Jonathan Leffert)
Chapters Steering Chair (Currently Dr. Daniel Hurley)
AACEPAC Assistant Treasurer – AACE CEO (Mr. Donald C. Jones)
The American Association of Clinical Endocrinologists Political Action Committee (AACEPAC) was founded in 2001 to promote the interest of endocrinologists and their patients through all forms of legislative and political action, including contributions to those candidates for election to Congress who share the views of the members of AACEPAC on health issues. AACEPAC also supports the passage or defeat of legislative and regulatory issues that impact on endocrinology.

**Nutrition Committee**

**White Paper:** The Board authorized the Nutrition Committee to develop a White Paper on the role of endocrinologists in clinical nutrition. The nutrition statement is currently being finalized for approval by the Board.

**Nutrition Page on AACE Website:** The Board authorized the Nutrition Committee to develop a nutrition web page to be included on the new AACE website. The page was designed to provide AACE members with up-to-date information on nutritional related issues and how to use nutrition procedures and exams to aid patients.

**Publications Committee**

**Reappointment of Dr. Levy as Editor of *The First Messenger***: The Board extended commendations to Dr. Philip Levy as Editor of *The First Messenger* and was pleased to appoint him for an additional three-year term (2012-2015).

**Update to Bariatric Guidelines**: The Board approved development of an update to the AACE/ TOS/ASMBS Medical Guidelines for Clinical Practice for the perioperative, nutritional, metabolic, and nonsurgical support of the bariatric surgery patient.

**Explore Development of Mobile Apps Based on AACE Publications**: The Board approved exploring development of mobile apps based on AACE publications.

**Hyperandrogenic Disorders Guidelines**: The Board approved revision of the Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Hyperandrogenic Disorders. The revised guidelines will be entitled, *Androgen Excess Guidelines*.

**Appointment Process for Editor of *Endocrine Practice***: The Board amended the appointment process for editor of *Endocrine Practice* as follows:

- The AACE President will appoint a search committee that will be charged with seeking applications for the editor vacancy at least 18 months before the vacancy occurs.
- The search committee will review applications and prioritize the candidates.
- The search committee will review and finalize the prioritization of the candidates for interview.
- The search committee will provide the AACE Executive Committee with a recommendation(s) of the top candidate(s).
- The Executive Committee will consult with the President to make the final decision.
- The final selection of the editor will be completed at least 12 months prior to completion of the term of the outgoing editor.

**Socioeconomics & Member Advocacy Committee**

**Thyroid Ultrasound Denials Member Survey**: In light of the trend of thyroid ultrasound payment denials AACE members from the Northeastern states are experiencing, the Board approved development and mailing of a survey to determine the magnitude of thyroid ultrasound denials to determine if this will become a more widespread issue.

**2011-12 Socioeconomics and Practice Management Educational Activities**: The following socioeconomics and practice management educational activities were offered during 2011-2012: (items
with asterisk indicate sources, outreach opportunities or educational activities to benefit the membership:

- *Endonomics – monthly practice management electronic newsletter
- Update online resources
- Development of resource pool
- *Practice management welcome kit to new members
- *Practice Management Institute (PMI) Certified Office Manager Certification Course
- Educational sessions for 2011
  - CEC
  - *Bridge the gaps in endocrine coding
  - E/M documentation from a physician’s point of view
  - Other courses TBD
- Webinars
- Customized training sessions

**Online Coding Manual:** The Board approved discontinuance of the online Coding Manual due to the decrease in subscribers and revenue. Consideration will be given to maintaining the pocket guide.

**Task Force for Endocrine Day for PCPs**

**Advances in the Management of Thyroid Disorders and Osteoporosis: Endocrinology Day for Primary Care Physicians:** The Board authorized AACE to move forward with the development of a PCP-targeted program titled, *Advances in the Management of Thyroid Disorders and Osteoporosis: Endocrinology Day for Primary Care Physicians*, with the content to be specified by the task force.

**Task Force on Association of Clinical Researchers and Educators (ACRE)**

**AACE and ACRE Meeting:** AACE leadership invited ACRE leadership to participate in a joint meeting with AACE leadership during the October 2011 Board meeting in New York, NY.

**Task Force on the Development of New Guidelines**

The Board approved the following criteria for the development of new guidelines:

- Evidence ratings for future guidelines will be completed by professional medical writers, and that the final grading will be accomplished by the physician members of the task force working on the guideline.
- The name of future AACE/ACE guidelines will be changed from “AACE/ACE medical guidelines for clinical practice” to “American Association of Clinical Endocrinologists’ guidelines for management of (name and disease).”
- Each future major guideline will be written in a simplified “Q & A” style, and that the number of questions and answers will vary depending on the complexity of the guideline.
- All future guidelines will have an annual “date stamp,” even if there are only minor changes to the previously published material.
- Subset writing groups for each guideline, and that each subset will determine whether to issue an electronic or written version of the guideline.
- A leader for each guideline will be appointed to serve a three-year term.
- AACE/ACE will produce guidelines for every clinically significant area in endocrinology.
- A disclosure of multiplicity of interest, prior and during working on similar efforts with other societies or industry, will be provided by anyone working with AACE/ACE on the development of guidelines.

**Task Force on the Performance of Nuclear Thyroidology**

**Task Force on the Performance of Nuclear Thyroidology** – The Board approved appointment of a Task Force on the Performance of Nuclear Thyroidology to develop a list of potential benefits for AACE members to include nuclear thyroidology in their practice as well as determine how AACE can provide
information on educational opportunities.

**Task Force to Develop an Educational Program for PAs and Allied Health Professionals**

**Modification of Task Force Name:** The Board approved modification of the name of the “Task Force to Develop an Educational Program for PAs and Allied Health Professionals” to “Task Force to Develop Educational Programs for Allied Health Professionals.”

**Modification of Task Force Charge:** The Board approved modification of the current charge to read as follows: To determine core competencies, identify knowledge gaps, and devise educational solutions for allied health professionals functioning as physician-extenders in clinical endocrinology.

**Task Force to Explore AACE Relationships with Medical Societies**

**Approval of Organizational Grid:** The Board approved a template representing AACE’s relationship with various medical and lay organizations to be utilized as a working document in evaluating and defining AACE’s ongoing or newly-initiated interaction with other organizations that may be beneficial in the furtherance of AACE’s mission. The Task Force was also requested to develop steps on how to best foster relationships.

**American Medical Association Activities**

**AACE Presentation:** AACE has been effectively represented in the AMA House of Delegates by:
- AACE AMA Delegate – Dr. John A. Seibel
- AACE AMA Alternate Delegate – Dr. Jonathan D. Leffert
- AACE Young Physician Section (YPS) Delegate – Dr. Christine L. Twining

Dr. John Seibel serves on the Governing Council of the Specialty & Service Society (SSS), which is made up of over 130 national medical societies, military service groups, and professional interest medical associations.

Dr. Jonathan Leffert served as a member of Reference Committee B (Legislation) during the AMA Annual Meeting in June 2011 and as an Assistant Teller during the Interim Meeting in November 2011.

**AACE Maintains Seat in AMA House of Delegates:** AACE was one of 21 specialty and professional interest associations who underwent the five-year review process for retaining delegate representation in the House of Delegates (HOD). Of that number, only 14—including AACE—were found to be in compliance with membership requirements to retain their representation in the HOD. The following 7 organizations were not in compliance and have been given a one-year grace period to retain representation:
- American Medical Directors Association
- American Pediatric Surgical Association
- American Society of Bariatric Surgeons
- American Society of Neuroradiology
- Korean American Medical Association
- Renal Physicians Association
- Society of Interventional Radiology

Significant concern was voiced both at Specialty and Service Society (SSS) and in the Constitution and Bylaws Reference Committee about the difficulty for small organizations to maintain compliance given decreased membership in all organizations, noting that one-third of the organizations undergoing review were non-compliant. Resolution 606, “Apportionment of Delegates and Alternate Delegates in the AMA House of Delegates,” called on the AMA to freeze the number/apportionment of Delegates and Alternate Delegates in the HOD at 2009 levels for the next five years. Testimony in opposition to this resolution suggested that the possibility of losing an HOD seat was motivation for societies to recruit members, often with successful results. The HOD did not adopt Resolution 606.
Endocrine Section Council/Internal Medicine Section Council: The purpose of AMA specialty society section councils is to provide for the deliberation and study of scientific educational and other appropriate interests and concerns of the specialty disciplines and the specialty organizations representing these disciplines within the AMA. The section council also reviews the reports and resolutions included in the Delegates’ Handbook to be addressed by the House and determines those issues on which there is an agreement and who should speak on behalf of the caucus at reference committees and, as necessary, on the floor of the House of Delegates.

The establishment of an Endocrine Section Council (ESC) was approved by the House in December in 1999. This group meets in conjunction with the Annual and Interim Meetings of the House of Delegates. The principle (voting) members of the ESC include AACE, The Endocrine Society, and the American Society of Reproductive Medicine. In June 2008, the ESC voted to invite the American Association of Endocrine Surgeons (AAES) to join the Council as an Associate Member. Associate members include endocrine-related organizations that do not have delegate status in the AMA House of Delegates and who are approved for membership on the Section Council upon recommendation of the voting members of the ESC and approved by the AMA Board of Trustees. They can attend council meetings and take part in discussions and deliberations but shall not have a vote or hold office. AAES officially became a member at the Interim Meeting (November 2008) of the Section Council and will have one representative and alternate to the ESC.

The Council meets in conjunction with the AMA Annual and Interim Meetings. It reviews the business to come before the House and establishes positions on issues affecting endocrinology. The Council often introduces joint resolutions agreed upon by members of the Council. The Council provides an excellent forum for discussion of endocrinology-related issues and has become an effective voice on behalf of endocrinologists in testifying before reference committees and on the floor of the House and has successfully influenced the action of the House of Delegates on a number of issues important to AACE and the other sister societies.

In addition to the ESC, AACE participates in the Internal Medicine Section Council, which addresses issues affecting general internal medicine as well as subspecialties.

Forum for Medical Affairs: Since December 2004, AACE AMA Delegate, Dr. John Seibel, has served on the Executive Committee of the Forum for Medical Affairs. The committee formulates programs on timely scientific and nonscientific health issues for presentations to attendees at the AMA Interim Meeting.

Specialty and Service Society (SSS): AACE is a member of the AMA Specialty and Service Society (SSS), the largest caucus in the AMA House of Delegates (HOD), made up of over 130 national medical societies, military service groups, and professional interest medical associations. The SSS meets twice annually in conjunction with the Interim and Annual Meetings of the AMA HOD. The Council addresses specialty specific issues coming before the House of Delegates, a number of which directly affect endocrinologists. AACE AMA Delegate Dr. John Seibel assumed the position of Secretary of the Governing Council at the Interim Meeting in November, which he was elected to at the Annual Meeting in June, for a two-year term.

Medical Student Showcase: AACE participated in the eight AMA Medical Student-Sponsored Showcase during the AMA Annual Meeting in June 2011. This was a highly successful event with over 50 specialties participating and interacting with several hundred medical students from the AMA Medical Student Section. AACE had a booth with a wide variety of information to distribute, including the Endocrine Career® brochure developed by the AACE Medical Students & Residents Subcommittee. Dr. Jonathan Leffert, AACE AMA Alternate Delegate, represented AACE at this event, along with Sara Milo, AACE staff. This event has proven beneficial to AACE in promoting endocrinology as a career for medical students. AACE will once again participate in the showcase at the 2012 AMA Annual Meeting in June.
AMA House of Delegates Actions: AACE’s Delegate (Dr. John Seibel) and Alternate Delegate (Dr. Jonathan Leffert) participated in the deliberations at reference committees and in the House of Delegates at the 2011 Annual Meeting in June and Interim Meeting in November. AACE’s Young Physician Section Delegate (Dr. Christine L. Twining) participated in the young physicians section, a number of whose actions were subsequently addressed in the HOD.

2011 AMA Annual Meeting of the House of Delegates
June 18-22, 2011 – Chicago, IL

Resolutions submitted by AACE: As directed by the Board, AACE submitted two resolutions for consideration by the House of Delegates at the AMA Annual Meeting as follows:

AACE Resolution 5 – Scrutinizing of Sources of Inappropriate Influences Posing Harm to Physicians and Patients – AACE withdrew this resolution when it became clear that the wording of the resolution was difficult to understand and created confusion about the intent of the resolution

AACE Resolution 701 – Prior Authorization – This resolution, co-sponsored by The Endocrine Society, was placed on the reaffirmation calendar, reaffirming existing AMA policy, as were all resolutions submitted on the issue of prior authorization.

“Resolved, That all policy or opinions of the American Medical Association House of Delegates, the Board of Trustees, the Council on Ethical and Judicial Affairs, and all AMA Councils and consortiums, and other AMA policy forums that affect physician relationships with entities that may influence care and prescribing, should be premised on science, evidence-based whenever possible, should recognize the treating physician’s best judgment, and should not be discriminatory by insinuating or issuing any directives with respect to any potential inappropriate influence without equally examining all other potential sources of influence.”

Major House Actions – The following are major actions taken by the AMA House of Delegates at the Annual Meeting:

CEJA Report 1 – Financial Relationships with Industry in CME: The AMA House of Delegates gave approval of the AMA Council on Judicial and Ethical Affairs (CEJA) report, “Financial Relationship with Industry in Continuing Medical Education,” after having rejected previous versions of the CEJA Report every year for the past four years. The CEJA Report called for more narrowly defined ethical guidelines for physicians with respect to industry support for CME in order to maintain the independence and integrity of CME and to maintain the public’s trust. The Reference Committee that heard testimony in favor and against the current version of the CEJA Report recommended that the report be referred, in part because of concern that language in the report was vague when defining and distinguishing between industry influence and industry support regarding CME and could result in misinterpretation. When raised on the House floor, delegates overturned the Reference Committee recommendation and voted to adopt the report. AACE AMA Delegate Dr. John Seibel spoke at the Reference Committee and on the floor of the House on behalf of the Endocrine Section Council against adoption of this report. The Section Council, which is comprised of AACE, The Endocrine Society, The American Association of Endocrine Surgeons and the American Society of Reproductive Medicine, called for referral back to CEJA for further evaluation and clarification of ambiguous language in the Report as well as the impact on CME activities. AACE will evaluate the report to determine what modifications may be necessary in AACE’s current CME process with respect to industry support in order to ensure compliance with the intent of the Report’s recommendations.

Health System Reform: The HOD considered Resolution 217 “Repeal of the Patient Protection and Affordable Care Act (PPACA).” The resolution asks the AMA to continue to advocate achieving needed reforms of the many defects of the new law to protect the primacy of the physician-patient relationship and included a list of changes such as IPAB repeal, enactment of MLR, long-term physician payment reform, etc. The resolution called for amending PPACA and some testified at the reference committee that it should go further and call for outright repeal. The prevailing opinion seemed to suggest that it was
time to move on with respect to the AMA’s position of support for PPACA, but that amendments to improve the law should still be pursued. As a result, the HOD approved changing the title of the resolution to “Amend the Patient Protection and Affordable Care Act (PPACA).” The HOD also approved a floor amendment adding an additional resolve stating, “That our AMA vigorously work to change the PPACA to accurately represent our AMA policy.” The HOD also amended the resolution to call for a “study” of the Medicare Cost/Quality Index as opposed to the original resolution language calling for “repeal” of the same. Delegates from low-cost areas who may benefit from the new cost/quality index moved for the change.

Insurance Mandate/Individual Responsibility: The HOD considered a report by the Council on Medical Service and three resolutions (Resolutions 102, 109, 114) about individual responsibility for health insurance coverage. Resolution 109 asked that the AMA support tax incentives and other non-compulsory measures to encourage health insurance purchase, rather than a mandate. Resolution 114 asks the AMA to reaffirm policies that provide for an individual insurance mandate. Extensive testimony – both pro and con on an insurance mandate – was given in the Reference Committee. The number of individuals speaking on this issue may have set a record, with the Reference Committee spending almost 2 hours on this one issue. The Reference Committee recommended amending the Council on Medical Service report to include the following two resolves and adopting the report in lieu of the other resolutions. The HOD adopted the report as recommended by the Reference Committee.

“That our AMA reaffirm policy H-165.838, which states that the AMA is committed to achieving the enactment of health system reforms that include health insurance coverage for all Americans, and insurance market reforms that expand choice of affordable coverage, and are consistent with AMA policies concerning pluralism, freedom of choice, freedom of practice, and universal access for patients.”

“That our AMA reaffirm Policy D-165.966, which advocates that state governments be given the freedom to develop and test different models for covering the uninsured.”

An amendment offered on the floor of the HOD sought to give states the exclusive right to implement an insurance mandate if they choose to do so, thus eliminating it as a federal policy. The amendment was defeated.

2011 AMA Interim Meeting of the House of Delegates
November 12-15, 2011– New Orleans, LA

Resolution submitted by AACE/National Diabetes Clinical Care Commission Act (H.R. 2960): The AACE Delegation was successful in securing passage of a resolution sponsored by AACE seeking AMA support for AACE’s signature diabetes legislation, The National Diabetes Clinical Care Commission Act (H.R. 2960). The House of Delegates voted unanimously to actively work to secure congressional enactment of the National Diabetes Clinical Care Commission. As part of the process leading up to the House of Delegates vote, the AACE resolution was endorsed by the Endocrine Section Council and the SSS.

The proposed bill establishes a new commission comprised of representatives from federal agencies involved in diabetes activities, clinical endocrinologists, and other healthcare professionals and patient advocates who work with diabetic patients. The Commission will evaluate current federal diabetes activities and determine where new approaches are needed to improve the quality of diabetes care and patient outcomes.

Other Major Actions Included:
ICD-10 Coding System: The AMA HOD voted to work vigorously to stop implementation of ICD-10 (The International Classification of Diseases and Related Health Problems, 10th Revision), a new code set for medical diagnoses. ICD-10 has about 69,000 codes and will replace the 14,000 ICD-9 diagnosis codes currently in use. The AMA is directed to let the physicians of America know that the AMA is
fighting to repeal the onerous ICD-10 requirements and to work with other national and state medical and informatics association to assess an appropriate replacement for the current ICD-9 system.

**Private Contracting**: New AMA policy calls for a new and sustained well-funded campaign to secure public support for passage of the Medicare Patient Empowerment Act in Congress. This legislation, H.R. 1700, has been introduced by Representative Tom Price (R-6th-GA), who is a member of the Georgia delegation to the AMA HOD. H.R. 1700 allows private contracting without penalty to beneficiaries or physicians.

**Use of Term “Physician”**: New AMA policy states that the CPT employ the term “physician” consistent with AMA policy and as a condition for licensure of CPT intellectual property by outside entities, references to the term “physicians” within CPT must remain consistent with AMA policy and that AMA take appropriate enforcement action against violators.

**National Drug Shortages**: New AMA policy supports drug shortage legislation, such as H.R. 2245 and S. 296, that would require manufacturers to notify the FDA of any discontinuance, interruption, or adjustment in the manufacture of a drug that may result in a shortage. The new policy also calls on the AMA to advocate that the FDA and/or Congress require drug manufacturers to establish a plan for continuity of supply of vital and life-sustaining medications and vaccines to avoid production shortages whenever possible.

**Generic vs. Brand Drugs**: AMA HOD voted to advocate to the FDA against removal of generic medications from the market in favor of more expensive brand name products based solely on a lack of studies of the efficacy of the generic drug.

**Travel Visas**: AMA HOD voted to send a letter to the U.S. State Department explaining the negative impact current visa practices are having on medical and scientific progress and urging policy changes that remove unnecessary barriers in the business and travel visa process that prevent international physicians and scientists seeking to attend US-based medical and scientific conferences.

**Reproductive Health Outcomes/EPA Environmental Justice Policy**: AMA HOD voted to lobby Congress to support ongoing initiatives that include reproductive health outcomes and development, particularly in minority populations, in EPA environmental justice policies.

**GME Financing and Reform**: The HOD voted to direct the AMA to work closely with ACGME, AAMC, AOA and other stakeholders to raise awareness among policymakers and the public about the importance of expanded GME funding to meet the nation’s current and anticipated medical workforce needs.

**Minority Affairs Consortium as a Section**: The HOD voted to create an AMA Minority Affairs Section to enhance the focus of the AMA in eliminating health disparities and diversifying the physician workforce.

*A more complete listing of AMA House of Delegates actions can be accessed at [www.ama-assn.org](http://www.ama-assn.org).*

**AMA Advisory Committee to the Relative Value Scale Update Committee (RUC)**

One physician representative is appointed from each of the 109 specialty societies seated in the AMA House of Delegates to serve on the Advisory Committee to the RUC. Advisory committee members designate an RVS Committee for their specialty, which is responsible for generating relative value recommendations using a survey method developed by the RUC. The advisors attend the RUC meeting and present their societies’ recommendations, which are evaluated by the RUC. Dr. John A. Seibel serves as the AACE representative and Dr. Howard M. Lando as the alternate.
AMA Physicians Consortium for Performance Improvement

The Physicians Consortium for Performance Improvement is a group of clinical and methodological experts convened by the AMA. The Consortium includes representatives from more than 170 national medical specialty and state medical societies, the Agency for Healthcare Research and Quality, and the Centers for Medicare and Medicaid Services. Dr. Richard Hellman serves on the PCPI Executive Committee and as AACE’s representative. Dr. Richard Haas serves as the AACE alternate representative.


The AMA CPT® Advisory Committee is comprised of representatives from each specialty society to discuss coding and nomenclature matters. Dr. Eric A. Orzech serves as the AACE representative, and Dr. Christine Twining as the Alternate Representative.
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One of AACE’s greatest assets is the dedicated men and women who serve as your elected officers and directors, those who participate on AACE committees, and the many physicians at the grassroots who have represented AACE in health forums addressing a broad range of issues which affect endocrinologists. An additional important dimension of AACE activities during the past years has been the support provided by the leadership of AACE chapters and working collaboratively with other medical organizations on issues of common interest.

Each of these individuals has given freely and unselshly of their time and talents on your behalf. The positive results of their efforts will be evident throughout the reports included in the Annual Business Meeting report. Please take time during the Annual Meeting to seek them out and thank them for all they do for our organization.

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Etie S. Moghissi, MD, FACP, FACE
Eric A. Orzeck, MD, FACP, FACE
Alex Tessnow, MD
Robert S. Zimmerman, MD, FACE
Advisor–Christopher Sadler, PA-C
Advisor–B. Scott Urquhart, PA-C

Task Force to Explore AACE Relationship with Medical Societies
Chair–Jonathan D. Leffert, MD, FACP, FACE
Donald A. Bergman, MD, MACE
Yank D. Coble, Jr., MD, MACP, MACE
Daniel Einhorn, MD, FACP, FACE
Alan J. Garber, MD, PhD, FACE
Jeffrey R. Garber, MD, FACP, FACE
J. Michael Gonzalez-Campoy, MD, PhD, FACE
Carlos R. Hamilton, Jr., MD, FACP, MACE
Yehuda Handelsman, MD, FACP, FACE, FNLA
Walter J. McDonald, MD, MACP, FACE
Alan R. Nelson, MD, MACP, MACE
Fred A. Williams, Jr, MD, FACP, FACE

LIAISONS:
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ACP Diabetes Initiative Advisory Board
Rep–Alan J. Garber, MD, PhD, FACE
AMA CPT Advisory Committee
Liaison–Eric A. Orzeck, MD, FACP, FACE
Alternate Liaison–Christine L. Twining, MD
AMA Advisory Committee to the RUC
Liaison–John A. Seibel, MD, FACP, MACE
Alternate Liaison–Howard M. Lando, MD, FACP, FACE
AMA Physicians Consortium for Performance Improvement
Liaison–Richard Hellman, MD, FACP, FACE
Alternate Liaison–Richard A. Haas, MD, FACE
American Society for Bone Mineral Research (ASBMR)
Liaison–Pauline M. Camacho, MD, FACE

American Association of Diabetes Educators (AADE)
Liaison–Eric A. Orzeck, MD, FACP, FACE

American Board of Internal Medicine (ABIM)
Liaison–Pasquale J. Palumbo, MD, MACP, MACE

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Delegate–John A Seibel, MD, FACP, MACE
Alternate Delegate–Jonathan D. Leffert, MD, FACP, FACE

AMA Advisory Committee–Christine L. Twining, MD

American Thyroid Association (ATA)
Liaison–Peter A. Singer, MD, FACE

Assoc. of Program Directors in Endo & Metab (APDEMED)
Liaison–Pauline M. Camacho, MD, FACE

Food and Drug Administration (FDA)
Liaison–Alison D. Garber, MD, PhD, FACE

Alternate Liaison–George Granuberger, MD, MACE, FACE

International Society for Clinical Densitometry (ISCD)
Liaison–Steven M. Petak, MD, JD, MACE, FCLM

National Diabetes Education Program (NDEP)
Liaison–NDEP Strategic Directions Group–George Granuberger, MD, MACE, FACE
NDEP Promotions Task Force–J. Michael Gonzalez-Campoy, MD, PhD, FACE
NDEP Guideline Principles Task Group–Yehuda Handelsman, MD, FACP, FACE, FNLA

NDEP Evaluation Task Group–Etie S. Moghissi, MD, FACP, FACE

National Osteoporosis Foundation (NOF)
Liaison–Pauline M. Camacho, MD, FACE

Nuclear Medicine Certification Course
Liaison–J. Woody Sistrunk, MD, FACE

Rapid Response Team
President–Yehuda Handelsman, MD, FACP, FACE, FNLA
Rapid Response Team (contd)
President–Alan J. Garber, MD, PhD, FACE
Vice President–Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU
IPP–Daniel Einhorn, MD, FACP, FACE
Jeffrey R. Garber, MD, FACP, FACE

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IPP–Bill Law, Jr., MD, FACP, FACE
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Batul Valilka, MD

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George Grunberger, MD, FACP, FACE
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Farhad Zangeneh, MD, FACP, FACE

Bylaws Committee
Chair–John A. Scher, MD, FACP, MACE
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Steven M. Petak, MD, JD, FCLM, MACE

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Paul S. Jellinger, MD, MACE
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Etie S. Moghissi, MD, FACP, FACE
Rachel Pessah Pollack, MD
Dace L. Trence, MD, FACE
Fred A. Williams, Jr., MD, FACP, FACE

Endocrine University® Program Committee
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Ex Officio, ACE President–Daniel S. Duick, MD, FACP, FACE
Board FIT Rep–M. Kathleen Figaro
Program Director–Jan M. Bräder, MD, CCD
Daniel L. Hurley, MD, FACE
Robert A. Levine, MD, FACE, ECNU
J. Woody Sistrunk, MD, FACE, ECNU
Christine L. Twining, MD
William F. Young, Jr., MD, FACP, FACE

FACE Application Committee
Chair–Dace L. Trence, MD, FACE
Myriam Z. Allende-Vigo, MD, MBA, FACP, FACE
Susan S. Braithwaite, MD, FACP, FACE
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Pasquale J. Palumbo, MD, MACP, MACE

Finance Committee
Chair, Secretary/Treasurer–Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU
Chancellor–Daniel Einhorn, MD, FACP, FACE
Ex Officio, ACE President–Daniel S. Duick, MD, FACP, FACE
Ex Officio, ACE President Elect–Jeffrey R. Garber, MD, FACP, FACE
Ex officio, AACE President–Daniel S. Duick, MD, FACP, FACE
Ex officio, ACE President–Daniel S. Duick, MD, FACP, FACE

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Chair–Donald A. Bergman, MD, MACE
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Steven A. Arzt, MD, FACP, FACE
H. Jack Baskin, MD, MACE
Carlos R. Hamilton, Jr., MD, FACP, MACE
Mark A. Lupo, MD, FACP, FACE
J. Woody Sistrunk, MD, FACE, ECNU
Consultant–Audrey Wegst, PhD
Consultant–Greg Wegst

Liaison with ABIM
Pasquale, J. Palumbo, MD, MACP, MACE
Daniel L. Hurley, MD, FACE

Liaison with AIUM
H. Jack Baskin, MD, MACE
Daniel S. Duick, MD, FACP, FACE
Robert A. Levine, MD, FACE, ECNU

Liaison with ISCD
Steven M. Petak, MD, JD, MACE, FCLM
Nelson B. Watts, MD, FACP, FACE

Nominating Committee
Chair, ACE IPP–Bill Law, Jr., MD, FACP, FACE
ACE President–Daniel S. Duick, MD, FACP, FACE
Ex Officio, AACE President–Yehuda Handelman, MD, FACP, FACE, FNLA
Steven A. Arzt, MD, FACP, FACE
H. Jack Baskin, MD, MACE
Carlos R. Hamilton, Jr., MD, FACP, MACE
Mark A. Lupo, MD, FACP, FACE
J. Woody Sistrunk, MD, FACE, ECNU
Consultant–Audrey Wegst, PhD
Consultant–Greg Wegst

Neck Ultrasound Certification Council (contd)
Gholam Azizi, MD, ECNU
Elise M. Brett, MD, FACE, ECNU
Edward M. Condon, MD, ECNU
Kathleen E. Hands, MD, FACE, ECNU
Brooks B. Mays, MD, FACE, ECNU

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Chair–Eric A. Orzech, MD, FACP, FACE
Ex Officio, ACE President–Daniel S. Duick, MD, FACP, FACE
Ex Officio, AACE President–Yehuda Handelman, MD, FACP, FACE, FNLA
Steven A. Arzt, MD, FACP, FACE
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Consultant–Audrey Wegst, PhD
Consultant–Greg Wegst

Liaison with ABIM
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Daniel S. Duick, MD, FACP, FACE
Robert A. Levine, MD, FACE, ECNU

Liaison with ISCD
Steven M. Petak, MD, JD, MACE, FCLM
Nelson B. Watts, MD, FACP, FACE
ANNUAL REPORTS

AACE FINANCE COMMITTEE

Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU
Vice President/Treasurer and Finance Committee Chair

Members of the 2011-2012 AACE Finance Committee included: Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU, Chair; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio; Pauline M. Camacho, MD, FACE; Richard O. Dolinar, MD; Daniel S. Duick, MD, FACP, FACE; Daniel Einhorn, MD, FACP, FACE; Alan J. Garber, MD, PhD, FACE; Jeffrey R. Garber, MD, FACP, FACE; George Grunberger, MD, FACP, FACE; R. Mack Harrell, MD, FACP, FACE, ECNU, Secretary; and Ronald Bley Stein, MD, FACP.

The charge of the Finance Committee is to:
- Develop an annual budget and perform a quarterly review of financial performance; and submit an annual budget for approval by the AACE Board of Directors at the annual fall Board meeting.
- Review expenditures to ensure compliance with established AACE financial policies, reimbursements to AACE Board members, Officers, and staff in conjunction with AACE official travel.
- Have fiduciary oversight for review of the AACE consolidated annual audit with the AACE independent auditor and report to the AACE Board on the results of the audit.
- Be responsible for the annual review of AACE investments and monitoring of the investments of AACE surplus funds by the AACE outside capital investment management company.
- See that reports and recommendations from the AACE Finance Committee are sent to the AACE Executive Committee.
- Consider alternative sources of revenue that will enable AACE to become more financially self-reliant.

As Treasurer and Chair of the AACE Finance Committee, the Board was presented with the preliminary unaudited financial statements for the year ended December 31, 2011. AACE had revenues from all sources (excluding investment activities) in the amount of $9,188,000, and total expenditures (excluding investment activities) in the amount of $9,478,000. This $290,000 excess of expenditures over revenues, when combined with a $305,000 deficit from investment activities, resulted in a $595,000 excess of expenditures over revenues. The $305,000 of losses in year 2011, from investment portfolio activities, includes $595,000 of unrealized investment losses. The shortfall incurred in year 2011 was primarily due to lower than expected AES activities in 2011, including no AES managed satellites at the 2011 AACE Annual Meeting, and adverse financial market conditions.

Despite the budget shortfall and actual deficit incurred in 2011, the Association’s financial position remains in good condition. The Association’s investment position for its reserve funds remains solid, despite a decline in the value of the AACE investment portfolio market value to $6,649,960 at December 31, 2011 from $6,955,001 at December 31, 2010, reflecting volatile financial market conditions and a reallocation of portfolio investments. AACE’s practice is to maintain an adequate reserve for future needs. The Association’s investment portfolio is managed by a professional investment advisor; day-to-day activities of the advisor are closely monitored by AACE staff, and, in addition, the investment advisor makes quarterly reports directly to the Finance Committee. Despite the turbulent financial times which occurred in the past four years, AACE managed its cash position to the extent that no temporary seasonal cash withdrawals from the unrestricted investment portfolio were required in years 2008, 2009, 2010, nor 2011.

The Board was also presented with the preliminary unaudited financial statements for the year ending December 31, 2011, for the Association’s wholly-owned subsidiary AACECORP. Total revenues amounted to $1,343,238, and total expenditures were $1,274,384, for a net after-tax surplus of $68,854 (unaudited). There were a significant amount of diabetes algorithm reprint and Endocrine Practice reprint sales which occurred in year 2011, combined with a high level of Endocrine Practice advertising revenues.

Because of the economic downturn which commenced in year 2008, our focus remains protecting AACE’s financial status, as well as positioning AACE to meet the financial challenges that lie ahead. The Finance Committee and AACE staff will continue to explore every possible action to safeguard the fiscal stability of the organization. This includes a careful review of all AACE activities and business operations to identify ways to
increase operating efficiencies and reduce costs. The Finance Committee continues to closely monitor the level of corporate support anticipated for the 2012 fiscal year, and explore additional new revenue generating opportunities to make AACE less dependent on corporate support.

A major goal of the Finance Committee is to submit a balanced budget for program activities. The Committee developed and submitted to the Board a proposed year 2012 operations and activities budget, including projected income from all sources (including investment activities), in the amount of $12,903,000, expenditures of $12,558,000 resulting in a projected $345,000 surplus. The percentage of allocation for revenue and expenditures for the 2011 calendar year, as well as the projected allocation of revenue and expenditures for the 2012 calendar year budget, is as follows:

### American Association of Clinical Endocrinologists, Inc.

<table>
<thead>
<tr>
<th></th>
<th>YEAR 2011 Actual</th>
<th></th>
<th>YEAR 2012 Budget</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Percent</td>
<td>Amount</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dues &amp; Membership Activities</td>
<td>$1,039,823</td>
<td>11.3%</td>
<td>Dues &amp; Membership Activities</td>
<td>$1,207,500</td>
</tr>
<tr>
<td>Annual Meeting</td>
<td>2,334,266</td>
<td>25.4%</td>
<td>Annual Meeting</td>
<td>2,722,500</td>
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<tr>
<td>Satellite Symposia</td>
<td>1,195,033</td>
<td>13.0%</td>
<td>Satellite Symposia (1)</td>
<td>1,250,000</td>
</tr>
<tr>
<td>Clinical Symposia</td>
<td>25,000</td>
<td>0.3%</td>
<td>Clinical Symposia</td>
<td>65,000</td>
</tr>
<tr>
<td>CAP</td>
<td>661,250</td>
<td>7.2%</td>
<td>CAP</td>
<td>840,000</td>
</tr>
<tr>
<td>Admin Fee Income</td>
<td>436,135</td>
<td>4.7%</td>
<td>Admin Fee Income</td>
<td>444,605</td>
</tr>
<tr>
<td>CME/Coding Manuals</td>
<td>632,077</td>
<td>6.9%</td>
<td>CME/Coding Manuals</td>
<td>229,667</td>
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<tr>
<td>Disease Initiatives</td>
<td>353,339</td>
<td>3.8%</td>
<td>Disease Initiatives</td>
<td>262,248</td>
</tr>
<tr>
<td>Legislative and Socio Activities</td>
<td>150,019</td>
<td>1.7%</td>
<td>Legislative and Socio Activities</td>
<td>149,750</td>
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<tr>
<td>Programs/mailing/other</td>
<td>74,461</td>
<td>0.8%</td>
<td>Programs/mailing/other</td>
<td>158,918</td>
</tr>
<tr>
<td>Certification Courses</td>
<td>327,883</td>
<td>3.6%</td>
<td>Certification Courses</td>
<td>240,690</td>
</tr>
<tr>
<td>AES</td>
<td>1,947,509</td>
<td>21.2%</td>
<td>AES</td>
<td>4,855,319</td>
</tr>
<tr>
<td>Bank Interest &amp; Dividends</td>
<td>8,586</td>
<td>0.1%</td>
<td>Interest &amp; Dividends</td>
<td>12,000</td>
</tr>
<tr>
<td>Income (Loss) from AACECORP (2)</td>
<td>see note 2</td>
<td>0.0%</td>
<td>Chapters</td>
<td>125,000</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$9,188,391</td>
<td>100.0%</td>
<td>Total Revenue</td>
<td>$12,561,197</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Meeting</td>
<td>$1,458,263</td>
<td>15.4%</td>
<td>Annual Meeting</td>
<td>$1,874,631</td>
</tr>
<tr>
<td>Satellite Symposia</td>
<td>893,598</td>
<td>9.4%</td>
<td>Satellite Symposia</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Board &amp; Committee Meetings</td>
<td>389,883</td>
<td>4.1%</td>
<td>Board &amp; Committee Meetings</td>
<td>532,106</td>
</tr>
<tr>
<td>CME/Coding Manuals</td>
<td>443,361</td>
<td>4.7%</td>
<td>CME/Coding Manuals</td>
<td>13,425</td>
</tr>
<tr>
<td>CAP</td>
<td>161,219</td>
<td>1.7%</td>
<td>CAP</td>
<td>268,809</td>
</tr>
<tr>
<td>Dues &amp; Membership Activities</td>
<td>141,497</td>
<td>1.5%</td>
<td>Dues &amp; Membership Activities</td>
<td>115,445</td>
</tr>
<tr>
<td>Legislative and Socio Activities</td>
<td>310,023</td>
<td>3.3%</td>
<td>Legislative and Socio Activities</td>
<td>335,715</td>
</tr>
<tr>
<td>Disease &amp; Public Awareness Initiatives</td>
<td>144,864</td>
<td>1.5%</td>
<td>Disease &amp; Public Awareness Initiatives</td>
<td>-</td>
</tr>
<tr>
<td>AES</td>
<td>1,481,245</td>
<td>15.6%</td>
<td>AES</td>
<td>4,287,569</td>
</tr>
<tr>
<td>Clinical Symposia</td>
<td>25,353</td>
<td>0.3%</td>
<td>Clinical Symposia</td>
<td>50,050</td>
</tr>
<tr>
<td>Rents &amp; Leases</td>
<td>295,310</td>
<td>3.1%</td>
<td>Rents &amp; Leases</td>
<td>344,785</td>
</tr>
<tr>
<td>Certification Courses</td>
<td>277,964</td>
<td>2.9%</td>
<td>Certification Courses</td>
<td>180,293</td>
</tr>
<tr>
<td>Contract &amp; Administrative/Operating Expenses/other</td>
<td>537,059</td>
<td>5.7%</td>
<td>Contract &amp; Administrative/Operating Expenses/other</td>
<td>562,818</td>
</tr>
<tr>
<td>Personnel</td>
<td>2,918,274</td>
<td>30.8%</td>
<td>Personnel (3)</td>
<td>2,992,349</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$9,477,903</td>
<td>100.0%</td>
<td>Total Expenses</td>
<td>$12,557,995</td>
</tr>
<tr>
<td><strong>subtotal - net surplus (deficit) from program activities</strong></td>
<td>$289,512</td>
<td></td>
<td><strong>Investment activity:</strong></td>
<td>$3,202</td>
</tr>
<tr>
<td>Investment income, net of mgm’t. fees</td>
<td>168,260</td>
<td></td>
<td></td>
<td>202,250</td>
</tr>
<tr>
<td><strong>investment activity</strong></td>
<td>(355,041)</td>
<td></td>
<td></td>
<td>342,250</td>
</tr>
</tbody>
</table>
| Grand Total - surplus of revenues in excess of expenses | $594,553 | | | $345,452 **

** The year 2012 budget excludes the AACECORP projected year 2012 surplus of approximately $25,000.

(1) Projected Revenue and Expenditures for Satellite Symposia for 2012 includes estimated amounts to be received from satellite sponsors to be paid to third party management companies.

(2) The Internal Revenue Service has deemed certain income items such as advertising, royalties, and commissions to be unrelated to the tax exempt purpose of membership associations such as AACE. Therefore,
AACE maintains a “for-profit” wholly owned subsidiary (AACECORP) to account for these items. AACECORP financial information is NOT included in the table above.

(3) Personnel expenses are projected to increase due to added positions within the organization, as well as overall increases in wages and benefits expenses.

The graphs detailed in Appendix 2 reflect: 2011 revenue by activity, 2011 expenses by activity, five-year revenue analysis, five-year expenses analysis, and five-year revenue vs. expense trend.

Audit

As required by the Bylaws, the Finance Committee met with the Association’s independent auditor of the Jacksonville, Florida based CPA firm Lucas, Herndon, Hyers & Pennywitt, in the summer of 2011, to discuss the results of the 2010 audit of the financial statements for AACE, the American College of Endocrinology (ACE) and AACECORP. The auditor’s report reflected no discrepancies with the financial statements or financial policies and procedures. No issues were identified in the management of the Association’s finances which required any corrective actions. The financial statements for the year ended December 31, 2011, are currently being audited.
AACE 2011 Revenue By Activity
Total Revenue - $9,188,390

- Corporate Support/Fees, $5,708,757, 62%
- Membership, $1,039,573, 11%
- Registrations & Fees, $938,496, 10%
- Exhibits, $722,250, 8%
- Interest & Dividends, $8,586, 0%
- Other, $770,728, 9%

AACE 2011 Expenses By Activity
Total Expenses - $9,477,898

- Salaries, Benefits & Taxes, 2,918,274, 31%
- Travel Meals & Accommodations, 1,992,249, 21%
- Honoraria, 596,726, 6%
- Contract Services, 2,044,775, 22%
- Audio Visual, 402,749, 4%
- all other, 1,263,833, 13%

AACE 2011 Five Yr Analysis of Revenue

AACE 2011 Five Yr Analysis of Expenses

AACE 5 Yr. Revenue vs. Expense Trend $
AACE EDUCATIONAL SERVICES (AES) COMMITTEE

Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU, Chair

Members of the 2011-2012 AACE Educational Services (AES) Committee included: Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU, Chair; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio; Nathaniel G. Clark, MD; Jeffrey R. Garber, MD, FACP, FACE; George Grunberger, MD, FACP, FACE; Chris K. Guerin, MD, FNLA, FACE; R. Mack Harrell, MD, FACP, FACE, ECNU; Edward S. Horton, MD, FACE; Daniel L. Hurley, MD, FACE; Faramarz Ismail-Beigi, MD, PhD; Evan M. Klass, MD, FACE; and Bruce S. Trippe, MD, FACE.

The charge of the AACE Educational Services (AES) Committee is to:
- Explore potential opportunities as well as barriers to be addressed in the development of AACE Educational Services as a viable non-dues revenue source for the Association and submit recommendations to the Executive Committee.

2011 National Diabetes Initiative for Primary Care Physicians (PCPs)
AACE Educational Services (AES) provide meeting management services for the 2011 National Diabetes Initiative for Primary Care Physicians. A report of those activities can be found in the Primary Care Physician Education Initiative Committee Annual Report.

2011-2012 Incretin Dinner Program Series
AACE Educational Services (AES) managed a series of dinner programs entitled “Shifting Paradigms in Diabetes Therapy: Incorporating Incretin-based Therapies into the Diabetes Treatment Algorithm.” This activity is supported by Novo Nordisk. A standardized agenda and slide deck was presented at all of the locations. Seven programs were held on the following dates/locations with a total attendance of 470 health care providers.

- August 17, 2011 – Boston
- August 18, 2011 – Chicago
- September 15, 2011 – Los Angeles
- September 22, 2011 – Bethesda
- September 22, 2011 – San Francisco
- October 20, 2011 – New York
- January 26, 2012 – Los Angeles

2011 American Diabetes Association Annual Meeting
AES managed a satellite entitled “Issues in the Management of Hyperglycemia in Patients with Concurrent Kidney Disease” at the recent ADA meeting in San Diego. This activity was supported by the Boehringer Ingelheim-Eli Lilly collaboration. There were 250 attendees at this session which was held on Sunday, June 26, 2011. Dr. Alan Garber chaired this session with Dr. George Bakris, Dr. Tim Garvey and Dr. Richard Pratley serving as the faculty.

2011 American Society of Health-System Pharmacists
AES managed a satellite entitled “Glycemic Management in the Hospital Setting: Challenges and Opportunities for Pharmacists,” at the ASHP meeting held December 4, 2011, in New Orleans, LA. This activity was supported by an educational grant from Novo Nordisk, Inc. There will also be an enduring material developed and posted on Medscape. Dr. Jeff Mechanick will serve as the activity chair and Dr. Farhad Zangeneh will be a faculty member. There were 423 attendees and the post-activity evaluation was very positive.

2011-2012 Inpatient Glycemic Control Webinars
We received $100,000 in committed support from Novo Nordisk and Eli Lilly for this project. We are again collaborating with The Epsilon Group in the production and delivery of the webinars. There were four (4) webinars presented two (2) times each in the Eastern and Central time zones. Dr. Silvio Inzucchi agreed to chair this activity in Dr. Moghissi’s absence. The webinars were presented according to the following schedule. Please note attendance listed for each module.
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Title/Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 23, 2012/12:30 pm ET</td>
<td>A Review of the Current Evidence for Glycemic Control and Etie S. Moghissi, MD, FACP, FACE</td>
</tr>
<tr>
<td>January 23, 2012/2:30 pm CT</td>
<td>A Review of the Current Evidence for Glycemic Control Silvio Inzucchi, MD</td>
</tr>
</tbody>
</table>

**January 23 Module 1 – 784 Links Utilized – 670 Certificates**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Title/Speaker</th>
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</thead>
<tbody>
<tr>
<td>February 6, 2012/11:30 pm ET</td>
<td>Management of Inpatient Hyperglycemia: Special Populations and Etie S. Moghissi, MD, FACP, FACE</td>
</tr>
<tr>
<td>February 6, 2012/1:00 pm CT</td>
<td>Management of Inpatient Hyperglycemia: Special Populations Silvio Inzucchi, MD</td>
</tr>
</tbody>
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**February 6 Module 2 – 716 Links Utilized – 578 Certificates**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Title/Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 7, 2012/11:30 pm ET</td>
<td>Safe and Effective Use of Insulin and Scott R. Drab, PharmD, CDE, BC-ADM</td>
</tr>
<tr>
<td>February 7, 2012/1:00 pm CT</td>
<td>Hyperglycemic Crisis Conditions and Susan S. Braithwaite, MD</td>
</tr>
</tbody>
</table>

**February 7 Module 3 – 556 Links Utilized – 421 Certificates**

<table>
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<td>February 9, 2012/11:30 pm ET</td>
<td>The Future of Basal Insulin Analog Supplementation and Intensification: A Revolution in the Making – supported by Novo Nordisk Inc. and Is it Time for a Revolution? The Role of Continuous Subcutaneous Insulin (CSII) in Improving Care of Patients with Type 1 Diabetes – supported by Eli Lilly and I...</td>
</tr>
</tbody>
</table>
The charge of the Reproductive Medicine Committee is to:

- Develop recommendations for training programs in endocrinology in the area of women’s health including for example:
  - Pelvic exams
  - PAP smears
  - Pelvic ultrasound exposure and endometrial biopsy
  - Understanding BBT and other methods for assessing ovulation and fertility
  - Chronic diseases to be given appropriate emphasis: osteoporosis, menopause, menstrual disorders, hyperandrogenism PCOS and fertility disorders.

- Develop guidelines for endocrine practice concerning women’s health with respect to:
  - Menopause
  - PCOS/Hyperandrogenism
  - Infertility evaluation
  - Menstrual abnormalities
  - Male and female sexual dysfunction

- Develop collaboration working with:
  - Pharmaceutical companies regarding products in women’s health to include the endocrinologist at all levels in clinical studies and clinical practice.
  - AACE’s sister societies and organizations to increase our ability to identify the endocrinologist with women’s health in the eyes of the public and medical community.
  - Training programs as identified above in #1
  - Patient advocacy groups including PCOSA

- Enhance education by:
  - Sponsoring clinical symposia to educate our members on women’s health issues.
  - Endorsing public education campaigns on women’s health issues.
  - Acting as a resource for symposia and lectures at our national meetings and regional meetings.
  - Providing a source for speakers (endocrinologists) for community and other meetings on women’s issues.
  - Bringing together experts from all areas of women’s health to synergize and energize our initiatives.

- Serve as resource for media and public in reproductive issues.

- Continuously evaluate current literature for important topics and advances worthy of AACE commentary on a regular basis.

In compliance with AACE’s clinical practice guidelines development procedures, the final version of the updated AACE Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Menopause was published in the November/December 2011 issue of Endocrine Practice. Updates to the guidelines have been completed and submitted to the National Guidelines Clearinghouse (NGC). NGC offers developers an effective vehicle for the dissemination of guidelines that meet the extensive NGC Inclusion Criteria. There were a few methodology questions raised by the NGC that Rhoda Cobin, MD, MACE, Advisor, has since addressed. It generally takes NGC 8-10 weeks to develop their summary at which time it will then be returned to the Task Force Chairs for final review. Upon final approval, NGC will publish the guidelines on their website within 6-8 weeks.

The AACE Board of Directors approved development of a Position Statement to address specific issues and present evidence-based statements regarding Testosterone Therapy for Male Hypogonadism with the suggested topics to include:

- Importance of accurate and reproducible testosterone and free testosterone assays
- Normative data on testosterone values by age
• Symptoms that correlate with hypogonadism
• Follow up of treated patients
• Cardiovascular and other comorbidities that might increase risks associated with testosterone therapy

The Board also approved beginning the process of updating the Hyperandrogenic Disorder Guidelines in accordance with the AACE Protocol for Standardized Production of Clinical Practice Guidelines. Consideration for renaming the Guidelines to PCOS/Androgen Excess Guidelines was also recommended and approved due to the significant correlation between Hyperandrogenism and Polycystic Ovary Syndrome.

Last year, conversations regarding a Men’s Health Initiative (non-CME) was explored. Due to a lack of defined financial commitment, no further programming was pursued. Members will continue to explore alternative resources for this type of programming.

Topics published in the 2011 issues of The First Messenger via the Reproductive Medicine Corner included:

• Dr. Neil Goodman - April /May Issue: Menopausal Hormone Therapy and Breast Cancer: The Debate Continues.
• Dr. Walter Futterweit – August/September Issue: Androgenic Alopecia in Women: Diagnosis and Pathogenesis
• Dr. Jennifer Glueck – October/November Issue: Testosterone Replacement Therapy for Sexual Dysfunction in Postmenopausal Women
ACADEMIC ENDOCRINOLOGISTS COMMITTEE

Peter A. Singer, MD, FACE, Chair

Members of the 2011-2012 Academic Endocrinologists Committee included: Peter A. Singer, MD, FACE, Chair; Faramarz Ismail-Beigi, MD, PhD, Vice Chair; Pasquale J. Palumbo, MD, MACP, MACE, Vice Chair; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio; Devaprabu Abraham, MD, MRCP; Intekhab Ahmed, MD, FACP, FACE; Rajib Bhattacharya, MD; Michael A. Bush, MD; Pauline M. Camacho, MD, FACE; Andrew J. Drexler, MD, FACE; Om P. Ganda, MD, FACE; W. Timothy Garvey, MD; Andrew G. Gianoukakis, MD, FACE; Ved V. Gossain, MD, FACE; Daniel L. Hurley, MD, FACE; Janet McGill, MD, FACE; Hussein A. Rajab, MD; S. Sethu K. Reddy, MD, MBA, FACP, MACE; Ajay Sood, MD; Brendan C. Stack, MD, FACS, FACE; Aaron I. Vinik, MD; and Robert S. Zimmerman, MD, FACE.

The charge of the Academic Endocrinologists Committee is to:

- Continue to build on AACE’s good relations with endocrine academic colleagues.
- Identify special needs of AACE’s academic colleagues that AACE can support (such as grant support, relations with industry, compensation package, special coding needs, delivery of patient care in the face of tightening budgets, keeping equipment such as ultrasound in the endocrine division rather than in the hospital at large, getting proper credit for cognitive endocrine services such as complex care in the ICU, which may be allocated as general revenue rather than uniquely endocrine services).
- Determine whether the AACE scientific journal, Endocrine Practice, and other publications serve the needs of AACE’s colleagues, or whether some changes might be appropriate.
- Determine whether the AACE Annual Meeting and regional meetings are helpful to the academic endocrinologists or whether certain modifications might be in order.

The Academic Endocrinologists Committee has been responsible for the development of Modules for endocrine fellows-in-training since February 2008. After review of the Committee charge, it was determined that the development and maintenance of the modules would be better suited to a committee with a focus on the training of endocrine fellows. In July 2011, the Board of Directors approved the movement of the modules from the Academic Endocrinologists Committee to the Endocrine Training Support Committee.

The Committee developed plans to increase the number of academic endocrinologists as members. In conjunction with the Endocrine Training Support Committee, a letter of invitation for membership was sent to all non-member Endocrine Program Directors. The Committee will continue to reach out to the academic endocrinologists through mail and e-mails to keep them informed of AACE programs available and encourage their participation and support of AACE. A marketing flyer will also be developed targets at young academic endocrinologists with a focus on the networking and professional opportunities with AACE.

The success of Endocrine University® (EU) as an important venue for augmenting the educational opportunities for preparing fellows-in-training entering into endocrinology was addressed. The Committee continues to monitor the number of EU graduates who have successfully passed their endocrine boards, as a point of information for AACE and APDEM.
The 2012 Program Committee consists of the following members: George Grunberger, MD, FACP, FACE, Chair; Edward S. Horton, MD, FACE, Vice-Chair; Peter A. Singer, MD, FACE, Vice Chair; Daniel S. Duick, MD, FACP, FACE, Ex Officio, ACE President; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio, AACE President; Daniel Einhorn, MD, FACP, FACE, Advisor; Lewis E. Braverman, MD, FACE; Felice A. Caldarella, MD, FACP, CDE, FACE; Pauline M. Camacho, MD, FACE; Samuel Dagogo-Jack, MD, DM, FRCP, FACE; Alan J. Garber, MD, PhD, FACE; Chris K. Guerin, MD, FNLA, FACE; Armand A. Krikorian, MD, FACE; Norman Lavin, MD, PhD, FACE; Harold Lebovitz, MD, FACE; Jonathan D. Leffert, MD, FACP, FACE; Eric A. Orzech, MD, FACP, FACE; Nancy D. Perrier, MD, FACS; Rachel Pessah-Pollack, MD; J. Woody Sistrunk, MD, FACE, ECNU; Aaron I. Vinik, MD; Sandra L. Weber, MD, FACE; Dwain E. Woode, MD; and Farhad Zangeneh, MD, FACP, FACE.

The charge of the Annual Meeting Clinical Congress Program Committee is to:

- Develop the clinical congress portion of the Annual Meeting, which includes selecting, inviting, and securing speakers, appointing moderators, and determining topics and time allotment for general sessions, workshops and satellite symposia.
- Arrange the publication of the Annual Meeting programs, syllabus, and speaker support materials.
- Incorporate the College program, special guest speakers selected by the President, and the business meeting in the Annual Meeting format.
- Ensure that other activities adjacent to or contemporaneous with the Annual Meeting are coordinated with the Annual Meeting schedule.

The 2012 AACE Annual Meeting is scheduled to be held May 23-27, 2012, at the Marriott Downtown Philadelphia and the Pennsylvania Convention Center. The facilities offer sufficient space for all satellite symposia, general sessions, workshops, meet-the-experts, exhibits, ACE Convocation, and Saturday night event. The Philadelphia Marriott Downtown is connected to the Pennsylvania Convention Center and is very convenient and accessible for attendees. The Congress program is confirmed, including all of the speakers and moderators. Preliminary meeting notices have been placed in AACE Online News and The First Messenger. Online registration and housing opened on December 29th and invitations have been sent to all AACE members, and an announcement was made in AACE Online News. We have 12 confirmed Satellite Symposia: Alexion Pharmaceuticals, Amylin-Lilly, Bristol-Myers Squibb and AstraZeneca, Boehringer-Ingelheim and Eli Lilly (2), Genzyme, Lilly USA, Novo Nordisk (2), SANOFI (2), and Santarus. AES is currently managing 6 of the 12 satellites (Alexion, Amylin-Lilly, BI-Lilly, Genzyme, Eli Lilly, and Novo Nordisk). The symposia will begin on Wednesday, May 23rd and continue throughout the meeting. The following changes have been made to the 2012 program: CAP meeting is moved to Tuesday, poster tour sessions will be offered to increase the audience for poster presenters, the Thursday President’s Luncheon has been replaced with a “President’s Welcome Event” from 5:30–6:30 p.m. and the Board Post-Congress briefing will be moved to Saturday afternoon prior to the ACE Convocation. Prior to the start of the Congress Program on Thursday the following meetings will take place: Monday and Tuesday, May 21st – 22nd, there will be an AACE Diagnostic Endocrine Neck Ultrasound and UGFNA Course®. On Wednesday May 23rd there will be a total of 10 half-day sessions offered for an additional fee.

The exhibit hall is located in the Pennsylvania Convention Center, on the same level as registration, general sessions, workshop rooms, and MTE’s. Because of the size of the hall, we are able to keep the same number of booths, hold the poster tour sessions in the hall along with morning and afternoon breaks, and also offer five Product Theaters in the hall throughout the meeting. There will be two wireless lounges in the exhibit hall as well. Currently, there are 85 confirmed exhibitors and 5 confirmed product theaters.

The Wine & Cheese Reception will return for the 2012 meeting. It will be held on Friday evening from 5:15-6:45 p.m. The Twentieth Annual Convocation of the American College of Endocrinology will also be a
part of the program on Saturday, May 26th. This year’s President’s Gala will feature a talent showcase and live band with music for every generation and a variety of food stations, all for a small fee.

The Family/Guest Program will be held this year in conjunction with the AACE 21st Annual Scientific and Clinical Congress, which includes: Breakfast with Ben (A dynamic breakfast program hosted by Ben Franklin), Colonial Philadelphia tour, Morning Fitness Program, and Sunday Family Picnic event.

Future Program Committees will be responsible for planning the programs for the following AACE Annual Meetings:

- **May 1-5, 2013**
  Sheraton Phoenix Downtown and the Phoenix Convention Center
  Phoenix, AZ

- **May 14-18, 2014**
  Paris Las Vegas Hotel
  Las Vegas, NV

- **May 13-17, 2015**
  Music City Center & Omni Nashville
  Nashville, TN

- **May 25-29, 2016**
  Rosen Shingle Creek
  Orlando, FL
CHAPTERS COMMITTEE

Daniel L. Hurley, MD, FACE, Chair
Anne L. Leddy, MD, FACE, Vice Chair

Members of the 2011-2012 Chapters Committee included: Daniel L. Hurley, MD, FACE, Chair; Anne L. Leddy, MD, FACE, Vice Chair; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio; Joshua I. Barzilay, MD, FACE; Felice A. Caldarrella, MD, FACP, CDE, FACE; Pauline M. Camacho, MD, FACE; Laurence A. Gavin, MD, FRCP, FACP, FACE; George Grunberger, MD, FACP, FACE; Richard A. Haas, MD, FACE; Norman J. Kramer, MD; W. Reid Litchfield, MD, FACE, ECNU; Vasdev Lohano, MD, FACE; Fred G. Toffel, MD, FACE; and Kathleen L. Wyne, MD, PhD, FNLA, FACE.

The charge of the Chapters Committee is to:

- Formulate and maintain a listing of AACE chapters, officers, bylaws, and meetings. Help chapters coordinate chapter meetings and receptions.
- Provide chapter with current listings of AACE members and potential AACE members in the area the chapter represents.
- Enlist the aid of each chapter in the recruitment and retention of AACE members.
- Coordinate chapter activities at the AACE Annual Meeting.
- Work to enhance the development of activities of AACE chapters, including development of an ongoing grassroots Key Contact program.

Strong chapter activity that included annual meetings, dinner programs and PCP events continued in 2011. The 18 AACE Chapters under administrative contract with AACE provided a total of 60 programs that included of 22 national PCP meetings, 16 chapter annual meeting programs, 18 dinner programs, and 1 chapter annual meeting / endocrine PCP program. Exclusive of national PCP events, AACE chapter programs provided more than 120 hours of continuing medical education at programs attended by 1,331 AACE members or other interested health care providers, received 81 grants in support of educational programming, and were supported by 266 exhibits.

AACE Chapter Status: There are 22 active AACE domestic chapters: Arizona, California, Carolinas (North & South), Florida, Georgia, Heartland (AR, KS, MO, NE, OK), Illinois, Michigan, Mid-Atlantic (DC, DE, MD, VA), MN/Midwest (IA, MN, ND, SD, WI), Nevada, New England (CT, MA, ME, NH, RI, VT), New Jersey, New Mexico, New York – Lower, New York – Upper, Ohio River Regional (IN, KY, OH, PA), Puerto Rico, Rocky Mountain (UT), Southern States (AL, LA, MS, TN), Texas and West Virginia. Currently, there are five international AACE chapters located in the countries of Bangladesh, India, Nigeria, Philippines, and Romania.

In 2011, chapter PCP events were held by 19 of the 22 active AACE Chapters. These events were attended by 3,756 healthcare professionals and were supported by an average of 10 exhibitors per program. In 2011, $293,800 in exhibit fees were collected from the 22 PCP programs held. PCP exhibit funds were split between participating chapters (65%) and AACE (35%) to help offset the cost of the AACE Chapters Department in providing administrative support for its chapters. Exhibit fees from PCP programs continue to provide chapters with a valued revenue stream. It is, in part, this financing that permits the planning and execution of quality programming at a reasonable cost that is made available to all AACE members at the local or regional level. Because these funds are such an integral part of the financial stability of most AACE Chapters, an ongoing annual review of the revenue split has been requested by the Chapters.

In addition to regular chapter activities, the Illinois Chapter of AACE held its first annual meeting in Chicago on October 1, with more than 60 individuals in attendance.

Much discussion occurred throughout the year that focused on the revision of guidelines for the formation of International AACE Chapters, and Domestic Chapter Development and Reactivation Guidelines.

The Committee continues to offer assistance with organizational development, and guidance to inactive chapters and those AACE members in states without chapter representation. The AACE staff offers a broad range of services to assist chapters with their administrative functions and activities.
Members of the 2011-2012 Clinical Research Committee included: Timothy S. Bailey, MD, FACP, FACE, ECNU, Chair; Faramarz Ismail-Beigi, MD, PhD, Vice Chair; Joseph Aloï, MD, FACE; Melchor A. Salazar, MD, FACE; James H. Anderson, Jr., MD, FACE; Joshua I. Barzilay, MD, FACE; Philip S. Behn, MD, FACE; Diana G. Dills, MD, FACP, FACE; Thomas B. Repas, DO, FACP, CDE, FNLA, FACE, ECNU; Helena W. Rodbard, MD, FACP, MACE; Afshin Salsali, MD; Michael H. Shanik, MD, FACE; and Kathleen L. Wyne, MD, PhD, FNLA, FACE.

The charge of the Clinical Research Committee is to:
- Coordinate the special requirements of the endocrine pharmaceutical industry with the interests and availability of the AACE membership in the area of clinical endocrine research.
- Foster the development of clinical endocrine research by the AACE membership.
- Provide research resources to AACE members interested in clinical research:
  - a list of specific clinical research opportunities available to AACE members,
  - a listing of available clinical research sites, and
  - an overview and summary of each clinical research site.

The Clinical Research Committee has worked over the past years to fulfill its charge of promoting clinical research education and providing resources to AACE members interested in clinical research. The Committee has accomplished this through member surveys, creation of a clinical research white paper, and various workshops that provide members with an organized and hands-on educational model needed for successful clinical research design and implementation. Two (2) Basic Workshops (March 2008 and January 2009) and one (1) Advanced Workshop (February 2010) were provided in conjunction with Novo Nordisk, through its Changing Diabetes Leadership Initiative.

The Committee has also created a physician registry for clinical research that is now available on the AACE website. The purpose of this registry is to allow AACE’s industry partners to access the names of AACE members and facilitate their recruitment process for well qualified physicians to conduct clinical trials.

The promotion of clinical research through the involvement of endocrinologists is a demonstration of AACE’s commitment to address the lack of highly skilled manpower in the clinical research industry. Feedback from pharmaceutical companies and clinical sites indicates that there are fewer errors, lower costs, more rapid turnaround, and greater safety in trials when competent personnel are involved in clinical trials. The availability of well qualified physicians conducting clinical research benefits the pharmaceutical companies by facilitating their efforts in developing drugs that further enhance the prevention, diagnosis, and treatment of disease. Consequently, demonstrating commitment to the quality of clinical research benefits the patients by ensuring the development and preservation of the highest quality and standards in the conduct of clinical trials.

The registry is comprised of AACE members who have previously attended an AACE-sponsored clinical research workshop and those who have proven clinical research experience. These physicians may be contacted directly by AACE corporate partners to discuss their individual needs for clinical research investigators, and AACE members are encouraged to be part of this valuable resource. To learn more about the registry, please visit the following link: https://www.aace.com/corporate-partners/clinical-research-registry.

An AACE Clinical Research Workshop is scheduled for September 28-30, 2012, at the Hyatt Regency in Washington, DC. Designed for physicians with an interest and experience in clinical research, the workshop aims to provide participants with intensive, highly practice-oriented training of good clinical practice for both new and advanced clinical researchers.
Members of the 2011-2012 Committee on Obesity included: Alan J. Garber, MD, PhD, FACE, Chair; W. Timothy Garvey, MD, Chair; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio; Steven R. Smith, MD, Advisor; Dennis M. Bier, MD, Advisor; Nancy J.V. Bohannon, MD, FACP, FACE; George A. Bray, MD, MACP, MACE; Michael A. Bush, MD; J. Gary Evans, MD, FACE; Daniel L. Hurley, MD, FACE; Harold Lebovitz, MD, FACE; Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU; John A. Purcell, MD, FACE and Kathleen L. Wyne, MD, PhD, FACE, FNLA.

The charge of the Committee on Obesity is to:

- Actively pursue a preeminent role in addressing the multiple aspects of obesity.
- Develop a broad scope of physician/non-physician and patient educational programs and initiatives on obesity.
- Evaluate and submit recommendations to the Board of Directors regarding the feasibility of establishing a credentialing process/examination for treating obesity.
- Explore collaborative relationships with other relevant organizations to facilitate and support AACE’s obesity activities and initiatives.

Committee on Obesity

The Committee on Obesity pursued a number of projects during the 2011-2012 year:

In July 2011, the Committee on Obesity, then the Task Force on Obesity Initiative, put forth a recommendation to the AACE Board of Directors to declare obesity as a disease state. This recommendation followed the Task Force’s review of available clinical data and determination that there is sufficient data to suggest that obesity is not just a condition, but is actually a disease state. The recommendation was passed unanimously and a formal declaration was made through an Association press release. Following the declaration, the Task Force was reconstituted as the Committee on Obesity.

The Committee on Obesity is involved in planning an Obesity Half-Day Session on Wednesday during the 2012 AACE Annual Meeting in Philadelphia. Dr. W. Timothy Garvey and Dr. Jeffrey Mechanick serve as Co-Chairs and organizers of the Obesity Session.

Additionally, the Committee on Obesity remains active in evaluating issues involving obesity, including the pending FDA approval of anti-obesity agents and publications from other organizations on BMI requirements for bariatric surgery. Members of the Committee on Obesity have provided advocacy on behalf of endocrinologists and their patients regarding FDA deliberations pertaining to approval of new obesity drugs, and have provided commentary pertaining to CMS approval for compensating therapeutic efforts in lifestyle modification. Several members of the Committee on Obesity are contributing to the recent revisions of the AACE/TOS/ASMBS Guidelines for bariatric surgery.

The Committee is finalizing an AACE Position Statement on Obesity as a companion to a Nutrition Position Statement, being developed by the Nutrition Committee. The Position Statement on Obesity delineates the rationale for obesity as a disease, and outlines needed AACE initiatives in education, training, advocacy, and collaborations with other societies. The Obesity and Nutrition papers will be published as companion pieces in a future issue of Endocrine Practice.
CONTINUING MEDICAL EDUCATION (CME) ACCREDITATION COMMITTEE

Dace L. Trence, MD, FACE, Chair

Members of the 2011-2012 Continuing Medical Education (CME) Accreditation Committee included: Dace L. Trence, MD, FACE, Chair; Felice A. Caldarella, MD, FACP, CDE, FACE, Vice Chair; David S. H. Bell, MD, MB, FACP, FACE; Edward Chin, MD; Stephen R. Crespin, MD; Edward S. Horton, MD, FACE; Marc J. Laufraben, MD, MBA, FACP; Virginia A. LiVolsi, MD; Dorothy S. Martinez, MD, FACE; Andrew R. Reikes, MD, FACE; Mushtaq A. Syed, MD, FACE; Bruce S. Trippe, MD, FACE; Dwain E. Woode, MD; and Kathleen L. Wyne, MD, PhD, FNLA, FACE.

The Charge of the Continuing Medical Education Accreditation Committee is to:
- Review and accredit educational programs and activities related to the practice of clinical endocrinology.
- Maintain ACCME accreditation standards and ensure compliance with reporting requirements.

AACE is recognized by the Accreditation Council for Continuing Medical Education (ACCME) as an accredited provider of continuing medical education for physicians. AACE’s current accreditation status is valid until July 2012. Over the last year, AACE prepared both a Self-Study Report and Performance-in-Practice files for fifteen (15) activities selected by the ACCME in order to demonstrate AACE’s compliance with the ACCME Essential Areas and their Elements and the Standards for Commercial Support. This information was submitted to ACCME for review. Dr. Trence and staff met with ACCME reviewers on February 23, 2012, to review AACE’s application. ACCME’s decision regarding AACE’s ongoing accreditation status is expected to be received in July.

In 2011, the CME Accreditation Committee reviewed and approved:
- 51 directly sponsored live activities,
- 26 jointly sponsored live activities, and
- 6 directly sponsored enduring materials.

The CME Accreditation Committee awarded a total of 612 AMA PRA Category 1 Credits™. A total of 7,903 physicians and 5,926 non-physicians claimed credit commensurate with the extent of their participation in the above-mentioned activities.

Consistent with AACE’s goal of enhancing members’ ability to provide the highest quality of care, the following principle CME objectives are to:
1) offer quality educational programs that will enhance physician competence in serving as an advocate for the health needs of those with endocrine disorders;
2) facilitate development of multiple media venues offering CME to ensure that physicians receive, in a timely manner, the latest relevant information regarding current treatment modalities and research for endocrine disorders; and
3) maximize the value of the CME experience for physicians by ensuring that CME activities are appropriate to the needs of physicians and that educational content meets the accepted standards for scientific integrity.

The primary target audiences of AACE’s CME Program are practicing clinical adult and pediatric endocrine physicians, and surgeons that comprise the majority of AACE’s membership. AACE CME activities are also highly valued and attended by non-endocrine physicians with an interest in endocrinology. Although AACE membership is international in scope, the majority of members attending AACE sponsored activities are from the continental United States.

AACE venues for CME offerings include the Annual Meeting & Clinical Congress, AACE Chapter meetings, AACE consensus conferences, certification courses, clinical symposia, and enduring materials that meet the educational needs of practicing clinical endocrinologists. Educational activities in all areas of endocrine diseases are offered, including, but not limited to: adrenal disorders, problems of glucose metabolism (i.e., diabetes mellitus, hyperglycemia), hypertension, lipid disorders, nutrition, obesity, disorders of bone metabolism (i.e., osteoporosis), calcium metabolism disorders (i.e., parathyroid), disorders of pituitary function, reproductive endocrinology, thyroid abnormalities, and other metabolic disorders. AACE actively sponsors accreditation and certification courses, offering physician participation and training in the latest advances in technology-based endocrine procedures (e.g., thyroid ultrasound, endocrine coding).
DIABETES COUNCIL

Alan J. Garber, MD, PHD, FACE, Chair

Members of the 2011-2012 Diabetes Council included: Alan J. Garber, MD, PhD, FACE, Chair; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio; Timothy S. Bailey, MD, FACP, FACE, ECNU; Samuel Dagogo-Jack, MD, DM, FRCP, FACE; Daniel Einhorn, MD, FACP, FACE; George Grunberger, MD FACP, FACE; Edward S. Horton, MD, FACE; and Etie S. Moghissi, MD, FACP, FACE.

The charge of the Diabetes Council is to:

- Provide oversight, direction, and coordination for all diabetes-related activities of AACE. This includes a review of all current AACE diabetes-related activities conducted through every capacity, including existing committees/task forces of AACE/ACE, as well as AACE’s physician and patient/public educational initiatives.
- Evaluate the activities of other diabetes organizations to determine future AACE activities that will distinguish AACE’s role in the area of diabetes care from other organizations.
- Identify organizations/industry partners for possible future AACE diabetes-related collaboration. Submit recommendations for AACE’s future domestic/international diabetes liaison activities and interaction with relevant diabetes organizations.
- Evaluate the economic feasibility of AACE expanding its scope of activities to facilitate and encourage AACE members to broaden the care of patients in their practices, including the use of physician extenders in the office and affiliations with other diabetes health professionals.
- Evaluate AACE educational and related activities, including diabetes certification, intensive insulin management/pump therapy, and clinical research, that would facilitate increased recognition of endocrinologists as the experts in diabetes care, and AACE as an acknowledged credentialing body for clinical practice related to diabetes.
- Evaluate the expansion of AACE’s role in the diabetes-related education of non-endocrinologist physicians and allied health professionals.
- Submit a report and recommendations to the Board in as timely a manner as possible regarding AACE’s future diabetes activities, including a template for the scope of these activities (e.g., physician/other health professionals’ educational and credentialing programs, creating increased awareness of endocrinologists as the experts in diabetes care, public/patient education and awareness, reimbursement, clinical research, future guidelines development, patient safety, etc.).
- Submit recommendations for the consolidation of the current AACE diabetes-related committees/task forces.

Consistent with its charge, over the last year, the AACE Diabetes Council provided oversight, direction, and coordination for all diabetes-related activities of AACE.

Education

The Diabetes Council’s Task Force on the AACE Diabetes Resource Center is charged to create a comprehensive online educational resource for diabetes care. This online resource is being expanded from inpatient care to include both inpatient and outpatient care. The Task Force is working with medical writers to create content, a reading list and a slide library. The Resource Center will be available to both AACE members and nonmembers and is supported by Amylin, Eli Lilly and Novo Nordisk. It is anticipated that the expanded Resource Center will launch in late summer/early fall 2012.

The Council facilitated the development of the 2010/2011 AACE Visiting Professor Initiative. This educational initiative consists of pre-developed programs that serve as learning sessions for best practices in clinical diabetology, specifically type 2 diabetes research and clinical issues. These programs were awarded to specific institutions and were supported by an educational grant from Merck & Co., Inc. This educational initiative concluded in Spring 2011.

AACE Educational Services (AES) continues to develop and deliver the national educational activity, ‘Advances in the Management of Type 2 Diabetes: Diabetes Day for Primary Care.’ This activity was approved for AMA PRA Category 1 Credits™, and is supported by Amylin Pharmaceuticals, Inc and Lilly USA, LLC, Daiichi Sankyo, Inc., Novo Nordisk Inc. and sanofi-aventis U.S. Inc. In 2011, this
program was held in 17 locations across the country. The program continues to be well attended by both physician and non-physician healthcare professionals.

In 2011, AACE Educational Services (AES) managed a series of dinner programs entitled “Shifting Paradigms in Diabetes Therapy: Incorporating Incretin-based Therapies into the Diabetes Treatment Algorithm.” These activities were approved for *AMA PRA Category 1 Credit(s)*™ and were supported by Novo Nordisk Inc. A standardized slide deck was presented in six (6) different locations across the country.

**Publications**

The *AACE Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan* were published in the March/April 2011 edition of *Endocrine Practice*. This guideline provides a practical guide for comprehensive care that incorporates an integrated consideration of microvascular and macrovascular risk rather than an isolated approach focusing merely on glycemic control.

**Initiatives**

AACE continues to be an active participant in the Diabetes Advocacy Alliance (DAA), which has grown in organizational membership over the last year. The DAA is a coalition of diabetes stakeholder groups including, AACE, AADE, ADA, Academy of Nutrition and Dietetics, Health Leadership Council, National Kidney Foundation, Novo Nordisk, Pediatric Endocrine Society, TES and the YMCA of the USA, among others. The DAA conducts a number of activities to raise awareness about diabetes and the importance of prevention in the Administration and the Congress, and among the public.

This past year the DAA was successful in its effort to secure dedicated federal funding for the National Diabetes Prevention Program (NDPP). The DAA will work again this year to maintain a federal commitment to the NDPP in addition to continuing to address the restrictive criteria for diabetes screening recommended by the United States Preventive Services Task Force (USPSTF). The DAA has provided an important avenue for AACE to strengthen its working relationship with other diabetes groups and to secure broad-based support in the diabetes community for the AACE diabetes legislative initiative (HR 2960). Current DAA members who have endorsed H.R. 2960 are the AADE, ADA, Pediatric Endocrine Society, and TES. Other organizations that are not DAA members but have endorsed H.R. 2960 are the American Medical Association, Juvenile Diabetes Research Foundation and Renal Physicians Association.

During 2011, the Council launched or maintained the following diabetes-related public awareness campaigns:

**Blood Sugar Basics** – Blood Sugar Basics is a program designed to provide useful information about blood sugar for people living with diabetes, including helpful tips on how to control blood sugar levels to better manage their disease. The program website, www.bloodsugarbasics.com, was launched in November 2010 in conjunction with Diabetes Awareness Month. Blood Sugar Basics is supported by a grant from Merck & Co., Inc and will run through December 2012.

**The Type 2 Talk** – The Type 2 Talk is a campaign focused in its attempt to change the dialogue between doctors and their patients with diabetes. The campaign’s website, www.thetype2talk.com, provides talking points, metaphor creation tools and sample conversations for physicians and patients to ensure that these two groups understand each other when communicating about the management of diabetes. The Type 2 Talk is supported by a grant from the Astra Zeneca/Bristol Myers Squibb partnership.

**Takeda/AACE Online Diabetes Resource** – AACE and Takeda have partnered to create an online resource which vets various online diabetes resources to demonstrate those that provide the most accurate and valuable information for the diabetes patient. The online resource was launched in September 2011 and can be accessed via the following: diabetesnavigator.aace.com.
Members of the 2011-2012 Endocrine Surgery Committee included: Nancy D. Perrier, MD, FACS, Chair; Martha A. Zeiger, MD, FACS, FACE, Advisor; Eduardo A. Costa, MD, FACS, FACE; Gerard M. Doherty, MD; Leon Kushnir, MD; Terry C. Lairmore, MD; Harold Lebovitz, MD, FACE; John I. Lew, MD, FACS; Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU; Jennifer B. Ogilvie, MD; Johanna A. Pallotta, MD, FACE; Gregory Randolph, MD, FACS; and Carmen C. Solorzano, MD.

The charge of the Endocrine Surgery Committee is to:

- Define and promote activities that integrate and benefit endocrine surgeons as unique members of AACE.
- Develop greater linkage between AACE and AAES in educational, strategic, and mutual patient care improvement activities.
- Explore opportunities for joint meetings between AACE and AAES.

The Third Annual AAES Endocrine Surgery University (ESU) was held March 29-30, 2012, and 24 fellows were selected to attend. This included one international fellow from Australia and one head and neck fellow from Sloan Kettering. Attendance was open to fellows in all of North America, including Canada and Mexico.

ESU has been held immediately prior to the ACE Endocrine University® (EU) for the past two years at Mayo Clinic in Rochester, MN. The 1½ day program, which began in 2010, includes approximately 20-25 endocrine surgery fellows-in-training and has been well received. AACE staff provides the administrative support for the course at a negotiated fee.

The ESU Program Committee decided to change the venue for ESU this year and hold the meeting at MITIE (Methodist Institute for Technology, Innovation, and Education) in Houston, TX. The Program Committee felt that holding the course at MITIE would give the participants a better opportunity for hands-on learning, as well as generate corporate support for the meeting. The program consisted of panel and case discussions on endocrine surgical management and complex endocrine cases. A three-hour thyroid ultrasound module was also offered, where fellows were able to perform hands-on scanning of live patient, as well as UGFNA biopsy on phantom models. Once again, ESU was a tremendous success.
The charge of the Endocrine Training Support Committee is to:

- Identify and maintain a current list of all endocrine training programs and the names of program directors and fellows enrolled.
- Recruit, retain, and increase the Fellows-in-Training membership of AACE and develop a marketing plan for recruitment.
- Develop programs which enhance and encourage internists to seek fellowships in endocrinology.
- Organize endocrine fellows’ activities for the purpose of enhancing professional growth and education, and foster camaraderie between fellows and clinical endocrinologists in practice.
- Review the endocrine fellowship training program curriculum and advocate changes in the curriculum in collaboration with the APDEM leadership.

The Endocrine Training Support Committee was productive in reaching its goals and addressing its charge during the 2011-2012 Association year. The Committee continues to enhance the future and professional development of endocrine Fellows-in-Training, as well as Internal Medicine, Pediatric and Surgical Residents, and Medical Students. Some of the major accomplishments from the past year are listed below:

- **AACE Membership** – AACE continues to offer complimentary membership for all domestic fellows-in-training, residents and students and international fellows-in-training and residents, along with substantial discounts for attendance at the AACE Annual Meeting, various certification/training courses, and other clinical symposia. AACE fellows-in-training members receive complimentary AACE publications by mail. The Committee has continued the relationship with domestic endocrine fellowship programs to market AACE and its services. As of April 30, 2012, AACE had a total of 712 fellows (589 domestic and 123 international), which is an increase of approximately 57 fellows-in-training members since 2010, and 191 total residents, and 8 medical students. These statistics are represented in Appendix 3.

- **Fellows’ Clinical Corner** – After much discussion by the Endocrine Training Support Committee, it was determined that it was no longer necessary to continue producing the *AACE Endocrine Fellows-in-Training Toolkit CD*, since all of the information is available online in the Fellows’ Clinical Corner. The Fellows’ Clinical Corner contains educational and clinical information for fellows in their training programs, was extensively revised and updated and flyers for the site were distributed to all AACE fellow-in-training members, to fellows at endocrinology fellowship programs in the U.S., and at domestic and international endocrine meetings. The Fellows’ Clinical Corner is used to promote the organization and also provide a tool for immediate reference online. The site contains AACE applications and resources, critical research references, coding, billing and reimbursement information, AACE medical guidelines for clinical practice, AACE position statements, AACE consensus conference summaries, a link to the AACE fellow-in-training member directory, information about ASAP, a link to the Modules for Endocrine Fellowship, and information about AACE Endocrine Careers.* The Fellows’ Clinical Corner continues to be an excellent marketing tool and educational resource for AACE and all endocrine fellows.
• **AACE Abstract Competition** – Approximately 455 abstracts have been submitted for the 2012 Annual Meeting, which is the largest number in AACE’s history. The 2011-2012 Abstract Review Subcommittee, co-chaired by Dr. Mohamed Shakir and Dr. Edward Horton, will choose fellows and residents to present their abstracts in the oral presentations at the Annual Meeting and to compete for cash awards. The Subcommittee will also choose the following awards: five international non-fellow physicians travel grants, one international fellow-in-training travel grant, five domestic fellows-in-training travel grants, and three internal medicine, pediatric, or surgical residents travel grants. The non-fellows and fellows are given a check and the residents are awarded a two-night hotel stay and a domestic, roundtrip flight. A supplement containing all the accepted abstracts will be published and presented at the 2012 Annual Meeting for all attendees.

• **Annual Meeting** – Attendance at the Annual Meeting by endocrine fellows-in-training, residents, and students continues to grow. Discounted registration is offered for fellows whose abstracts are accepted for presentation during the Annual Meeting Poster Session. AACE Residents and Medical Student affiliate members also receive complimentary registration for the meeting. Fellows-in-Training compete for three “Young Investigator” awards at the Oral Presentations and Poster Session, which include cash prizes, certificates, practice-related gifts, and recognition at the Annual Meeting Awards Presentation during the General Session and in AACE publications, in addition to the travel grants for the domestic and international fellows-in-training. One resident will receive a Young Investigator award for the poster session. Dr. Lewis Braverman will receive the 2011 H. Jack Baskin Endocrine Teaching Award at the Annual Meeting.

The Fellows-in-Training Luncheon, held during the Annual Meeting, which Residents and Medical Students are also invited to attend, continues to be a well-attended event. The luncheon will take place on Friday, May 25, 2012, from 12:30 p.m.–2:00 p.m. The candidates for the Fellow-in-Training (FIT) Board Representative position will give a brief speech and the fellow attendees will vote for the incoming FIT Board Representative. Additionally, the “Practice Management 101” course will again be offered on Wednesday, May 23, 2012, from 1:00-5:00 p.m., as approved by the Board in 2007. This program had great feedback and attendance in previous years. AACE continues to offer fellows-in-training and all endocrine trainee programs that supplement their training and broaden their knowledge during the Annual Meeting.

• **Endocrine University®** – The Committee helped promote the 11th Annual ACE Endocrine University® to AACE fellows. All fellows in their final year of training are eligible to participate in the six-day intense educational program, which includes sessions on thyroid ultrasound training, bone mass measurement, CLIA certification, practice management, intensive insulin therapy and technology, and reproductive medicine. The course was held at the Mayo Clinic in Rochester, MN, on March 2-7, 2012. In addition, the Third Annual ACE Endocrine Surgery University will take place on March 29-30, 2012, in Houston, TX. Both programs had record attendance and the feedback from fellows who attended continues to be positive.

• **Endocrine Modules for Fellows-in-Training** – The AACE Board of Directors approved the transfer of the production of the Endocrine Modules for Fellows-in-Training from the Academic Endocrinologists Committee to the Endocrine Training Support Committee. Currently, there are 11 web-based modules available on a variety of topics, including Graves’ disease, thyroid nodules, osteoporosis, and Cushing’s syndrome. Modules on Patient Safety and Electronic Medical Records were added in March 2011. The Committee is currently reviewing additional topics for modules and will continue to develop and update them as needed.

The Committee will continue to encourage fellows, residents, and students to participate in all of these programs and other events that are designed to benefit them as they prepare to embark on their careers as endocrinologists. AACE’s strong support for fellows and residents is further demonstrated by having an endocrine fellow-in-training serve on AACE Committees and as a member on the AACE Board of Directors each year.
1997 – 2012 AACE Associate Members Growth Chart
As of April 30, 2012

All figures are as of the last quarter of the corresponding year, except 2012.

Source: AACE Membership Database

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOMESTIC</td>
<td></td>
</tr>
<tr>
<td>Associate (Fellows-in-Training)</td>
<td>589</td>
</tr>
<tr>
<td>INTERNATIONAL</td>
<td></td>
</tr>
<tr>
<td>Associate (Fellows-in-Training)</td>
<td>123</td>
</tr>
<tr>
<td>TOTAL</td>
<td>712</td>
</tr>
</tbody>
</table>

Figures from December 30, 2010:

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOMESTIC</td>
<td></td>
</tr>
<tr>
<td>Associate (Fellows-in-Training)</td>
<td>528</td>
</tr>
<tr>
<td>INTERNATIONAL</td>
<td></td>
</tr>
<tr>
<td>Associate (Fellows-in-Training)</td>
<td>127</td>
</tr>
<tr>
<td>TOTAL</td>
<td>655</td>
</tr>
</tbody>
</table>
Members of the 2011-2012 Endocrinology Annual Board Review Course Committee included: Robert S. Zimmerman, MD, FACE, Chair; Peter A. Singer, MD, FACE, Chair; Robert M. Cuddihy, MD, FACE; Hossein Gharib, MD, MACP, MACE; Amir H. Hamrahian, MD, FACP, FACE; Betul Hatipoglu, MD; Faramarz Ismail-Beigi, MD, PhD; Angelo A. Licata, MD, PhD, FACP, FACE; Harmeet S. Narula, MD, FACP, FACE; Paul David Rosenblit, MD, PhD, FACE, FNLA; Mario Skugor, MD; and Farhad Zangeneh, MD, FACP, FACE.

The charge of the Endocrinology Annual Board Review Course Committee is to:

- Guide, develop, and promote the Endocrinology Board Review Course.

The American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE) joined with the Cleveland Clinic Department of Endocrinology, Diabetes and Metabolism in co-sponsoring the 14th Annual Endocrinology and Metabolism Board Review Course held September 9-11, 2011, at the InterContinental Hotel and MBNA Conference Center in Cleveland, Ohio. The Board Review Course was accredited by the Cleveland Clinic Foundation (CCF) for a maximum of 23.5 AMA PRA Category 1 Credit(s)™. The highly successful Course was attended by approximately 193 physicians, Fellows and other allied health professionals.

This year's course included a non-CME luncheon hosted by AACE and supported by Merck. At the luncheon, Drs. Hossein Gharib, Harmeet Narula and Farhad Zangeneh provided informative talks on Endocrine University® and other services that AACE provides to assist physicians in their practice and help fellows-in-training.
HEALTH CARE DISPARITIES COMMITTEE

Samuel Dagogo-Jack, MD, DM, FRCP, FACE, Chair

Members of the 2011-2012 Minority Health Affairs Committee included: Samuel Dagogo-Jack, MD, DM, FRCP, FACE, Chair; Myriam Z. Allende-Vigo, MD, MBA, FACP, FACE, Vice Chair; Enrique Caballero, MD, Vice Chair; Kevin H. McKinney, MD, FACE, Advisor; Anthony J. Cannon, MD; M. Kathleen Figaro, MD; Lenita Hanson, MD, FACE, ECNU; Dorothy S. Martinez, MD, FACE; Ajanta Naidu, MD, FACE, CEC; Harmeet S. Narula, MD, FACP, FACE; Samuel T. Olatunbosum, MD, FACP; Eric A. Orzeck, MD, FACP, FACE, Fernanco Ovalle, MD, FACE; Evelyn R. Runer, MD, FACE; Dace L. Trence, MD, FACE; Angelina L. Trujillo, MD, FACE; Marshall Tulloch-Reid, MBBS, DSc, FACE; and Kathleen L. Wyne, MD, PhD, FNLA, FACE.

The charge of the Health Care Disparities Committee is to:

- Evaluate and assess health problems of particular importance such as diabetes and osteoporosis in minorities.
- Draft an AACE position statement on health disparities for consideration by the Board.

The Health Care Disparities Committee has undertaken the following activities over the 2011-2012 Association year:

- Developed a position statement to address endocrine healthcare disparities that was adopted as official policy by the AACE Board of Directors. In an effort to raise awareness about health care disparities, the position statement and related articles have been published in *EmPower® Magazine* and *The First Messenger*.
- Maintained and updated the Cultural Competency and Minority Health Resources page on the AACE website that provides informational articles, cross-cultural competency courses, downloadable materials in various languages and other valuable resources. The resource page was created in an effort to improve delivery of culturally competent health care and to enhance the resources available to the AACE membership regarding cultural disparities and minority health issues (http://www.aace.com/resources/mha/index.php).
- Published articles and other resources on health-disparities and culturally competent care in *The First Messenger*, AACE Online News and AACE Online.
- Continued to monitor legislation and regulatory policies related to health care disparities in minority populations.
HEALTH CARE SAFETY COMMITTEE

Joseph J. Torre, MD, FACP, FACE, Chair

Members of the 2011-2012 Health Care Safety Committee included: Joseph J. Torre, MD, FACP, FACE, Chair; Richard A. Haas, MD, FACE, Vice Chair; Dace L. Trence, MD, FACE, Vice Chair; Alan J. Garber, MD, PhD, FACE, Ex Officio; Sara Alexanian, MD; Joseph Aloii, MD, FACE; Todd D. Brodie, MD, FACP, FACE; Michael A. Bush, MD; Martin M. Grajower, MD, FACP, FACE; Michael S. Irwig, MD, FACE; Michael Kleerekoper, MD, MACE; Armand K. Krikorian, MD, FACE; Howard M. Lando, MD, FACP, FACE; Nancy D. Perrier, MD, FACS; Orlin T. Sergev, MD, PhD, FACE; John B. Tourtelot, MD, FACP, FACE; and Sunil J. Wimalawansa, MD, PhD, FACE, FCCP, FACP, FRCP, DSc.

The charge of the Health Care Safety Committee is to:
- Reduce medical errors and increase patient safety.
- Develop and assist with the AACE Patient Safety Exchange Web site.
- Serve as resource on health care safety issues for all AACE/ACE committees, publications and activities.

During the past Association year the Committee has continued to focus on ways in which AACE can work toward implementing the charge of the Health Care Safety Committee. The Health Care Safety Committee believes that the scope of their role within the Association should extend beyond the Patient Safety Exchange Web site and also serve as a resource for all AACE committees, publications, and activities that pertain to the topic of health care safety, and the Committee charge has been modified to reflect this extension of Committee responsibilities.

The Committee is also reviewing redesign options for the Patient Safety Exchange (PSE) Web site so that it has two distinct, separate areas: one section for professionals/physicians, and another section for the public/patients. The Web site will serve as an information pipeline for both audiences.
INTERNATIONAL COMMITTEE

Farhad Zangeneh, MD, FACP, FACE, Chair

Members of the 2011-2012 International Committee included: Farhad Zangeneh, MD, FACP, FACE – Sterling, VA, Chair; Myriam Z. Allende-Vigo, MD, MBA, FACP, FACE – San Juan, PR, Advisor; Yehuda Handelsman, MD, FACP, FACE – Tarzana, CA, Ex-Officio; M. Omar Abu-Hijleh, MD, FRCP, FACE, ECNU – Ammon, Jordan; Karim Ait Aissa, MD – Oran Algeria; Saleh A. Aldasouqi, MD, FACP, FACE, ECNU – East Lansing, MI; Fatma H. Almarashi, MD, FACE – Dubai, UAE; Takako Araki, MD – New York, NY; David S.H. Bell, MD, MB, FACP, FACE – Birmingham, AL; Yank D. Coble, Jr., MD, MACP, MACE – Ponte Vedra Beach, FL; Mihail Gr. Cocolescu, MD, PhD, FRCP, FACE – Bucharest, Romania; Eduardo A. Costa, MD, FACS, FACE – Chicago, IL; Mohsen Eledresi, MD, FACP, FACE – Dammam, Saudi Arabia; Olufemi A. Fasamade, MBBS, FWACP, FACE – Lagos, Nigeria; Thomas M. Flood, MD, FACE – Atlanta, GA; Joy Fontanilla, MD, FACE – Philippines; Osama Hamdy, MBBCh, PhD, FACE – Wellesley, MA; Shashank R. Joshi, MD, FACP, FRCP, FACE – Mumbai, Maharashtra, India; Robert G. Josse, MBBS, FRCP, FRCPC, FACE – Toronto, Ontario, Canada; Luciano Kolodny, MD, FACE – Woodbury, MN; Terry Meriden, MD, FACP, FACE, FACN – Peoria, IL; Raul Rivera Moscoso, MD – Mexico City, Distrito Federal, Mexico; Faruque Pathan, MBBS, MD, FACE – Bangladesh; Catalina I. Poiana, MD, PhD, FACE – Bucharest, Romania; Upendra C. Shah, MD, FACE – Chicago, IL; Mae Sheikh-Ali, MD – Jacksonville, FL; Marshall Tulloch-Reid, MBBS, DSc, FACE – Jamaica; Roberto Valecavi, MD, FACE – Reggio Emilia, Italy; and Sandra L. Weber, MD, FACE – Greenville, SC.

The charge of the International Committee is to:

- Promote the retention and growth of international membership in AACE.
- Develop and disseminate information to enhance international membership.
- Plan and ensure visibility and participation of AACE at international endocrine meetings.
- One conference call per year with remaining business conducted by e-mail.

The International Committee is pleased with the growth in international membership to 1,408 members from 97 countries during the past year, as of April 25, 2012. This continues to represent approximately 20% of the total AACE membership. The countries with the largest concentration of members outside of the U.S. or its territories and commonwealths are: Mexico (119), Brazil (100), Canada (100), India (96), and the Philippines (89). Appendix 4 is a detailed overview of total AACE membership. Appendix 5 is a detailed overview of total AACE members per country.

The Committee works proactively to retain international members and to represent their specific needs and interests. Feedback from international members is constantly sought, discussed, and acted on by the Committee. In an effort to continue AACE’s global presence, AACE staff exhibited at several international meetings in 2011, as approved by the Board of Directors. Each meeting name, location, date, and total new members and renewals obtained are listed in the table below:

<table>
<thead>
<tr>
<th>Meeting Name</th>
<th>Location</th>
<th>Date</th>
<th>Total New Members/Renewals</th>
</tr>
</thead>
<tbody>
<tr>
<td>13th European Congress of Endocrinology</td>
<td>Rotterdam, The Netherlands</td>
<td>April 28 – May 4, 2011</td>
<td>16</td>
</tr>
<tr>
<td>47th European Association for the Study of Diabetes</td>
<td>Lisbon, Portugal</td>
<td>September 12-16, 2011</td>
<td>29</td>
</tr>
<tr>
<td>Canadian Diabetes Association/Canadian Society of Endocrinology and Metabolism</td>
<td>Toronto, Canada</td>
<td>October 26-29, 2011</td>
<td>6</td>
</tr>
<tr>
<td>SMNE/AACE Joint Annual Meeting</td>
<td>Guadalajara, Mexico</td>
<td>October 30 – November 1, 2011</td>
<td>70</td>
</tr>
</tbody>
</table>
The 2011 International Reception at the AACE Annual Meeting in San Diego, California, was attended by over 250 members. The reception is held during the AACE Annual Meeting for all international attendees to interact with their colleagues from around the world, including other society leaders, and AACE leadership and Committee members. The reception offers an opportunity for international members to voice their concerns and share their aspirations. A slideshow of pictures from meetings from around the world was shown and the countries with the top three international membership and highest growing membership counts were recognized.

The Abstract Review Subcommittee chose five international members who received travel grants valued at $2,000 each, and one international fellow who received a travel grant valued at $2,500, to help alleviate the costs of attendance at the 2011 Annual Meeting.

International joint meeting ventures continue to be excellent venues to further promote AACE recruitment in the global endocrinology arena. Additionally, several of the international committee members served as AACE Ambassadors at various endocrine-related international meetings throughout the world, including the Philippines, Qatar, Jordan, Egypt, Iran, Jamaica, and India.

The Committee is also looking forward to another successful year of AACE exhibiting at international endocrine-related meetings for 2012, as approved by the Board:

<table>
<thead>
<tr>
<th>Meeting Name</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Endocrine Society Annual Meeting</td>
<td>March 18-22, 2012</td>
<td>Harrogate, UK</td>
</tr>
<tr>
<td>15th International Congress of Endocrinology/14th European Congress of Endocrinology</td>
<td>May 5-9, 2012</td>
<td>Florence, Italy</td>
</tr>
<tr>
<td>48th European Association for the Study of Diabetes</td>
<td>October 1-5, 2012</td>
<td>Berlin, Germany</td>
</tr>
<tr>
<td>Canadian Diabetes Association / Canadian Society of Endocrinology and Metabolism</td>
<td>October 10-13, 2012</td>
<td>Vancouver, Canada</td>
</tr>
<tr>
<td>AME/AACE Joint Annual Meeting</td>
<td>November 9-11, 2012</td>
<td>Rome, Italy</td>
</tr>
<tr>
<td>SMNE/AACE Joint Annual Meeting</td>
<td>November 27-December 1, 2012</td>
<td>Leon, Mexico</td>
</tr>
</tbody>
</table>

The Committee will continue to develop creative programs and ideas to promote and retain international membership, and to advance the recognition of AACE as an organization for the practicing clinical endocrinologist, with the goal of making a positive impact on the quality of care for endocrine patients worldwide. The Committee looks forward to continuing a significant role in AACE activities globally.
**1991 – 2011 AACE Membership Growth Chart & Count By Category**  
As of April 30, 2012

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOMESTIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active / First Year</td>
<td>4178</td>
<td>62.25</td>
</tr>
<tr>
<td>Associate (Fellows-in-Training)</td>
<td>589</td>
<td>8.78</td>
</tr>
<tr>
<td>Residents</td>
<td>171</td>
<td>2.55</td>
</tr>
<tr>
<td>Medical Students</td>
<td>8</td>
<td>0.12</td>
</tr>
<tr>
<td>Retired/ Senior</td>
<td>141</td>
<td>2.10</td>
</tr>
<tr>
<td>Emeritus</td>
<td>212</td>
<td>3.16</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>5,299</td>
<td>78.96</td>
</tr>
<tr>
<td><strong>INTERNATIONAL</strong></td>
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<td></td>
</tr>
<tr>
<td>Active</td>
<td>1263</td>
<td>18.83</td>
</tr>
<tr>
<td>Associate (Fellows-in-Training)</td>
<td>123</td>
<td>1.84</td>
</tr>
<tr>
<td>Residents</td>
<td>20</td>
<td>0.3</td>
</tr>
<tr>
<td>Retired</td>
<td>4</td>
<td>0.06</td>
</tr>
<tr>
<td>Emeritus</td>
<td>3</td>
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*All figures are calculated as of the last quarter of each year.*
# AACE International Members by Country

**As of April 30, 2012**

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*Actual total reflects 6 members with incorrect or bad addresses.*
LEGISLATIVE & REGULATORY COMMITTEE

Jonathan D. Leffert, MD, FACP, FACE, Chair

Members of the 2011-2012 Legislative & Regulatory Committee included: Jonathan D. Leffert, MD, FACP, FACE, Chair; R. Mack Harrell, MD, FACP, FACE, ECNU, Vice Chair; Ralph Schmeltz, MD, FACP, FACE, Vice Chair; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio; David E. Bybee, MD, FACP, FACE; Vincent J. Calamia, MD, FACE; Robert J. Cooper, MD, FACE; Jayant Dey, MD, MBBS; Gregory Dodell, MD; Richard O. Dolinar, MD; Daniel Einhorn, MD, FACP, FACE; Raymond I. Fink, MD; Steve Fordan, MD; J. Michael González-Campoy, MD, PhD, FACE; Martin Greenfield, MD, FACE; Carlos R. Hamilton, Jr., MD, FACP, MACE; Howard M. Lando, MD, FACP, FACE; Anne L. Leddy, MD, FACE; Arthur N. Lurvey, MD, FACE; Brian E. Michael, MD, FACE; Gregory E. Peterson, DO; Alan M. Rice, MD; John A. Seibel, MD, FACP, MACE; Lance Sloan, MD, FACE; Michael S. Sokol, MD, FACP, CCD, FACE; John Stokes, MD, FACP, FACE; John B. Tourtelot, MD, FACP, FACE; Sandra L. Weber, MD, FACE; Fred A. Williams, Jr., MD, FACP, FACE; William D. Zigrang, MD, FACE; and Robert S. Zimmerman, MD, FACE.

The charge of the Legislative & Regulatory Committee is to:

- Assess and develop recommended AACE policy with respect to legislation at the national and state levels.
- Address, assess, and develop AACE policy in response to federal, state and other issues related to the regulation of the practice of clinical endocrinology.
- Act on AACE policy through lobbying, visitation, testimony and other appropriate communications with legislative and regulatory entities.
- Serve AACE members through publication and in communication of AACE policy related to legislation and regulation of the practice of clinical endocrinology.
- Develop and maintain a grassroots legislative key contact program for state and national issues.
- Develop and maintain a Legislative Bulletin/Congressional Contact Alert for the AACE membership and Key Contacts for legislative and regulatory issues pertinent to the practice of clinical endocrinology.
- Interact with the Washington Consultant to effectively advance AACE’s legislative and regulatory priorities.

2011 LEGISLATIVE ACHIEVEMENTS AND ACTIVITIES

AACE Diabetes Legislative Initiative

- “The National Diabetes Clinical Care Commission Act” (H.R. 2960), an initiative developed by AACE over the last two years, was introduced in the U.S. House of Representatives by Rep. Pete Olson (R-22nd-TX) on September 20, 2011. This bill establishes a new commission comprised of representatives from federal agencies involved in diabetes activities, clinical endocrinologists, and other healthcare professionals and patient advocates who work with diabetic patients. The Commission will evaluate current federal diabetes activities and determine where new approaches are needed to improve the quality of diabetes care and patient outcomes. The legislation is supported by Juvenile Diabetes Research Foundation (JDRF), American Association of Diabetes Educators (AADE), American Diabetes Association (ADA), American Medical Association (AMA), Pediatric Endocrine Society (PES), Renal Physicians Association (RPA) and The Endocrine Society (TES). Corporate AACE Partnership (CAP) members that support H.R. 2960 include Lilly, Novo Nordisk and Boehringer Ingelheim.

- The Committee has been actively working with the AACE membership and the AACE state and regional chapters to secure broad-based congressional support for H.R. 2960. AACE legislative action alerts have been sent urging AACE members to contact their Representatives and request co-sponsorship of H.R. 2960. AACE successfully introduced a resolution at the 2011 AMA House of Delegates Interim Meeting that was adopted unanimously by the House of Delegates, directing the AMA to actively support and secure passage of H.R. 2960. AACE Chapter Chairs have used the passage of the AMA resolution as a basis to contact their state medical societies and enlist their help in securing congressional co-sponsors for H.R. 2960 within their respective
state congressional delegations. AACE continues to pursue a sponsor of companion legislation in the Senate. Passage of H.R. 2960 will be one of AACE’s top legislative priorities in 2012.

Preserving Patient Access to Osteoporosis Testing, Prevention and Treatment Services

- AACE played a key role in coordinating the introduction of “The Preservation of Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2011,” (H.R. 2020/S. 1096), by working closely with House bill sponsors, Representative Michael Burgess (R-26th-TX) and Representative Shelley Berkley (D-1st-NV), and Senate bill sponsors, Senator Olympia Snowe (R-ME) and Senator Debbie Stabenow (D-MI). This legislation maintains the current partial payment fix for both dual energy x-ray absorptiometry (DXA) and vertebral fracture assessment (VFA) services through 2013. Ensuring patient access to osteoporosis testing, prevention and treatment services has been an on-going legislative priority for AACE, working with our sister societies in the DXA Coalition. In 2010, AACE successfully secured a two-year Medicare payment adjustment for DXA and VFA services under the Affordable Care Act (ACA); however, passage of H.R. 2020 and S.1096 is necessary to avoid significant payment cuts for both DXA and VFA when the ACA payment fix expires.

- AACE, with its DXA Coalition partners, was successful in getting the DXA bill provisions included with other Medicare policy extensions, referred to as “Medicare extenders,” in the Temporary Payroll Tax Continuation Act of 2011 (H.R. 3630) approved by Congress on December 23, 2011. H.R. 3630 provided a two-month extension of the Medicare payment rates for DXA and VFA, through the end of February 2012, in addition to extending the social security payroll tax cut, unemployment benefits, and a freeze in Medicare physician payments avoiding the scheduled 27.4% Sustainable Growth Rate (SGR) formula pay cut, among other things.

- Congress failed to include an extension of the current Medicare payment rates for DXA in the final tax conference agreement approved on February 20, 2012, despite a tremendous effort by the AACE membership contacting Members of Congress on this issue and strong support for DXA among many of the House and Senate conferees who negotiated the final conference agreement. As a consequence, effective March 1st DXA Medicare payments will drop by approximately 50% with the expiration of the two-month temporary tax package passed in December. AACE and its DXA Coalition partners will work in the months ahead to address concerns expressed by some in Congress, which include obtaining stronger data to reflect the impact of DXA payment policy on patient access to bone density scans and utilization of the scans, and completing a report by the Institute of Medicine studying these same issues. There will be another opportunity to get the current DXA payment rates extended this fall when Congress addresses the next SGR cut. AACE will be calling on the membership, as needed, between now and the end of the year to secure congressional passage of adequate Medicare payment rates for DXA bone density scans. In the meantime, AACE will also work with the Administration to see what, if any, relief can be provided to physicians to ensure the healthcare system’s capacity for providing osteoporosis testing and treatment services is not irrevocably diminished.

Medicare Sustainable Growth Rate Formula Physician Payment Cuts and Advocating for Payment Reform

- As mentioned above, Congress ended 2011 by approving a temporary two-month fix to the Medicare Sustainable Growth Rate (SGR) formula as part of the Temporary Payroll Tax Continuation Act of 2011 (H.R. 3630). Despite sustained efforts by AACE, AMA and the rest of the medical community to secure congressional support for using Overseas Contingency Operations (OCO) funds to pay for a permanent repeal of the SGR formula, Congress enacted the Middle Class Tax Relief and Job Creation Act of 2012, that included a ten-month extension of the payroll tax cut, unemployment insurance benefits and a Medicare payment freeze, all which will

Diabetes Advocacy Alliance

- AACE is an active participant in the Diabetes Advocacy Alliance (DAA), a coalition of professional and patient advocate groups with an interest in diabetes. DAA members include AACE, American Association of Diabetes Educators (AADE), American Diabetes Association (ADA), American Optometric Association (AOA), The Endocrine Society (TES), and Novo Nordisk, among others. The Alliance has been most active in responding to proposed rules for the implementation of the new health care reform law by raising issues relevant to diabetes screening, prevention and treatment. The DAA has also engaged in advocacy activities on Capitol Hill to seek federal funds for the National Diabetes Prevention Program.

AACE Congressional Visitations

- Two congressional visitation trips to Capitol Hill were organized in 2011, February 28 – March 1 and September 21–22, to secure sponsors and co-sponsors in the House and Senate for the AACE diabetes initiative (H.R. 2960) and the extension of the DXA payment fix (H.R. 2020 / S. 1096), as well as address health system reform issues including Medicare physician payment reform. The AACE delegation consisted of representation from the AACE Board of Directors, AACE Legislative & Regulatory Committee and AACE Chapters. Between the two trips, AACE representatives participated in over 200 meetings with Members of Congress and congressional staff. Other visitation activities included the AACE legislative workshop, with advocacy training in preparation for congressional meetings, an overview of the legislative process, briefings on AACE legislative priorities and other health care issues pending before Congress, an AACE congressional luncheon featuring speakers who are key Members of Congress, and a congressional reception for new physician members of the U.S. House of Representatives.

Grassroots Advocacy

- Developed the Resource Center for Congressional District Visits on the AACE website to provide centralized access to helpful information for AACE members interested in conducting district visits. The resource center includes AACE Legislative Fact Sheets, talking points for AACE member use in congressional meetings, links to relevant legislation, a Grassroots Advocacy Network Manual, and a schedule of the congressional district work periods for the entire year. The Resource Center for Congressional District Visits can be accessed by visiting the AACE Legislative and Regulatory Advocacy homepage or going directly to [https://www.aace.com/advocacy/leg/resources-for-district-meetings](https://www.aace.com/advocacy/leg/resources-for-district-meetings).
- Launched AACE grassroots advocacy campaigns through the AACE Legislative Action Center on issues pending before Congress related to the AACE diabetes legislation, DXA reimbursement and the Medicare SGR formula payment cuts.
- Provided membership updates on legislative and regulatory issues in AACE publications, The First Messenger and AACE Online News.
NUTRITION COMMITTEE

Daniel L. Hurley, MD, FACE, Chair
M. Molly McMahon, MD, FACE, Chair

Members of the 2011-2012 Nutrition Committee included: Daniel L. Hurley, MD, FACE, Chair; M. Molly McMahon, MD, FACE, Chair; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio; Elise M. Brett, MD, FACE, ECNU; Stephen M. Damiani, DO, FAAOI, FACE; Gregory Dodell, MD; W. Timothy Garvey, MD; J. Michael González-Campoy, MD, PhD, FACE; Osama Hamdy, MBBCh, PhD, FACE; Kalman E. Holdy, MD; Edward S. Horton, MD, FACE; Matthew J. Levine, MD, FACE; Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU; Etie S. Moghissi, MD, FACP, FACE; Quang T. Nguyen, DO; Thomas B. Repas, DO, FACP, FACOI, FNLA, FACE, CDE, ECNU; Alan B. Schorr, DO, FACE; George E. Shambaugh III, MD, FACP, FACE; Edward N. Smolar, MD; Gopinath S. Sunil, MD; Mushtaq A. Syed, MD, FACE, ECNU; Vin Tangpricha, MD, PhD, FACE; John A. Tayek, MD; Asha Thomas, MD, FACE; Dace L. Trence, MD, FACE; and Daniel Weiss, MD, CDE, FACP, PNS, CPI.

The charge of the Nutrition Committee is to:
- Create guidelines for the nutritional and metabolic care of the bariatric surgery patient.
- Create guidelines on healthy eating.
- Update the nutrition module for ASAP when asked.
- Provide a representative to the American Board of Physician Nutrition Specialists.
- Develop future guidelines and recommendations for pertinent endocrine nutrition topics.
- Develop a Nutrition Module for Endocrine University®.
- Develop and maintain the nutrition components of the EmPower® initiative.

Progress was made on a number of programs during the 2011-2012 year:

First, the Committee reviewed and submitted edits for a patient-focused informational Diabetes Brochure being created by Abbott Nutrition. After Abbott Nutrition accepted the recommended edits, the Nutrition Committee endorsed the publication on behalf of AACE. Abbott Nutrition is currently going through final production and will make copies of the brochure available to AACE members.

Additionally, a Nutrition Half-Day Session is planned for Wednesday at the 2012 AACE Annual Meeting in Philadelphia. Nutrition Committee Co-Chairs Dr. McMahon and Dr. Hurley are Co-Chairs of the Nutrition Session, and Dr. Mechanick will serve as faculty. The session will focus on Ambulatory Nutrition and Hospital Nutrition.

The Nutrition Committee is also nearing completion of a paper entitled “American Association of Clinical Endocrinologists (AACE) Position Statement on Clinical Nutrition and Health Promotion in Endocrinology.” The primary authors on the Nutrition paper are Drs. McMahon, Hurley, Mechanick, and Handelsman, with review and input provided by other members of the Nutrition Committee. The paper will be published in a future issue of Endocrine Practice alongside a companion Position Statement from the Committee on Obesity.
MEMBERSHIP COMMITTEE

Sandra L. Weber, MD, FACE, Chair

Members of the 2011-2012 Membership Committee included: Sandra L. Weber, MD, FACE, Chair; Joseph J. Torre, MD, FACP, FACE, Advisor; M. Kathleen Figaro, MD, Board Fellow-in-Training; Myriam Z. Allende-Vigo, MD, MBA, FACP, FACE; Stephen M. Damiani, DO, FAAOI, FACE; Jayant Dey, MD, MBBS; Martin M. Grajower, MD, FACP, FACE; Daniel L. Hurley, MD, FACE; Anne L. Leddy, MD, FACE; Pasquale J. Palumbo, MD, MACP, MACE; Sheldon S. Stoffer, MD, FACE; Bruce S. Trippe, MD, FACE; Dwain Woode, MD; and Farhad Zangeneh, MD, FACP, FACE.

The charge of the Membership Committee is to:
- Recruit, retain, and increase the membership of AACE.
- Develop a marketing plan for recruitment.
- Develop and disseminate membership brochures and literature related to recruitment and membership benefit programs.
- For recruiting purposes, ensure visibility of AACE at major endocrine meetings (e.g., American Diabetes Association, The Endocrine Society, Lawson Wilkins Pediatric Endocrine Society, American Thyroid Association, American College of Physicians, and American Academy of Family Physicians).
- Update and arrange regularly published membership lists derived from the AACE membership database, including the development of an annual Membership Directory.
- Begin and maintain a campaign of promoting endocrine awareness among medical students and residents by demonstrating endocrinology as an exciting, interesting subspecialty and ensuring that our subspecialty continues to attract top-quality candidates and offer free associate membership to those interested.
- Help Fellows-in-Training with job placement by providing necessary information (e.g., Annual Meeting Booth).
- Assist members seeking employment opportunities and/or members seeking to hire clinical endocrinologists to fill openings for practice.

Membership Statistics: As of February 28, 2012, AACE had a total membership of 6,623 members, with 5,235 domestic and 1,388 international members in 97 countries. A more detailed analysis of AACE’s membership growth is provided in Appendix 6. A breakdown of domestic AACE members by state is included in Appendix 7, and a breakdown of international AACE members by country is presented in Appendix 8.

Membership Recruitment: The Committee has continued efforts to recruit new domestic members and reach out to domestic members who have let their membership lapse, as well as targeting students, residents and fellows-in-training. In an effort to encourage domestic membership, AACE continued to exhibit at significant national endocrine meetings during 2011, including The Endocrine Society, American Diabetes Association, American Thyroid Association, and others, as scheduling permitted.

All AACE members are encouraged to actively promote the benefits of membership to their eligible nonmember colleagues as word of mouth marketing remains a powerful recruiting tool. New efforts are also being explored to further encourage AACE membership at the domestic level through recruitment drives and various grass-roots opportunities, such as State Chapter meetings, courses with heavily discounted rates for members, CME opportunities throughout the year for members, and various other projects.

In 2011 AACE obtained access to a listing of all Board Certified Endocrinologists. In January 2012, a prospective member packet was mailed to over 700 nonmember Board Certified Endocrinologists with an invitation to join AACE.
The Membership Committee is looking forward to AACE increasing its membership by attending the following domestic and international endocrine-related meetings in 2012, as approved by the Membership Committee and the Board of Directors:

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<td>94th Endo – The Endocrine Society</td>
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<td>82nd American Thyroid Association</td>
<td>September 19-23, 2012</td>
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<td>48th European Association for the Study of Diabetes</td>
<td>October 1-5, 2012</td>
<td>Berlin, Germany</td>
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<td>Canadian Diabetes Association/Canadian Society of Endocrinology and Metabolism</td>
<td>October 10-13, 2012</td>
<td>Vancouver, Canada</td>
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<td>AACE/AME 5th Joint Meeting</td>
<td>November 9-11, 2012</td>
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<td>SMNE/AACE Joint Annual Meeting</td>
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International joint meeting ventures continue to be excellent venues to further promote AACE international member recruitment. Additionally, several of the international committee members served as AACE Ambassadors at various endocrine-related international meetings throughout the world.

**Marketing Materials:** AACE has had great success with the membership folders for prospective members, which was updated in late 2011. This is a very valuable recruiting tool wherever AACE exhibits. These folders contain AACE information on a variety of topics, as well as applications in three languages, English, Spanish, and Portuguese. CDs of the AACE Clinical Guidelines, Position Statements and Consensus Conferences are also valuable tools that current and potential members find useful.

**Allied Health Professionals:** AACE continues to promote the Allied Health Professional subscription for AHPs who are not members of AACE, but are invited to participate in a wide range of AACE educational activities and services that they may find useful in fulfilling their ongoing educational and professional needs. Subscribers pay a yearly subscription fee. As of February 28, 2012, there are 84 AHP Subscribers.

The benefits of being an AHP subscriber include:

- Attendance at a wide range of AACE educational programs, including the Annual Meeting, at discounted rates
- Access to the AACE members section of the AACE Web site, which offers various educational, clinical, and practice-related resources
- Online subscriptions to AACE publications, including *Endocrine Practice, The First Messenger* and *AACE Online News*, print subscriptions are available for an additional fee
- Participation in AACE Endocrine Careers®
- Participation in the AACE Member Rewards Program
- Participation as an advisory member on an AACE committee or task force
**Member Benefits:** The Committee continues to identify member benefits such as:

- Online and print subscriptions to AACE publications, including the medical journal, *Endocrine Practice*, AACE member newsletter, *The First Messenger*, and *AACE Online News*
- Access to the online AACE member directory
- Discounted rates to all AACE meetings, including Annual Meetings, clinical symposia and AACE courses (Nuclear Medicine, Thyroid Ultrasound, etc.)
- Discounted rates for ASAP (ACE Self-Assessment Program) and other Board Review courses
- Complimentary membership for Endocrine Fellows-in-Training, and Pediatric, Surgical, and Internal Medicine Residents and Domestic Medical Students with an interest in endocrinology
- Updates, courses and webinars on new CPT codes related to the endocrine field created by AACE
- Representation in the AMA House of Delegates
- An active voice in Congress through AACE advocacy and representation on Capitol Hill through lobbying efforts
- Interaction with AACE Chapters around the world
- The designation of Fellow of the American College of Endocrinology (F.A.C.E.) and Masters of the American College of Endocrinology (M.A.C.E.)
- New Member Brochures – containing updated information for all domestic and international members and membership certificates
- Free access to AACE Endocrine Careers®, which offers 24 hours, 7 days a week accessibility to assist members who are seeking job opportunities or who would like to retain new physicians in their practice; and a Career Expo at the AACE Annual Meeting to bring together AACE members who are seeking a new career and/or prospective employers
- Online opportunities to earn CME’s via AACE Online
- Access to AACE Clinical Practice Guidelines on a variety of disease states, including thyroid disease, diabetes, osteoporosis, growth hormone, sexual dysfunction, obesity, thyroid nodules, hypertension, and menopause.
- AACE Endocrine Coding Reference Pocket Guide and resources regarding coding, billing, and reimbursement challenges
- *Endonomics – The Practice Management Newsletter* is a new resource to assist in the maintenance of a compliant and profitable office
1991 – 2011 AACE Membership Growth Chart &
Count By Category
As of April 30, 2012

<table>
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<tr>
<th>Membership Category</th>
<th>Count</th>
<th>%</th>
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*All figures are calculated as of the last quarter of each year, except 2012.*

Members with complimentary Membership dues: 1083
# AACE
## Domestic Members by State & U.S. Territory
### As of April 30, 2012

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Puerto Rico 62

US Virgin Islands 1

Guam 1

*Actual total reflects 15 members with incorrect addresses*
# AACE International Members by Country

**As of April 30, 2012**

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<th>Members</th>
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| Total                          |         |                | 1,407   |
| Actual Total*                  |         |                | 1,413   |

*Actual Total reflects 6 members with incorrect addresses*
New Members from Exhibit Meetings for 2011
Membership Department

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<th>Location</th>
<th>Dates</th>
<th>New Members Dom</th>
<th>New Members Int'l</th>
<th>Renewals Dom</th>
<th>Renewals Int</th>
<th>Fellows/Residents/MS Dom</th>
<th>Fellows/Residents/MS Int'l</th>
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<th>AHP Subscribers Int'l</th>
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PEDIATRIC ENDOCRINOLOGY COMMITTEE

Kenneth L. Jones, MD, Chair

Members of the 2011-2012 Pediatric Endocrinology Committee included: Kenneth L. Jones, MD, Chair; Norman Lavin, MD, PhD, FACE, Vice Chair; Susan B. Nunez, MD, Advisor; Robert S. Zimmerman, MD, FACE, Board Liaison; LaVonne Ann Berg, MD, FACE; Sarah Brickey, MD; Mark A. Kummer, MD; Phillip D.K. Lee, MD, FAAP, FACE; Ian Marshall, MD, MBChB; Ajanta Naidu, MD, FACE; Alan M. Rice, MD; Rose L. Schneier, MD, FACP, FACE; Joel Steelman, MD; Quentin L. Van Meter, MD; Surendra K. Varma, MD, FACE; Nancy M. Wright, MD, FACE; and Donald Zimmerman, MD.

The charge of the Pediatric Endocrinology Committee is to:

- Involve pediatric endocrinologists in all AACE activities.
- Plan appropriate educational activities for Pediatric Endocrinologists at the Annual Meeting and other clinical symposia.
- Identify medical issues of common concern to both pediatric and adult endocrinologists, (e.g., type 1 Diabetes Mellitus, and areas where appropriate transition from pediatric to adult endocrinologist management is important), (e.g., Growth Hormone deficiency and Turner's syndrome, etc.), and perhaps promulgate guidelines and consider publication of important studies and clinical experience in these areas in *Endocrine Practice*.
- Identify and address socioeconomic, practice management and regulatory issues for clinical pediatric endocrinologists in practice and in academia.
- Foster the spirit of collegiality among pediatric endocrinologists and with pediatric and adult endocrinologist MDs.

In an effort to transition the pediatric patient into adult endocrinology, efforts are continuing to develop an AACE Pediatric Resource Library/Clearinghouse that will include a variety of resources for the Pediatric Endocrinologist.

Informational articles for both Adult and Pediatric Endocrinologists continue to be included in *The First Messenger* and *Endocrine Practice* regarding Pediatric Endocrine topics.

It is felt that current AACE Clinical Symposia and educational activities lack specific pediatric components, including areas ranging from Thyroid Ultrasound to Coding, thus resulting in poor attendance by Pediatric Endocrinologists. It is crucial that topics of interest for Pediatric Endocrinologists be identified for increased participation.

Various educational programs are periodically discussed for future consideration such as Pediatric Endocrine Fellowship Training and Pediatric Pelvic Ultrasound. The Committee feels that discussions between members of the AACE Sex Hormone and Reproductive Endocrinology Committee and the Educational Initiatives Committee should be initiated in efforts to open the lines of communication, whereby exploring the willingness to collaborate for increasing educational opportunities, and formal recommendation(s) will be provided to the AACE Board of Directors at a later date.
George Grunberger, MD, FACP, FACE, Chair

Members of the 2011-2012 PCP Committee included: George Grunberger, MD, FACP, FACE, Chair; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio; Etie S. Moghissi, MD, FACP, FACE, Advisor; David S.H. Bell, MD, MB, FACP, FACE; Felice A. Caldarella, MD, FACP, CDE, FACE; Chris K. Guerin, MD, FACE, FNLA; Daniel L. Hurley, MD, FACE; Paul D. Rosenblit, MD, PhD, FACE, FNLA; Stanley S. Schwartz, MD, FACE; and Kathleen L. Wyne, MD, PhD, FNLA, FACE.

The charge of the Primary Care Physician Education Initiative Committee is to:
- Administer a national diabetes education initiative for primary care physicians and other allied health professionals.
- Committee is tasked with:
  - Reviewing and updating as necessary the standardized agenda, objectives and slide outline in cooperation with a medical writer;
  - Recommending locations where execution of the program would occur in coordination with the State/Regional Chapters.

2011 National Diabetes Initiative for Primary Care Physicians (PCPs)
The agenda and evaluation summaries of all the educational activities held to date were reviewed. The attendee feedback is excellent overall and the length and content of the programs will be the same for the proposed 2012 series.

Standardized slide sets will be made available to AACE members for use in educational activities that are both AACE sponsored and non-AACE sponsored. The AACE Educational Services staff is working with the Publications and IT staff to ensure that all copyright permissions are in place and the slide library is centrally located in a members-only section of the AACE website.

The total attendance for this series was 2903 with an average number of attendees at 161 per location versus 147 for the 2010 series.

The following is a list of the 18 programs held during the 2011-2012 series:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Host Chapter</th>
</tr>
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<tbody>
<tr>
<td>June 11, 2011</td>
<td>Los Angeles, CA</td>
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<tr>
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<td>Ohio River Regional</td>
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<td>December 3, 2011</td>
<td>Greenville, SC</td>
<td>Carolinas</td>
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<tr>
<td>February 4, 2012</td>
<td>Dearborn, MI</td>
<td>Michigan</td>
</tr>
</tbody>
</table>

2012 National Diabetes Initiative for PCPs
Each Committee member was tasked with reviewing one of the existing slide sets for presentation during the proposed 2012 series. A total of $4,784,815 in grant requests have been submitted to support the activity in up to 30 locations throughout the continental US and Puerto Rico. The projected budget for 30 activities is $1,528,375. To date, we have received committed funds totaling $200,000 from Novo Nordisk.

AES staff will be working with AACE Chapters to schedule dates and locations for this series once appropriate funding is secured.
PUBLIC AND MEDIA RELATIONS COMMITTEE

Gregory E. Peterson, DO, FACP, Chair
Peter A. Singer, MD, FACE, Vice Chair/Board Liaison

Members of the 2011-2012 Public and Media Relations Committee included: Gregory E. Peterson, DO, FACP, Chair; Peter A. Singer, MD, FACE, Vice Chair/Board Liaison; Fred A. Williams, Jr., MD, FACP, FACE, Advisor; Myriam Z. Allende-Vigo, MD, MBA, FACP, FACE; Zachary T. Bloomgarden, MD, FACE; Michael A. Bush, MD; Stephen M. Damiani, DO, FAAOI, FACE; Jaime A. Davidson, MD, FACP, MACE; John G. Evans, MD, FACE; Alan J. Garber, MD, PhD, FACE; R. Mack Harrell, MD, FACP, FACE, ECNU; Paul S. Jellinger, MD, MACE; Claresa S. Levetan, MD, FACE; Kenneth P.L. Ligaray, MD; Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU; and Richard J. Weiss, MD.

The 2011-2012 Charge of the Public and Media Relations Committee is to:
 Develop, execute, and monitor media relations strategies with national and local media outlets.
 Strive to promote a positive image of all of the components of AACE, including ACE, AACECORP, and AES.
 Disseminate accurate information about endocrine-related diseases and/or disorders and all of the components of AACE to its various publics.

Public Relations
AACE reached out to a variety of audiences through a number of programs in 2011.

The Type 2 Talk Program
The website www.TheType2Talk.com is an unbranded, educational program developed by AACE with support from Bristol-Myers Squibb and AstraZeneca (BMS/AZ). The goal of this program is to make the conversation between type 2 diabetes patients and their healthcare provider as effective as possible. The website features great tips and tools to improve communication and, therefore, improve results for the patient. The program website was launched in January 2011, with a national press release and local media tours in five key markets following in mid-2011. Due to complications regarding how physicians are paid under BMS/AZ legal requirements, the future of the program may be in jeopardy.

Blood Sugar Basics
ACE continues to partner with Merck & Co., Inc. on the program www.BloodSugarBasics.com. This unbranded, educational campaign was developed by ACE to help diabetes patients keep their glucose levels within their target zone. Patients begin by taking a short quiz to test their knowledge of blood sugar, and the website then offers downloadable worksheets for patients to track their progress. The Blood Sugar Basics program started in December 2010 and, due to its success, was extended to the end of 2012. Program activities for 2011 included a national campaign launch at the AACE Annual Meeting and two media tours with celebrity spokesperson Mike Golic.

EmPower Magazine (formerly Power of Prevention Magazine)
EmPower Magazine is a free, quarterly periodical published by the American College of Endocrinology (ACE). Articles in the magazine are written by expert endocrinologists who have years of experience in treating patients with endocrine disorders and each issue features real stories of patients living with these conditions.

After conducting significant research among physicians, patients, staff and industry, ACE rebranded the Power of Prevention initiative and all components of the program, including the magazine, as EmPower. The new brand, EmPower, was officially launched at the 2011 AACE Annual Meeting. ACE published four multi-topic issues of the magazine in 2011. These issues addressed topics, including thyroid dysfunction, diabetes, nutrition, obesity, and adrenal conditions. Each issue featured different celebrities or athletes with endocrine conditions. These included Olympic athletes Gail Devers and Kris Freeman, actress Faith Ford and ESPN radio host and former NFL star Mike Golic. ACE will publish four issues of the magazine in 2012. The
first issue of 2012 was published in January and featured thyroid awareness. The second issue of 2012 will be published in April 2012 and will be highlighted at the 2012 AACE Annual Meeting in Philadelphia.

Thyroid Awareness Month
The AACE Thyroid Awareness Campaign is supported through an unrestricted educational grant from Abbott Laboratories. 2012 marked the 18th year of the campaign, although there were significant revisions to the program this year. First, a new blue paisley ribbon was introduced as a new lasting symbol for thyroid awareness for 2012 and beyond. The blue paisley ribbon was promoted on all printed materials and large quantities were distributed to patients free of charge on items such as lapel pins, car magnets, and compact mirrors. Another big improvement was the introduction of the new website www.ThyroidAwareness.com, developed as a comprehensive resource in conjunction with the new EmPower website. During the campaign in January, the website received more than 14,000 unique views. Additionally, the January issue of EmPower Magazine focused on thyroid awareness and featured the blue paisley ribbon on the cover. A variety of other new components also contributed to a successful Thyroid Awareness Month. First, an aggressive media and public outreach effort included a satellite media tour in New York City, interviews with several national health magazines, and a matte release distributed nationally. AACE also utilized social media for the first time to add another layer of key outreach. Additionally, a series of public service announcement videos were produced and distributed to local television stations throughout the United States, and a 30-second spot was broadcast once an hour on the CBS super screen in New York’s Times Square once an hour for three months. Another new approach for 2012 was participation in two public health fairs, where AACE physicians and staff connected directly with more than 4,000 members of the public, as well as engaged with thyroid patient organizations.

Media Relations
AACE media relations were very productive during the 2011-2012 year. Media impressions for the year totaled nearly 2.5 billion. The Public and Media Relations Committee worked to put together more than 15 press releases.

Story Count by Month

<table>
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<td>March 2012</td>
<td>229</td>
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<tr>
<td>April 2012</td>
<td>210</td>
</tr>
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</table>
PUBLICATIONS COMMITTEE

Pauline M. Camacho, MD, FACE, Chair

Members of the 2011-2012 Publications Committee included: Pauline M. Camacho, MD, FACE, Chair; Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU, Advisor; Zachary T. Bloomgarden, MD, FACE; Susan S. Braithwaite, MD, FACP, FACE; Lewis E. Braverman, MD, FACE; Samuel Dagogo-Jack, MD, DM, FRCP, FACE; Alan J. Garber, MD, PhD, FACE; Hossein Gharib, MD, MACP, MACE; Norman Lavin, MD, PhD, FACE; Philip Levy, MD, MACE; Angelo A. Licata, MD, PhD, FACP, FACE; Elizabeth Pearce, MD, FACE; Rachel Pessah-Pollack, MD; Herbert I. Rettinger, MD, FACE; George E. Shambaugh, MD, FACE; Elias Spanakis, MD; Vin Tangpricha, MD, PhD, FACE; Asha Thomas, MD, FACE; Joseph J. Torre, MD, FACP, FACE; Dace L. Trence, MD, FACE; Dwain E. Woode, MD; and Farhad Zangeneh, MD, FACP, FACE.

The charge of the Publications Committee is to:

• Manage the publication of an informational newsletter to inform members on issues pertinent to clinical endocrinologists and activities of AACE, and solicit the support and input from AACE members in doing so.
• Manage the publication of a medical journal for clinical endocrinology that is both clinical and practical.
• Propose and arrange for the writing of guidelines important to clinical endocrinology as needed. Writing and development should be consistent with the National Guidelines Clearinghouse and AMA Criteria for Clinical Practice Guidelines.
• Assign the update of AACE guidelines periodically and dissemination of all guidelines in *Endocrine Practice* and other relevant journals, on AACE Online and other Internet-based mediums, through the CAP, consistent with AMA requirements and AACE Clinical Guidelines policy.
• Assess or work toward the development of appropriate therapeutic protocols.
• Create an endocrine library for AACE members to use in educating physicians in endocrine disorders.
• Review requests from sister societies for AACE to co-sponsor or endorse guidelines in order to ensure AACE guidelines protocols are met.
• Review the TES Thyroid Disease in Pregnant and Postpartum Women Guidelines currently under development and provide a recommendation regarding AACE co-sponsorship of the guidelines.

Clinical Practice Guidelines (CPG) Subcommittee

Members of the Clinical Practice Guidelines Subcommittee included: Rachel Pessah-Pollack, MD, Co-Chair; and Farhad Zangeneh, MD, FACP, FACE, Co-Chair.

The charge of the Clinical Practice Guidelines (CPG) Subcommittee is to:

• Provide guidance to CPG Subcommittee Chairs regarding AACE protocols for evidence-based production of CPG.
• Ensure adherence of CPGs during various stages of development with AACE guidelines for guidelines.
• Provide final approval of a complete CPG before the entire Publications Committee reviews and provide comments.
• Annually review all previously published CPGs between the Annual Meeting and first Board of Directors meeting regarding the need to update.
• Revise and update the current AACE guidelines for guidelines to make CPGs more consistent, briefer, more intuitive with respect to EBM, and more transparent; to ultimately create a simpler template to expedite the production of CPG.


*Endocrine Practice*

Under the leadership of Dr. Lewis Braverman, Editor-in-Chief, *Endocrine Practice* was published six (6) times during 2011. In addition, a total of six (6) supplements were published in 2011:

• *The Parathyroid Glands - What the Endocrine Surgeon Should Know*
A total of 1,491 pages of the journal were published in 2011, which included 976 total print pages of editorial material, as well as material published online-only, such as case reports, the annual index, and 312 supplement editorial pages. The journal averaged 161 pages with 20 pages of display advertising per issue. The Editor-in-Chief and five associate editors worked diligently to steadily enhance the quality and recognition of *Endocrine Practice*, with the able assistance of the 41-member Editorial Board.

Journal editorial content in 2011 contained original articles, review articles, case reports, commentaries, editorials, visual vignettes, and AACE medical guidelines for clinical practice. The journal is distributed to all AACE members, subscribers, authors, advertisers, CAP members and others, upon request, taking the total print distribution base to 4,500.

**Clinical Practice Guidelines**

**Guidelines Published in 2011-2012**

- *American Association of Clinical Endocrinologists Medical Guidelines for Developing a Diabetes Mellitus Comprehensive Care Plan* was published as an online supplement to the March/April 2011 issue of *Endocrine Practice*
- *Hyperthyroidism and Other Causes of Thyrotoxicosis: Management Guidelines of the American Thyroid Association and American Association of Clinical Endocrinologists* was published in the May/June 2011 issue of *Endocrine Practice*
- *American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Acromegaly* was published as an online supplement to the July/August 2011 issue of *Endocrine Practice*
- *AACE Medical Guidelines for Clinical Practice for Diagnosis and Treatment of Menopause* was published as an online supplement to the November/December 2011 issue of *Endocrine Practice*
- *American Association of Clinical Endocrinologists' Guidelines for Management of Dyslipidemia and Prevention of Atherosclerosis* was published as an online supplement to the March/April 2012 issue of *Endocrine Practice*.

**Guidelines Currently Under Revision**
The following clinical practice guidelines are currently under revision: bariatric surgery and hyperandrogenism. The AACE/ATA Clinical Practice Guidelines for Hypothyroidism in Adults has been approved for publication by both the AACE Board of Directors and the ATA Board of Directors. These guidelines are currently undergoing journal peer review, medical editing and formatting for simultaneous publication in both *Endocrine Practice* and *Thyroid*. After the guidelines have been peer reviewed by *Thyroid*, a simultaneous publication date will be confirmed.

**New Guidelines Currently Under Development**
New guidelines that are currently under development include healthy eating.

In accordance with AACE policy, all of these guidelines will be published in *Endocrine Practice* and submitted to the National Guidelines Clearinghouse.
The First Messenger

The First Messenger averaged 30 pages per issue and was published six (6) times in 2011. Dr. Philip Levy served his fifth year as Editor for the newsletter. The Board of Directors agreed to reappoint Dr. Levy as Editor for The First Messenger for another term to expire January 2015. Members of the Publications Committee, Board members, committee chairs, and members-at-large are to be commended for their exemplary contributions to the content of The First Messenger.

Regular features included “President’s Perspective,” “Coding Corner,” “Legislative News,” “Socioeconomic Affairs,” “Reproductive Medicine Corner,” “News from the Minority Health Affairs Committee,” “The Second Messenger,” “International Corner,” “Chapter News,” “Second Messenger,” “AACE in the News,” “CME Corner,” “Member Spotlight,” and “Meeting Dates of Interest.” The First Messenger is distributed as a benefit to AACE members and industry sponsors who serve on AACE’s corporate partnership. It is also provided to liaison groups upon request, and is available at all AACE meetings.

AACE Online News

The e-mail newsletter of AACE, AACE Online News, is published weekly. The e-newsletter is intended to provide timely updates on news of interest to members, including current events relating to medical practice, and legislative and socioeconomic news. A brief summary of each news item is provided with a link for more information about the topic.
Members of the 2011-2012 Socioeconomics & Member Advocacy Committee included: R. Mack Harrell, MD, FACP, FACE, ECNU, Advocacy Chair; Howard M. Lando, MD, FACP, FACE, Advocacy Vice Chair; Christine L. Twining, MD, Coding Vice Chair; Yehuda Handelsman, MD, FACP, FACE, FNLA, Ex Officio; Myriam Z. Allende-Vigo, MD, MBA, FACP, FACE; William C. Biggs, MD, FACE, ECNU; A. Jay Cohen, MD, FACE; Todd W. Frieze, MD, FACP, FACE, ECNU; Bill Law, Jr., MD, FACP, FACE; Anne-Marie Lee, MD, FACE; Jonathan D. Leffert, MD, FACP, FACE; Vasdev Lohano, MD, FACE; Arthur N. Lurvey, MD, FACE; Tilak K. Mallik, MD, FACE; David A. Price, MD, FACE; Katherine A. Roberts, MD, FACE; Ralph Schmeltz, MD, FACP, FACE; John A. Seibel, MD, FACP, MACE; John Stokes, MD, FACP, FACE; and William D. Zigrang, MD, FACE.

The charge of the Socioeconomics & Member Advocacy Committee is to:

- Develop policies and strategies, as well as serve as a membership resource, related to the effective positioning of clinical endocrinologists within the managed care or other integrated health care delivery system.
- Seek reports of and effectively respond to members hassle factor reports or grievance issues. Receive reports from members of abuses by managed care, insurance payor, or other third party health care delivery system parties, and develop appropriate responses to resolve and address the problem(s).
- Provide Third Party Relations Q&A material for each issue of The First Messenger.
- Address and respond to third party payor denials from reimbursement of radiopharmaceuticals to practicing clinical endocrinologists.
- Determine the most appropriate forum for presenting Program research findings at the AACE Annual Meeting.
- Represent AACE on coding issues before appropriate government or third party organizations to enhance and promote maximum reimbursement for services provided by clinical endocrinologists.
- Regularly collect, disseminate, and publish information related to coding and reimbursement for endocrinology services/procedures, including Coding Corner in The First Messenger.
- Develop and provide support for new codes for the services of the clinical endocrinologist.
- Develop, for members, an endocrine coding manual on endocrine-related codes.
- Assist AACE members in receiving optional reimbursement for Continuing Glucose Monitoring through the development of appropriate guidelines.

CPT® /RUC Update
The Committee reviewed the outcomes of the CPT® and RUC Meetings held throughout the 2011 year:

In the 2012 Final Rule, the Centers for Medicare and Medicaid Services (CMS) requested the Relative Value Update Committee (RUC) to review the physician work relative value units (RVUs) and practice expense required to perform ultrasound guidance, dual-energy absorptiometry (DXA) and vertebral fracture assessments. The RUC requested interested medical societies and associations to survey these codes in order to determine the appropriate physician work and practice expense.

AACE distributed surveys on December 1, 2011, regarding the practice expense for ultrasound equipment. The survey results indicated a lower practice expense which could potentially reduce reimbursement for these services. AACE staff was advised to submit comments indicating that AACE supported the values that General Radiology recommended to avert reduction in payment.

Additionally, AACE distributed surveys on December 7th regarding the DXA and VFA physician work and practice expense values. The survey was open through December 19th and the results were passed on to the AMA. AACE staff is collaborating with several medical societies to review these codes and will provide the Board of Directors with an update after the January 2012 RUC meeting.
Thyroid Ultrasound Denials
In an effort to resolve payment denials members have been experiencing in the Northeast for thyroid ultrasound, AACE facilitated a conference call with representatives from BCBS of Massachusetts and AIUM on September 14, 2011, to discuss AACE’s concerns surrounding ultrasound denials. Below are the items that were discussed:

- AIUM or ACR accreditation as a mandatory requirement for free standing facilities;
- Adding endocrine surgeons, cytopathologists and head and neck surgeons to the list of eligible providers;
- Excluded board eligible endocrinologists, within two years of finishing fellowship, who are working to become board certified;
- Excluded senior fellows/trainees;
- Changed CME requirements from obtaining 25 CMEs over 5 years, as currently required by ECNU, to 15 CMEs over 3 years; and
- Added tracking outcomes and complications as part of the requirements.

AACE, AIUM and BCBS of Massachusetts will develop a joint communication to be disseminated to endocrinologists regarding the accreditation requirements to perform and evaluate thyroid ultrasounds and fine needle aspirations.

2012 AACE Online Endocrine Coding Manual and Endocrine Coding Pocket Guide
Staff advised the Committee that orders for the online Coding Manual have been diminishing, which has resulted in a significant reduction in revenue from subscriptions. It was noted that potential reasons for the decline included the following:

- Online coding manual does not provide coding conventions and guidelines that are included in the CPT®, HCPCS, and ICD-9 manuals.
- With the implementation of electronic health records (EHR), this capability/functionality is included in the EHR software package and/or practice management billing software.
- ICD-9 and HCPCS coding information is public and can be accessed for no charge.
- Members may be utilizing other resources such as clearinghouses, billing services, consultants, other coding organizations such as AAPC, AHIMA, etc. to obtain this information.

The Committee recommended to the Board of Directors to remove/discontinue the Online Coding Manual. The Board of Directors approved the recommendation to be effective January 1, 2012.

AACE will continue to offer the Endocrine Coding Pocket Guide to include additional enhancements/information that would be beneficial to the membership.

Endocrine Coding Courses
On March 25-26, 2011, the Certified Endocrine Coding course was held in Atlanta, GA. AACE received very good feedback from attendees regarding the format and content of the material. The course met the needs of the attendees to help them to prepare for the upcoming changes in the Medicare arena, increased medical documentation reviews conducted by Medicare and private commercial insurance companies, and the OIG Work Plan for 2011.

On July 28-29, 2011, Charting a Course for ICD-10 was held in Jacksonville, FL, at the local AACE office. This two-day session was an excellent opportunity for local members and the provider community to obtain valuable information and tools to initiate preparation for ICD-10. Antanya Chung, CPC, CPC-I, CRHC, CCP, of the American College of Rheumatology focused on how ICD-10 will impact various departments of an office practice, the anticipated timeline to implementation, and how to prepare for the financial impact of ICD-10. This workshop was well received by the attendees. In addition, this course was endorsed by the Duval County Medical Society.
On August 13, 2011, Bridge the Gaps in Endocrine Coding was introduced to the members in Chicago, IL. A condensed version of the Certified Endocrine Coding course, this one-day workshop focused on specific coding, reimbursement and compliance issues that are received as frequently asked questions and provide more in-depth information on Medicare’s incentive programs, signature requirements, ‘incident to’ provision and medical documentation requirements.

On September 15-17, 2011, AACE, in partnership with the Practice Management Institute, offered a Certified Medical Office Manager (CMOM) certification course. The purpose of the course was to provide attendees with strategies to help their practices increase productivity, efficiency and become more compliant with federal and state regulations such as identifying appropriate business and administration policies and procedures.

On December 2-3, 2011, the Certified Endocrine Coding course was held in Phoenix, AZ. AACE received very good feedback from attendees regarding the format and content of the material. The course met the needs of the attendees to help them to prepare for the upcoming changes in the Medicare arena, increased medical documentation reviews conducted by Medicare and private commercial insurance companies, and the OIG Work Plan for 2012.

Practice Management Initiatives
AACE staff developed an on-line practice management newsletter to provide current coding, billing and reimbursement issues to our members and their support staff. In addition, the newsletter is utilized as a venue to reach coders and billers of other subspecialties and to advertise coding courses and webinars and other endocrine related resources for the business side of the office beyond AACE membership. There are over 1,800 individuals that are part of AACE’s Practice Management Network.

AACE staff is exploring additional opportunities to partner with organizations such as the Practice Management Institute (PMI) to provide the membership access to information on managing and operating the business side of an office practice. AACE will continue to reach out to teaching facilities to educate residents and fellows on basic coding guidelines and principles prior to entering the workforce. This will be an opportunity to demonstrate our website and other educational resources, to entice membership and/or support from other physicians and/or staff of various specialties.

AACE Chapter Meetings
AACE staff conducted a training course at the New Jersey Chapter Annual Meeting on November 4, 2011. This was in response to requests for more cost effective socioeconomic training courses. This partnership with the Chapters will allow Socioeconomics to reach out to members who normally do not attend AACE coding courses and provide them with information necessary to their practice.

Coding Courses for 2012
As part of the Socioeconomics & Member Advocacy Department Practice Management Initiatives, AACE is exploring partnering again with the Practice Management Institute to offer the Certified Medical Office Manager Certification course in Atlanta, Georgia on September 19-22, 2012.

The next AACE Fundamentals of Endocrine Coding and Advanced Endocrine Coding Course is scheduled to be held in Philadelphia, November 9-10, 2012, at the Embassy Suites Philadelphia Airport.

Socioeconomics will also be hosting a one-day workshop, Bridge the Gaps in Endocrine Coding, which will focus on specific coding and reimbursement issues that are received as frequently asked questions and provide more in-depth information on Medicare’s incentive programs, signature requirements, ‘incident to’ provision and medical documentation requirements. This workshop will be held in on July 19, 2012, in Atlanta, Georgia.

Webinars for 2011
Two webinars on electronic prescribing were held on May 11th and 12th, which covered the eligibility, requirements for participating in the incentive program and how to avoid penalties for non-participation.
Socioeconomics conducted a webinar on Medicare Updates on February 23, 2012. This webinar provided AACE members with the most up-to-date information regarding Medicare regulations and guidelines and how these changes will affect their office practice.

Other topics for 2012 webinars include:

- EHR ‘meaningful use’
- Electronic prescribing
- PQRI
- ICD-10
- Coding/Reimbursement

**Hot Topics on Socioeconomics**
The Hot Topics on Socioeconomics is scheduled to be held during the Annual Meeting on Friday, May 25, 2012, from 2:15 p.m.-5:00 p.m. The following topics will be discussed during this meeting:

  Concierge Endocrinology  
  David DeAtkine, Jr, MD, FACE

  Incorporating Endocrinology into a Medical Home  
  William C. Biggs, MD, FACE, ECNU

  Contract Negotiations for Practicing Physicians  
  William Huseman, Esq.
Members of the 2011-2012 Task Force for Endocrine Day for PCPs included: Jeffrey R. Garber, MD, FACP, FACE, Chair; Myriam Z. Allende-Vigo, MD, MBA, FACP, FACE; Donald A. Bergman, MD, MACE; Felice A. Caldarella, MD, FACP, CDE, FACE; Pauline M. Camacho, MD, FACE; Laurence A. Gavin, MD, FRCP, FACP, FACE; Hossein Gharib, MD, MACP, MACE; Richard A. Haas, MD, FACE; R. Mack Harrell, MD, FACP, FACE, ECNU; Daniel L. Hurley, MD, FACE; Steven M. Petak, MD, JD, MACE, FCLM; Peter A. Singer, MD, FACE; Freddie G. Toffel, MD, FACE; and Farhad Zangeneh, MD, FACP, FACE.

The Charge of the Task Force for Endocrine Day for PCPs is to:

- Explore the feasibility of a PCP program modeled after the PCP DM for thyroid, pituitary, and bone disorders.

AACE Educational Services (AES) contracted with a medical writer who worked with the committee chair and staff to develop a needs assessment and submit funding requests to cover expenses for up to four (4) programs in locations around the country. The projected budget for hosting four activities is $263,880. Grant requests have been submitted to the following: Abbott, Amgen, Asuragen, Auxilium, Eli Lilly, ENDO, Genentech, Genzyme, Hologic, Merck, Novartis, Novo, Pfizer, Warner Chilcott, Teva, and Veracyte. To date, we have received $60,000 in committed support from Amgen and Warner Chilcott. Scheduling of locations will be delayed until more support has been committed.
Members of the 2011-2012 Task Force on Accountable Care Organizations (ACOs) included: Jonathan D. Leffert, MD, FACP, FACE, Chair; Daniel Einhorn, MD, FACP, FACE; Raymond I. Fink, MD; Jeffrey R. Garber, MD, FACP, FACE; J. Michael González-Campoy, MD, PhD, FACE; George Grunberger, MD, FACP, FACE; Carlos R. Hamilton, Jr., MD, FACP, MACE; Yehuda Handelsman, MD, FACP, FACE, FNLA; R. Mack Harrell, MD, FACP, FACE, ECNU; Stephen F. Hodgson, MD, MACE; Bill Law, Jr., MD, FACP, FACE; Eric A. Orzech, MD, FACP, FACE; Ralph Schmeltz, MD, FACP, FACE; John A. Seibel, MD, FACP, MACE; Joseph J. Torre, MD, FACP, FACE; Sandra L. Weber, MD, FACE; and Farhad Zangeneh, MD, FACP, FACE.

The charge of the Task Force on Accountable Care Organizations is to:

- To develop AACE positions on the ACO proposed rule and provide educational materials to the membership on the implementation of ACOs.

The Task Force on Accountable Care Organizations (ACOs) has undertaken the following activities over the 2011-2012 Association year:

- Reviewed the proposed rule for the Medicare Shared Savings Accountable Care Organization (ACO) program issued by the Centers for Medicare and Medicaid Services (CMS) on April 7, 2011. Prepared comments on the proposed rule on behalf of AACE, which were submitted to CMS on June 7, 2011. The AACE comment letter addressed several concerns that the Task Force felt would preclude participation by endocrinologists in the program as proposed, including an unrealistic timetable for setting up an ACO, the significant financial investment required for participation, the inability to manage patient care and control costs due to the retrospective patient attribution to an ACO, the large number of quality members on which performance would be judged, the use of the flawed Medicare Sustainable Growth Rate (SGR) formula as the basis for physician payment under the ACO program, and the ACO governing body structure.

- CMS issued a final rule for the Medicare Shared Savings ACO program on October 20, 2011. While some changes in the final rule represented significant improvements intended to reduce risk and burden to providers, the Task Force believes ACO participation is still not a viable option for the endocrinologist in a solo or small group practice. A CMS comparison of the ACO proposed and final rules, along with numerous other resource links, can be found on the AACE webpage at “Resources for Accountable Care Organizations” located under “Advocacy.”

- AACE will continue to monitor and provide informational updates to AACE members on the Medicare Shared Savings ACO program and other new care delivery and payment demonstration programs that will be tested by the CMS Center for Medicare and Medicaid Innovation. The ACO Task Force was sunset effective January 26, 2011.
Members of the 2011-2012 Task Force on Development of New Guidelines included: Daniel Einhorn, MD, FACP, FACE, Chair; Zachary T. Bloomgarden, MD, FACE; Pauline M. Camacho, MD, FACE; Yank D. Coble, Jr., MD, MACP, MACE; Daniel S. Duick, MD, FACP, FACE; Raymond I. Fink, MD; Alan J. Garber, MD, PhD, FACE; Jeffrey R. Garber, MD, FACP, FACE; Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU; Rachel Pessah-Pollack, MD; Steven M. Petak, MD, JD, MACE, FCLM; Farhad Zangeneh, MD, FACP, FACE.

The charge of the Task Force on Development of New Guidelines is to:

- Re-examine all aspects of AACE/ACE guidelines including the mission, the processes, and the future. Issues to be addressed will include:
  - Examine how AACE/ACE creates and disseminates guidelines.
  - How to play to AACE/ACE's strength as "Voice of the Clinician" (i.e., unique to AACE/ACE).
  - What levels of evidence are appropriate and how should they be incorporated?
  - What types of guidelines need to be core documents (e.g., DM, thyroid, bone, others) that are updated annually?
  - What guidelines do not need to be done by AACE/ACE (e.g., well done by others, like TES on Acromegaly)?
  - How do they fit into AACE/ACE's Strategic Objectives?
  - How much additional professional staff is required? Should we contract with outside professionals?
  - Which societies might we collaborate with?
  - A business analysis of investment versus return on any given guideline.
  - How many different kinds of products?
  - Should all guidelines be uniform?

The Task Force on Development of New Guidelines met several times to review the current guidelines development process. The Task Force discussed the importance of AACE making its guidelines unique from other organizations, and addressed that, while all organizations have guidelines, AACE can go beyond the others by writing them based on how an expert clinician would treat patients. AACE/ACE guidelines should represent the best practices, most up-to-date, and state-of-the-art.

The Task Force submitted several recommendations to the Board regarding new processes for all future guideline development. The approved recommendations include:

- **Guidelines name change** – The name for all future AACE/ACE guidelines will be changed to “American Association of Clinical Endocrinologists’ Guidelines for Management of (Name of Disease).” The new name was implemented with the Lipids Guidelines that were published in the March/April 2012 issue of *Endocrine Practice*.

- **Professional medical writers** – Professional medical writers are required to assist with research and writing of the guidelines. However, the AACE/ACE physician authors would decide the content and ultimately edit the final manuscript so it is “the voice of the clinician.” The professional medical writers will also handle evidence ratings for future guidelines. The Task Force reviewed writing samples and requests for proposals from several different companies. The Publications Committee should have the final decision on which company to utilize.

- **Assignment of grading and evidence rating** – Evidence ratings are to be completed by professional medical writers, while the final grade will be accomplished by the physician member of the task force working on the guideline.

- **A simplified “Q&A” style** – Each major future guideline should be written in a simplified “Q&A” style with the number of questions varying based on the complexity of the guideline.

- **Annual “date stamp” for all guidelines** – All future guidelines should have an annual “date stamp,” even if there are only minor changes to the guideline.
• **Subset writing groups for each guideline** – Subset writing groups will be created to develop its own work product, completed in a style that will ultimately fit into the larger, completed guideline.

• **Appoint a leader for each guideline to serve a three-year term** – A leader for each guideline should be appointed early in the guideline development process. The leader will serve a three-year term for each guideline and the President may reappoint if necessary.

• **Guidelines for every area of endocrinology** – AACE/ACE should produce guidelines for every clinically significant area in endocrinology.

• **Disclosure of multiplicity of interest prior to working on a guideline** – A disclosure of multiplicity of interest, prior to and during working on similar efforts with other societies or industry, must be provided by anyone working with AACE/ACE on the development of guidelines.
Members of the 2011-2012 Task Force on Sunshine Act included: R. Mack Harrell, MD, FACP, FACE, ECNU, Chair; Richard O. Dolinar, MD; Daniel Einhorn, MD, FACP, FACE; Raymond I. Fink, MD; Alan J. Garber, MD, PhD, FACE; Jeffrey R. Garber, MD, FACP, FACE; Laurence A. Gavin, MD, FRCP, FACP, FACE; J. Michael González-Campoy, MD, PhD, FACE; Yehuda Handelsman, MD, FACP, FACE, FNLA; Norman Lavin, MD, PhD, FACE; Jonathan D. Leffert, MD, FACP, FACE; Eric A. Orzech, MD, FACP, FACE; Gregory E. Peterson, DO, FACP; Rachel Pessah-Pollack, MD; Sandra L. Weber, MD, FACE; Dwain E. Woode, MD; and Farhad Zangeneh, MD, FACP, FACE.

The charge of the Task Force on Sunshine Act is to:
- Discuss the implications of the Sunshine Act.
- Identify suggestions on the best way for companies to publish the information.
- Work with other organizations in developing a plan, including ACRE.
- Address as a top advocacy priority through its legislative and regulatory activities concerns regarding the impact of certain provisions included in the Sunshine Act and the transparency on reporting medical samples as income to physicians as required by the Patient Protection and Affordable Care Act enacted by Congress.
- Put together a draft on how AACE would like to see the information displayed for presentation at the CAP meeting in April.

The Task Force on Sunshine Act has undertaken the following activities over the 2011-2012 Association year:

- Provided initial comments to the Centers for Medicare and Medicaid Services (CMS) in a letter dated April 7, 2011, on important issues related to the implementation of Section 6002 of the Affordable Care Act, referred to as the Sunshine Act, requiring transparency in pharmaceutical company payments to physicians and reporting of physician ownership or investment interests.

- Reviewed a proposed rule for the implementation of the Sunshine Act issued by CMS on December 14, 2011. Submitted comments on the proposed rule focusing on the overly broad and expansive interpretations of the statute and congressional intent by CMS, represented by the proposal to mandate data collection and public reporting of indirect payments made to covered recipients by third parties. If implemented in the final rule, this proposal will have a chilling effect on medical education and patient care. To view the comment letter, please visit the Legislative and Regulatory Issues of Interest webpage online at https://www.aace.com/advocacy/leg.

- AACE will continue to vigorously oppose the collection and reporting of indirect payments made to covered recipients by third parties and will pursue all avenues possible to do so, including congressional action if necessary.

- The Task Force will continue to keep the membership informed of developments with the implementation of the Sunshine Act and will report on provisions of the final rule implementing the Act when released.
TASK FORCE TO EXPLORE AACE RELATIONSHIP WITH MEDICAL SOCIETIES

Jonathan D. Leffert, MD, FACP, FACE, Chair

Members of the 2011-2012 Task Force to Explore AACE Relationship with Medical Societies included: Jonathan D. Leffert, MD, FACP, FACE, Chair; Donald A. Bergman, MD, MACE; Yank D. Coble, Jr., MD, MACP, MACE; Daniel Einhorn, MD, FACP, FACE; Alan J. Garber, MD, PhD, FACE; Jeffrey R. Garber, MD, FACP, FACE; J. Michael González-Campoy, MD, PhD, FACE; Carlos R. Hamilton, Jr., MD, FACP, MACE; Yehuda Handelsman, MD, FACP, FACE, FNLA; Walter J. McDonald, MD, MACP, FACE; and Fred A. Williams, Jr., MD, FACP, FACE.

The charge of the Task Force to Explore AACE Relationship with Medical Societies is to:

- Explore ways to foster a greater awareness among other physician organization colleagues about AACE and the endocrinologist’s role in the management of diabetes and other endocrine diseases to encourage early interaction between other physicians and endocrinologists for the betterment of care for patients with diabetes, particularly those with complicated issues.

The Task Force to Explore AACE Relationship with Medical Societies has undertaken the following activities over the 2011-2012 Association year:

- The Task Force compiled an organizational grid, reflective of the current status of AACE’s interaction with numerous organizations. As a result of extensive discussion with respect to each organization, a decision was made with respect to those organizations that are relevant to AACE and its activities and those which AACE has little or no interaction. This grid was presented to the Board of Directors for approval, to be utilized as a working document to evaluate and define AACEs ongoing or newly initiated interactions with the identified organizations. The Board approved this grid during their July meeting.

- The September 7, 2011, conference call resulted in the review of the approved grid with the Task Force ranking the organizations according to their importance to AACE and the potential impact of the relationship in fulfilling AACE’s mission and goals. The top four organizations identified were the American Medical Association, The Endocrine Society, American College of Physicians and Food and Drug Administration. An agreement was reached that AACE focus its efforts on building and strengthening these relationships and continue to identify new organizational relationships.

- The Task Force addressed the role of AACE liaisons and how they need to be more effective in fostering and strengthening relationships; therefore, it was recommended and approved that the role of the liaison would be categorized as either formal (officially appointed) or ad hoc (personal relationship with AACE member) and based on AACE’s strength of relationship with each organization. The Task Force would continue to advise the President and Executive Committee on future potential liaisons based upon updates in the leadership information for those organizations we have relationships.

- The Task Force decided that in order to nurture solid relationships with the identified organizations from the grid, as well as the newly identified organizations such as the American College of Cardiology, American Association of Family Physicians, American Society for Metabolic and Bariatric Surgery and The Obesity Society, AACE should look into becoming a member of the Council of Medical Specialty Societies (CMSS). This membership would allow AACE to reach key members of these targeted organizations. Potential benefits, cost factors and membership criteria information was obtained and submitted to the Executive Committee for review during its January Board meeting.

- The Executive Committee approved AACE membership into CMSS and a letter of intent for membership was submitted to CMSS on April 13, 2012. The application has been approved by the CMSS Board and has been submitted to the full council for consideration at its meeting on May 12th.
AACE ENDOCRINE CAREERS®

AACE Endocrine Careers® was established in April 1999 as a member benefit to help employers identify qualified candidates to fill vacant positions and to help endocrinologists locate employment opportunities.

The charge of AACE Endocrine Careers® is to:

- Help Fellows-in-Training with job placement by providing necessary information (e.g., Annual Meeting Booth)
- Assist members seeking employment opportunities and/or members seeking clinical endocrinologists to fill openings for their practice.

AACE Endocrine Careers® offers an online service that is available 24 hours/7 days a week, and allows Association members and site users a place to post their resumes at no charge. Along with a resume bank, the site offers listings of career opportunities in endocrinology and other health care-related fields. Users may also choose various formats to post their job listing: via online only advertisements, print advertisements in The First Messenger and/or Endocrine Practice, along with options to contact potential candidates individually via the Internet program.

The AACE Endocrine Careers® Expo, held in conjunction with the 2011 Annual Meeting, offered the following services to AACE members seeking employment opportunities or recruiting an endocrinologist for their practice:

I. Job Seekers
   - Web site registration
   - Instruction on AACE Endocrine Careers® and the Web site portal
   - Complimentary compensation reports
   - Scheduling on-site interviews with matched employers

II. Employers
   - Web site registration
   - Instruction on AACE Endocrine Careers® and the Web site portal
   - Complimentary compensation reports
   - Marketing opportunities via the Job Board
   - Scheduling on-site interviews with matched job seekers

III. Market Active Retained Searches
   - Scheduling on-site interviews with matched job seekers
   - Direct marketing campaign to job seekers from both JobTarget and AACE

This year’s Endocrine Careers® Expo was an extremely successful event when measuring three criteria: 1) Placement Success Rate, 2) New Business Development and 3) Member Satisfaction.

Placement Success Rate:

- Total number of Pre-Registered Job Seekers: 18
- Total number of Pre-Registered Employers: 12
- Total number of On-site Registered Job Seekers: 12
- Total number of On-site Registered Employers: 9

OVERALL DEMAND (Employers): 21

OVERALL SUPPLY (Active Job Seekers): 30

The total number of interviews conducted between employers and job seekers on-site: 9.

The total number of interviews conducted between employers and job seekers off-site: 1.
During the 2011 Career Expo, the goal was to match as many employers and job seekers as possible based on profiling of personality, group, and geographic preference. The fee schedule for employers was $450 for AACE members registered for the Annual Meeting; $500 for non-AACE member physicians with Annual Meeting registration; $1,200 for recruitment firms attending the Annual Meeting; and $900 for recruitment firms not attending the Annual Meeting. As always, participation for job seekers is complimentary.

The overall feedback from members was very positive. Many of the job seekers still in fellowship appreciated the opportunity to begin their job search and learn more about opportunities that are available to them. Most of the employers were able to talk with candidates at the booth, as well as arrange interviews. Many of the employers who attended last year were very pleased to see that we were not partnered with a recruitment firm. For job seekers, it eliminated a lot of the “pushiness” and gave them a better opportunity to schedule interviews with the employers of their choice while retaining their anonymity if they desired.

There were several attendees who expressed an interest in international opportunities. Based on this feedback, the expansion of international placement services continue to be explored.

Overall, the 2011 AACE Endocrine Careers® Career Expo was a great success. There was a significant increase in employer and job seeker registrations from 2010.

AACE Endocrine Careers® Career Expo will be held during 2012 AACE Annual Scientific & Clinical Congress in Philadelphia, PA. AACE staff will be on-site to discuss employment opportunities, network, and assist AACE members interested in broadening their career goals.
AACE POLITICAL ACTION COMMITTEE (AACEPAC)

Richard Hellman, MD, FACP, FACE, Chair

Board Members of the 2011-2012 AACE Political Action Committee included: Richard Hellman, MD, FACP, FACE, Chair; Steven M. Petak, MD, JD, MACE, FCLM, Vice Chair; Daniel S. Duick, MD, FACP, FACE, Secretary; Carlos R. Hamilton, Jr., MD, FACP, MACE, Treasurer; Donald C. Jones, Assistant Treasurer/CEO; Donald A. Bergman, MD, MACE; J. Michael González-Campoy, MD, PhD, FACE; Bill Law, Jr., MD, FACP, FACE; Jonathan D. Leffert, MD, FACP, FACE; and John A. Seibel, MD, FACP, MACE.

The AACE Political Action Committee has undertaken the following activities over the 2011-2012 Association year:

- The AACEPAC Board of Directors completed a comprehensive review and revision of the AACEPAC bylaws to establish a transparent process for appointing the leadership of AACEPAC and to bring greater transparency to AACEPAC activities. Procedures under the newly revised bylaws solicit greater involvement and participation by the AACE state and regional chapters and AACEPAC members, i.e., AACE members who contribute to AACEPAC.

- The AACEPAC Board, which serves staggered terms of three years, now includes permanent positions for the current Chair of the Legislative & Regulatory Committee and the current Chair of the AACE Chapters Committee. The 2012 AACEPAC Board of Directors appointed by the AACE Board of Directors includes:

  Dr. Jonathan Leffert, Chair
  Dr. Carlos Hamilton, Vice-Chair
  Dr. Sandra Weber, Secretary
  Dr. Ralph Schmeltz, Treasurer
  Mr. Donald Jones, Assistant Treasurer
  Dr. David Bybee
  Dr. Raymond Fink
  Dr. Richard Haas
  Dr. Elizabeth Holt
  Dr. Daniel Hurley
  Dr. Jennifer Lawrence
  Dr. Katherine Roberts

- Recipients for AACEPAC funds in the 2012 election cycle are determined by a candidate’s support for AACE legislative priorities and the importance of initiating or strengthening AACE’s relationship with a candidate for election or reelection to Congress. Recipients of AACEPAC funds, to date, for the 2012 election cycle are listed below.

  Representative Bill Cassidy (R-6th-LA)
  Representative Diana DeGette (D-1st-CO)
  Representative Gene Green (D-29th-TX)
  Representative Brett Guthrie (R-2nd-KY)
  Representative Nan Hayworth (R-19th-NY)
  Representative Pete Olson (R-22nd-TX)
  Representative Tom Price (R-6th-GA)
  Representative Pete Session (R-32nd-TX)
  Representative Fred Upton (R-6th-MI)
  Representative Ed Whitfield (R-1st-KY)
  Senator Susan Collins (R-ME)
  Senator Jeanne Shaheen (D-NH)

The AACEPAC Board of Directors would like to take the opportunity to recognize and thank all AACE members who have contributed in the 2012 AACEPAC cycle. AACEPAC is critical to achieving the objectives and goals that we all share as endocrinologists and is an effective tool only if it has the resources and support of the AACE membership.
Members of the 2011-2012 AACECORP Board of Directors included: Yehuda Handelsman, MD, FACP, FACE, FNLA, Chair; Alan J. Garber, MD, PhD, FACE, Vice Chair; Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU, Vice President/Treasurer; Daniel Einhorn, MD, FACP, FACE, Vice President; R. Mack Harrell, MD, FACP, FACE, ECNU, Secretary; and Donald C. Jones, CEO, Ex Officio.

As a wholly-owned subsidiary of AACE, AACECORP’s primary mission is to administer such programs and activities as may be requested by AACE and the American College of Endocrinology (ACE), including the administration of the AACE member benefits program, and to identify and promulgate other non-dues income opportunities. AACECORP administers special projects of the Association and College as requested, including publication of *Endocrine Practice* and *The First Messenger*. AACECORP also serves as the principle contractor for all meetings and conventions of AACE and ACE.

**AACE MEMBER REWARDS PROGRAM**

Administered by AACECORP, Inc., the AACE Member Rewards Program offers members discounted prices on a wide range of products and services. AACE members and their families can take advantage of valuable products and services for the office, home, travel, entertainment, and more! When items are purchased from any of these affiliated vendors, AACE receives benefits as well. Members must access Reward Program websites through the AACE Member Rewards page in order for the member and the Association to receive many of these special benefits.

In some cases, purchases may not reflect an initial savings. A portion of the proceeds from all purchases will be extended to AACE as non-dues revenue of the Association. AACE is not liable for purchases made through vendors. Participation in the AACE Member Rewards Program is voluntary, and AACE members can be assured that the programs offered represent the best combination of quality, convenience, reliability, and service. Vendors must provide a product or service of high value and cost savings to the member, offer full service regardless of location, and receive prior approval of all promotions and marketing plans and materials.

Take note of the Five Star Affiliates! These companies have been part of the AACE Member Rewards Program for many years and have provided AACE members with valuable and reliable products and services!

For information about any of the following benefits, contact AACECORP, Inc., 245 Riverside Avenue, Suite 200, Jacksonville, Florida 32202 Fax: 1-904-353-8185, Phone: 1-904-353-7878, E-mail: rewards@aace.com or visit [http://www.aace.com/membership/rewards](http://www.aace.com/membership/rewards).

**The AACE Collection – Distinctive Merchandise & Medical Apparel:** The American Association of Clinical Endocrinologists is pleased to present a collection of AACE-branded clothing and accessories. This distinctive merchandise, exclusively for AACE members, includes apparel, desk accessories, and gifts. Items are offered to AACE members at discount prices and a portion of the proceeds benefit the American College of Endocrinology Partnership for Endocrine Health Fund. To produce the line, AACE is partnering with Mandarin Embroidery & Trophies, Inc., which manufactures and distributes the items. A portion of the proceeds will benefit Partnership for Endocrine Health.

**MetLife:** As a result of a partnership between MetLife Auto and AACE, you could receive special savings and value added benefits at no additional cost. You could also take advantage of a group discount of up to 15% and money saving discounts if you’ve been with your Association for a long time or pay your premium electronically from your bank account. You may also save more with our multi-car discounts when you insure more than one auto with MetLife Auto. For more information, call 1-800-888-2308 and mention that you are a member of AACE.
**Long Term Care Resources (LTCR):** How will you spend the years ahead? That may depend on the long-term care insurance you choose today. Like most people, you probably recognize the need for long-term care insurance. It’s not simply “nursing home” coverage, but insurance that helps assure you of continued independence as you age - without depleting the personal assets you’ve worked hard to acquire. But choosing the right protection from the many plans available can be a daunting task. Long Term Care Resources has partnered with the American Association of Clinical Endocrinologists to offer a comprehensive Long Term Care Program. AACE members are entitled to a special discount on certain LTC plans available through this program. Call Long Term Care Resources today to receive a FREE AACE Long Term Care Planning Kit.

To speak with an authorized LTC Specialist in your area, please contact LTCR Toll Free at (800) 616-8759 or visit us on the web.

**Wells Fargo:** As a Wells Fargo Business Banker I am your advocate and primary contact. I'm here to help you take your business to the next level through: financing growth, managing cash flow and reducing risk. Wells Fargo Business Banking specializes in programs designed for Doctors and other Medical professionals:

- Practice financing is available for start-ups or to purchase an existing practice, including commercial real estate.
- For those with established practices, we can use equity in the practice to provide capital for office improvements, expansions, fund your retirement or refinance business debt.
- Equipment requests are submitted on a one-page application and decisions are typically made in 48 hours. Equipment ranges from furniture & fixtures, computers, software and servers to MRI, X-Ray and Ultrasound just to name a few.

Wells Fargo has over 80 lines of business to help you and your business succeed financially. For additional information, contact Andrew Corwin, Business Banking Assistant VP, office: (904) 489-1958, cell: (904) 521-6773, or by e-mail: andrew.corwin@wellsfargo.com.

**HealthCare Associates Credit Union:** HealthCare Associates Credit Union is a not-for-profit financial institution currently servicing your peers in the industry. The partnership with the American Association of Clinical Endocrinologists brings smart and sound options for all of your financial needs. With 2009 marking our 30-year Anniversary, HealthCare Associates is one of the largest healthcare-affiliated credit unions in the country, exemplifying a history of stability and financial security. Nationwide access is available for members. When you join HealthCare Associates, you will become a member and an owner and will be treated as such. There is no cost to join – our product offerings include:

- Free checking with free nationwide account access
- Flexible and competitive investment options
- Low fixed rate credit cards
- Below market interest rates on personal and business loans
- Educational programs for Physicians and Residents

For a complete listing of products and services, visit our website at www.hacu.org or contact Norma Cantrell at 630-276-5730 or ncantrell@hacu.org.

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***** Hartley Press: Hartley Press, Inc. offers printing benefits by an award winning and reputable printing company. The Hartley Press, Inc. has been a valued and reliable printing solution for AACE for many years, and looks forward to meeting and serving the printing needs of AACE members. This benefit includes quick and easy online order options, fast delivery, and special low rates. Take advantage of your new AACE member reward and save on the cost of your printing needs.

***** CNC Federal: CNC Federal extends a discount office products supply program to the members of the American Association of Clinical Endocrinologists. The program offers an extensive array of office supplies, computer and printer supplies, facility supplies, healthcare supplies, and office furniture available nationwide for next day delivery for most items. If you have a question, contact Cliff Cosby, CNC Federal, 866.826.8704 or cbcosby@cncfederal.com for program details. CNC Federal, we'll take care of the details!

***** Doc’s Duds: Dress to impress with our fine portfolio of beautifully made and classically styled lab coats for the discerning healthcare professional. Fit, flair and function have been thoughtfully combined in the Doc's Duds collection to create a high fashion look with all the attributes you've longed for in the ideal lab coat!

Office Depot: Thanks to Office Depot, taking care of business has never been more simple or affordable! From basic office supplies such as printer paper and labels to office equipment like file cabinets and stylish office furniture, Office Depot has the office products you need to get the job done.

OfficeFurniture.com: OfficeFurniture.com is a National Business Furniture company. National Business Furniture was founded in 1975 as a catalog business to provide "Beautiful Offices at Affordable Prices®” to corporate offices and government agencies. Since then, National Business Furniture has expanded into the school, church and residential markets through three separate catalogs, five websites and an experienced sales team.

Xenex Merchant Services: Reduce your credit card processing rates today! Xenex Merchant Services offers low credit card processing rates to all AACE members. Xenex Merchant Services takes pride in the personal service that is provided to all of our customers and we are excited about the opportunity to work with all of the participating doctors in AACE. Take advantage of our exclusive low rates.

- Visa/MasterCard/Discover (Qualified) - 1.69%
- Visa/MasterCard/Discover (Partial Qualified) - 2.22%
- Visa/MasterCard/Discover (Non-Qualified) - 2.95%
- Visa/MasterCard/Discover Transaction Fee - $0.19
- *There will NOT be Statement or Application Fees
- *Lease on a credit card terminal - $29 a month for 36 months

To take advantage of this partnership, please contact Brett Kotcher at 1-888-918-4409 or BKotcher@goxenex.com

BizLibrary (Online Training for Small and Mid-Sized Companies): Business Training Library, www.bizlibrary.com, provides AACE members best-of-class media-based learning resources at a fraction of the cost, which will increase your training ROI. They offer affordable access to thousands of video and e-learning training programs to help you run your practice. Topics include: Business and
Professional Skills; HR and Legal Issues; Desktop Computer and IT Skills; and more! They also offer a Learning Management System (LMS) to help you track all of your learning activity. AACE members receive a special discounted rate. Please click here to register for free, review their extensive course offering, and register for titles. You can also contact Angie Stevens at 888.432.3077 ext. 102 for more information. Make sure to indicate you're a valued AACE member!

***** Section 170 Plan™: This unique plan, under Section 170 of the Internal Revenue Code, provides a tax-deductible income/savings program for physicians as a method for saving for retirement, college, disability or estate planning. The program allows physicians to use the American College of Endocrinology (ACE) 501 (c) (3) exempt status to gain a tax-deductible and enhanced return annuity with income for life. The program may be utilized to diversify or supplement retirement plans without the expenses or market risks of traditional plans. The plan will guarantee you or your chosen second income beneficiary to receive an income for life funded through an annuity starting on the date chosen by you. At the time of your death, ACE will also receive an endowment in your name that will help provide future income for funding education and research programs for endocrinologists. A paramedical or physical exam may be required depending on age and contribution amount. However, participation is not contingent on passing a physical exam. For assistance with the Section 170 Plan™, please contact Mr. Richard Howard at 1-800-692-6893.

***** AACE Legal Services: Legal services provided through the office of AACE General Counsel include a physician legal guide compiled in a loose-leaf notebook format that can be periodically updated, containing important information on legal topics such as managed care contracts, anti-trust, federal laws affecting all physicians, Medicare and Medicaid rules and regulations and patient self-referral. Contract review for physicians contracting with hospitals, managed care plans, third party payors and others. Legal advice on issues affecting office practice, administration, personnel, and business relationships. Christopher Nuland, Esq., may be contacted at 1-904-355-1555 for legal services.

***** TaxResources Incorporated: AACE has partnered with TaxResources, Incorporated to bring you discounted pricing on their Audit Defense Membership Plans. TaxResources, Incorporated's membership protects you from the potentially devastating effects of a tax audit. TaxResources' highly trained and specialized tax professionals will defend you during any Federal or State income tax audit initiated during the membership period. Membership also includes unlimited access to their toll-free TaxHotline and a monthly TaxBulletin. The TaxHotline is available year-round for tax questions, tax planning advice and tips for minimizing your audit risk and tax liability. The TaxBulletin is a monthly newsletter that will keep you up to date on tax-related legislation and IRS developments. If you would like more information about joining TaxResources, Incorporated, please go to http://org.taxaudit.com or call toll-free 1-800-922-8348. Make sure you mention you are an AACE member.

LexisNexis: IDEX is a collaborative defense network for expert witness research. IDEX services include testimonial history searches; copies of depositions, transcripts, CVs or other documents; professional discipline searches; challenges to exclude expert searches; searches for articles written by an individual; searches for articles naming an individual; experts you can use; similar facts case searches; custom queries of the IDEX database; and topic searches of medical and scientific literature. AACE members can learn about the numerous services available from IDEX network online at www.idex.com or by calling the IDEX toll-free number (800-521-5596). The annual enrollment fee is paid by AACE, which will enable all AACE members to access the services offered by IDEX for a nominal fee.

AACE Endocrine Careers™: The AACE Endocrine Careers™ was designed to assist AACE members and other affiliated endocrine related health professionals in seeking practice and/or employment opportunities and prospective employers/recruiters seeking qualified candidates to fill vacant positions. For a nominal fee, employers may register and place classified ads in AACE publications and on the Internet at AACE Online (www.aace.com). Employers registered also receive copies of CVs or resumes of candidates seeking employment. Members seeking employment opportunities may use this service at no charge. Interested members may contact AACE Membership at 1-904-353-7878 or here for more information.
**** The Travel Authority: The Travel Authority is pleased to offer our travel services to AACE. They are a total Travel Management Company and can handle all your reservation needs, 24 hours a day. To contact The Travel Authority, call 888-260-8883 or 904-260-7827. Regular office hours are 8:30 a.m. to 5:30 p.m. ET Monday-Friday. They offer a 24 Hour Emergency Service that will answer your calls after regular business hours. The Travel Authority looks forward to working with you to make your travel experience as pleasant as possible.

**** Global Rescue: Global Rescue is committed to keeping its members safe. By providing world class medical and security response, advice and evacuation, help is only a phone call away. This is the highest level of medical security from the world's top experts and emergency evacuations from around the globe.

Budget Car Rental: Budget appeals to value-driven renters by offering quality vehicles and a rewarding rental experience and AACE members can receive a corporate discount. Our Budget Corporate discount number (BCD) is U154420. Travelers may call 1-800-527-0700 or our travel agent for reservations. A reminder ... you must mention our BCD number to receive the everyday savings and special benefits! Our company's BCD number will drive our discounts. At time of reservation, our BCD will compare all available rates and provide us with the lowest rate Budget currently offers. So we can rest assured that we will save on every rental! In addition, you'll receive unlimited mileage, no additional driver's fees, and a minimum renting age of 21 for all your travelers.

Enterprise Rent-A-Car: Enterprise Rent-A-Car is one of the largest rental car companies in North America. Enterprise extends a 5% discount off of the best rates available at any location nationwide. Reference the AACE account number 0690344 and password AACE on the website, www.enterprise.com. For 15 passenger and specialty vehicle reservations, contact Nathan Collier at nathan.j.collier@erac.com or (717) 300-9145.

AACE Wireless Center: Huge savings on phones and accessories at the AACE Wireless Center – up to $100 on selected phones, many phones free and exclusive rebates puts cash back into your pocket! Shop and compare from a vast selection of carriers and products. You'll get the same great rate from the carrier you choose, plus a better phone at a better price at www.AACEwireless.com.

AACE Impact Graphics – your full service graphic design company: The American Association of Clinical Endocrinologists is pleased to introduce AACE Impact Graphics; YOUR FULL SERVICE GRAPHICS DESIGN COMPANY! Specializing in Medical Graphic and Web Designs, AACE Impact Graphics will help you make an Impactful first impression. As an AACE Member you will receive 10% off our Graphic and Web Design Services. Please call 904-353-7878, ext. 168 or visit www.aaceimpactgraphics.com for more information. AACE Impact Graphics

Mozy: Chances are you have a lot of important stuff on your computer like financial documents, e-mail, digital photos, music and more. Mozy is a simple and safe way to back up all the important stuff on your computer through any Internet connection. A copy of your data is stored in a secure, remote location, so that in the event of disaster your data is still retrievable. And, as an AACE member you’ll save 15% off of your Mozy subscription, whether it’s for your home computer or business systems. Use the promo code AACE and start protecting your data today.

Sony Creative Software: Sony Creative Software inspires artistic expression with its award-winning line of products for digital video, music, DVD, and audio production. Sony Creative Software applications are dynamic, powerful, and fun to use - that's why they are some of the fastest-growing applications on the market. As more and more people become involved in digital media creation (either with home studios, simply cleaning up family movies, or posting to sites like YouTube), they rely on our products to help them make the most of their media.

Microsoft Store: The Microsoft Store already offers over 300 Microsoft consumer products for sale and will offer a full selection of Microsoft products in the coming months. These flagship products include the
following: Vista Software, Office Software, Xbox consoles, accessories and games, PC hardware and games, and much more! Why pay for shipping? Download your software directly from Microsoft.

**Adagio Teas:** It has been the mission of Adagio Teas to bring tea lovers fresh seasonal teas with abundant flavor and intoxicating aromas that will delight them daily. Whether you enjoy whimsical blended teas or serious single origin varietals, you will always have many choices at Adagio. Their simple, elegant, durable tea ware perfectly complements their whole leaf teas to assist you in making delicious tea anywhere. Gifts for lovers of tea with free wrapping of all items.

**Caribou Coffee:** Caribou Coffee is the second largest company owned coffee house in the United States. With 416 stores in 16 states and the District of Columbia, Caribou Coffee offers its customers high-quality gourmet coffee and espresso-based beverages, as well as specialty teas, baked goods, whole bean coffee, branded merchandise and related products. Caribou Coffee focuses on creating a unique experience for customers through a combination of high-quality products, a comfortable and welcoming coffeehouse environment and customer service. Choose great holiday gifts from Caribou Coffee. Free Shipping on orders over $75.

**Chocolate.com:** Chocolate.com features handmade, artisan, and gourmet chocolate gifts from world-class chocolate vendors. The Chocolate.com catalog contains thousands of products from over 80 vendors that span a wide array of confections: Truffles, chocolate bars, fudge, brownies, cookies, cakes. Send someone a Chocolate Gift with Chocolate.com.

**wine.com:** At wine.com, get the facts you need to make easy, informed decisions about buying wine for yourself and as a gift. Find a bottle - search & sort the world's largest wine store by price, professional rating, varietal and country. Learn the complete story behind your wine. Remember what you bought, why and what you thought of it, using the wine.com online virtual cellar. So no more wandering around stores or fumbling through wine lists! 90+ Rated Wines under $20 from Wine.com.

**Magazines.com:** Magazines.com is the oldest and largest magazine subscription service on the Internet. They have a direct relationship with every magazine that they offer. This ensures you of prompt, reliable service and great prices. Magazines.com offers you the lowest authorized price on each magazine! $5 off any title.

**Auto Lease or Purchase:** A unique program designed to meet the needs of the busy physician. A highly competitive and professional approach to leasing or purchasing an automobile delivered to your door no matter your location. Contact Tom McCabe, National Auto Leasing, at 1-888-967-2886.

**PetSmart:** PetSmart is the largest specialty retailer of services and solutions for the lifetime needs of pets. The company operates more than 1,107 pet stores in the United States and Canada, 132 in-store Pets Hotels cat and dog boarding facilities and Doggie Day Camps, and is a leading online provider of pet supplies and pet care information. PetSmart provides a broad range of competitively priced pet food and pet supplies; offers complete pet training, pet grooming and pet adoption services. Save 15% on select dog flea and tick products.

**Nautica:** Founded in 1983, Nautica has evolved from a collection of men's outerwear to a leading global lifestyle brand for Men, Women and Kids. They offer an expansive selection of bold, refined and sophisticated looks for the entire family, along with a wide range of accessories, fragrances and now, luggage as well. Classic, comfortable, functional and timeless, NAUTICA is classic American sportswear design at its very best. Take $15 Off Your Purchase of $150 or More Plus Enjoy Free Shipping at Nautica.com with Coupon Code: SAVE15.

**Foot Locker:** Foot Locker is the world's leading branded retailer in athletic footwear, apparel and accessories. Targeted at the youth market, Foot Locker has become as popular as the brands it sells with much of their inventory being exclusive to Foot Locker and not found in any other stores. Shoe sale at Footlocker.com! Take 50%-70% off on select shoes!
**Zales:** Zales Jewelers' focus has always been on providing a wide range of choices for mainstream jewelry customers who seek excellent value in fine jewelry. For this reason, Zales designs and provides much of its jewelry to meet its customers' tastes and expectations for quality and style. Zales Jewelers also carries brand-name jewelry, including watches, allowing the jeweler to offer its customers a wide variety of merchandise at a range of price points. The Prestige Diamond Collection Exclusively at Zales.com

**Crocs.com:** Crocs, Inc. is a designer, manufacturer and retailer of footwear for men, women and children under the Crocs™ brand. All Crocs™ brand shoes feature Crocs’ proprietary closed-cell resin, Croslite™, which represents a substantial innovation in footwear. The Croslite™ material enables Crocs to produce soft, comfortable, lightweight, superior-gripping, non-marking and odor-resistant shoes. Crocs™ shoes are sold in more than 125 countries and come in a wide array of colors and styles.

**Walmart:** Walmart.com is a lot like your neighborhood Walmart store. They feature a great selection of high-quality merchandise, friendly service and, of course, Every Day Low Prices. They also strive to bring you the best shopping experience on the Internet. Another Walmart.com goal - providing easy access to more Walmart - is evident in the more than 1,000,000 products available online and in the innovative businesses that Walmart.com continues to develop, such as Music Downloads and 1-Hour Photos, which gives customers the convenience of ordering products online and picking them up at a local Walmart. Free Shipping with Site to Store at Walmart.com

**Music Factory:** Music Factory Direct provides musical instruments and equipment for every music lover, whether you're a beginner or advanced player! Quality instruments from well-known names such as Eagletone, Noteworthy, Kenny G, Vento and Briollette. Every type of instrument, from Electric Guitars, Basses, Keyboards, Woodwinds and Brass. All our product selections are high quality at affordable low prices! You can be confident that you'll be getting the highest quality and value for your money. Huge Savings on Guitars at MusicFactoryDirect.com!

**iTunes:** Forget rifling through stacks of CDs or flipping through channels. iTunes puts your entire music and video collection a mere click away, giving you an all-access pass to thousands of hours of digital entertainment. Browse. Organize. Play. All from your Mac or PC. Free Download: Single of the Week. Only on iTunes

**MusicSpace:** MusicSpace.com is one of the leading online destinations for music, past and present! We've got something for everyone! Over the years, MusicSpace has evolved into a robust music community, with enhanced video content, social reviews, streamlined checkout and more. Get Deal of the Week and save up to 50% only at MusicSpace.com!

**Napster:** Napster services offers the best music experience, allowing users to discover, share, acquire and enjoy music - anytime, anywhere. Some of the exciting features include unlimited music on demand, millions of songs, and high quality mp3 downloads! With over six million songs, Napster offers you unlimited variety.

**Sirius Satellite Radio:** SIRIUS is changing the way people listen to music, sports, news, and entertainment. SIRIUS broadcasts over 130 digital-quality channels, including 69 channels of 100% commercial-free music, plus exclusive channels of sports, news, talk, entertainment, traffic, weather and data. This unique listening experience is available to subscribers from coast-to-coast in the United States. The service can be used in cars, trucks, RVs, homes, offices, stores, and even outdoors. Boaters around the country, and up to 200 miles offshore, can also hear SIRIUS. Get The Best of SIRIUS Free for 3 months when you purchase any XM radio.

**DERMAdoctor:** DERMAdoctor is one of the most recognized skin health resources on the Web today. They are a leading source of doctor recommended skin care products and information! Who says only the rich can afford beautiful skin and good health? DERMAdoctor offers free membership, sensible prices and spectacular specials. And your products are delivered in days, not weeks, sometimes at no charge.
DERMAdoctor always provides FREE FedEx 2nd Day Air Shipping on domestic orders over $49. 10th Anniversary Sale - up to 50% off! Act now.

**Noodle & Boo:** Noodle & Boo is committed to creating the highest quality skin care products using the finest ingredients available. Each ingredient is chosen based on proven historical data and appropriateness for a given product, not for marketing propaganda. Ingredients are derived from natural resources and are 'certified organic' when available and safe to use. Noodle & Boo believes that those with sensitive skin enjoy luxurious products that are elegantly packaged as much as anyone else. For that reason their products are clinical by nature, wonderful to use and beautiful too! Free Samples with every purchase. Shop Noodle & Boo.

**FragranceNet.com:** FragranceNet.com was created to provide the public with access to the largest inventory of genuine, brand name fragrances, skincare, candles, aromatherapy and more at the lowest possible prices. They are a distributor of genuine name brand products at discount prices! FragranceNet.com, The World's Largest Discount Fragrance Store. 8,000 scents & Free US shipping!

**Vitamin World:** Vitamin World, Your #1 Vitamin Source, manufactures over 1,000 high quality vitamins, minerals, herbs, sports nutrition and weight management products, and more. Satisfying our customers since 1976, Vitamin World is a trusted online source for superior vitamins and supplements. Some top-selling brands that can be found on Vitamin World's web site include Precision Engineered, Nutritional Concepts, Muscletech, Herbal Authority and many more! Great Prices on Vitamin World's Best Sellers!

**Flower.com:** Shop FLOWER.com for the season's best! Choose from the most comprehensive collection of fresh flowers, plants, and gift baskets. And they're not only committed to providing you with the best selection, but also the best and most convenient service. Gifts under $50.

**Gift Baskets:** If you're looking for a wide assortment of items at great prices, you've come to the right place. You'll find an abundance of exciting options to choose from at GiftBaskets.com. When it comes to providing the customer with just the right thing, we're the experts. We work closely with manufacturers to bring you a variety of unique choices, at prices that fit every budget. You don't have to travel from store to store looking for what you need. You're certain to find great products, great value, and great service at GiftBaskets.com. 10% off all Gift Baskets with promo code ZK-8978.

**Just Because:** Just Because Baskets is a truly unique, family-run company that specializes in creating and delivering custom gift baskets. Their mission is simple: offer the highest quality gift baskets, plenty of choices, and unparalleled customer service to deliver the best gifts that make a lasting impression. Each of their baskets is made to order in their own facility ensuring freshness and quality and is backed by our 100% satisfaction guarantee. Just Because Baskets custom build-a-basket feature makes shopping online easy and fun. Build Your Own Gift Basket & Get 5% off any order! Enter Coupon save5 at Checkout.

**Mrs. Fields:** When you get a Mrs. Fields gift, you're getting the absolute best in gourmet cookie goodness. From their secret blends of premium ingredients, to the exquisite packaging and presentation, their gifts are the ultimate in taste and indulgence. Mrs. Fields has gifts for all occasions. They can even customize cookie tins with company logos or messages! Mrs. Fields clearance sale. Save up to 25%.

**PersonalWine.com:** Personal Wine is the leading supplier of private label and personalized wines online. They specialize in contracting with higher-end vineyards and selling private label wines with customized labels. Their wines are used for corporate and personal occasions like holidays, special events and entertainment. They personalize wines with custom labels and feature the winery name, varietal (cabernet, merlot, etc.), and vintage of the wines all on the back label. This allows the customer to completely design the front label and choose from an award-winning wine from their list of boutique, limited production, middle-of-the-road and mass-mover quality table wines. Personalwine.com Save 10% with Coupon Code WM3R8.
**PersonalizationMall.com**: PersonalizationMall.com has a goal to serve their customers by making personalized gift buying quick and easy. Their revolutionary preview technology takes the guess work out of personalization by allowing you to see what many gifts will look like before you buy them! Their expertise in gift personalization means they can customize a huge range of products so you can definitely find something for each person on your list! $5 off personalized gifts with $15 purchase at PersonalizationMall.com! Enter PM6680 at checkout.

**Things Remembered**: You'll find gifts to celebrate and recognize all of life's milestones at Things Remembered. For over 40 years, they've been helping customers mark special occasions with their beautiful gift assortment and showing them how to make every gift a cherished keepsake by adding a heartfelt sentiment. Shop for Unique, Personalized Gifts at Things Remembered.

**Modern Furniture Warehouse**: Along with an extensive selection of the furniture, you'll find a wide array of accessories, lighting, outdoor products and beautiful imported rugs. Modern Furniture Warehouse has offered the highest quality furniture and the widest selection available anywhere. We are a Los Angeles, CA, based company with a passion for home furnishings. Our group of buyers scours the world over to find the latest in design trends, the finest materials and the most cost-effective way to get these furnishings to our loyal customers. With a group of the most knowledgeable customer service reps, we're sure we have the ideal combination of excellent service and quality furniture offerings. Get 5% OFF all merchandise at www.modernfurniturewarehouse.com. Use coupon code LSFIVE during checkout. Cannot be combined with other coupons or promotions.

**Simple Floors.com**: SimpleFloors.com is the leading online supplier of high style, ready to install floors! We offer hardwood floors, bamboo, cork, laminate & exotics. Our products are pre-packed for quick and easy US/Canada nationwide delivery. Without our solicitation, our styles are routinely sought out by designers for use in improvement shows on networks like HGTV, TLC and the DIY Network. There are free samples to site visitors.
In 2011-2012, the American College of Endocrinology (ACE) was served by the following members of its Board of Trustees: Daniel S. Duick, MD, FACP, FACE, President; Jeffrey R. Garber, MD, FACP, FACE, President Elect; Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU, Secretary/Treasurer; Daniel Einhorn, MD, FACP, FACE, Chancellor; Bill Law, Jr., MD, FACP, FACE, Immediate Past President; Lewis E. Braverman, MD, FACE, Ex Officio, Endocrine Practice Editor-in-Chief; Pauline M. Camacho, MD, MACE, Member-At-Large; J. Michael Gonzalez-Campoy, MD, PhD, FACE, Member-At-Large; Carlos R. Hamilton, Jr., MD, FACP, MACE, Member-At-Large; Dace L. Trence, MD, FACE, Member-At-Large; Donald A. Bergman, MD, MACE, Ex Officio, Chair, EmPower Committee; Hossein Gharib, MD, MACP, MACE, Ex Officio, Dean, Endocrinology University®; and Pasquale J. Palumbo, MD, MACP, MACE, Ex Officio, ASAP Editor-in-Chief.

The College was incorporated in 1993 as a 501(c) (3) corporation (foundation) as the scientific and educational arm of the American Association of Clinical Endocrinologists (AACE) solely supported from contributions from members of AACE, industry, and other entities/individuals committed to its mission:

*ACE is a scientific, educational and charitable medical organization dedicated to promoting the art and science of clinical endocrinology, diabetes, and metabolism for the improvement of patient care and public health.*

Activities of the College over the course of the past year have focused on the following areas:

**ECNU Program** – The Endocrine Certification in Neck Ultrasound (ECNU) Program is a professional certification in the field of neck ultrasonography for eligible physicians who perform consultations and diagnostic evaluations for thyroid and parathyroid disorders through both diagnostic ultrasound and Ultrasound-Guided Fine Needle Aspiration (UGFNA). The ACE Endocrine Certification in Neck Ultrasound (ECNU) Program was launched in 2008, and the program has been very well received by AACE members who have adopted ultrasound in their clinical practice.

In November 2011, The ECNU Program was expanded to include the following specialties: Cytopathologists, Endocrine Surgeons, Otolaryngologists/Head & Neck Surgeons, and Interventional Radiologists. Additional pathways for the aforementioned specialties were added to the current routes, and eligible candidates who fall under the additional specialties can apply for the 2012 Comprehensive Certification Examination.

ECNU is a professional designation awarded to individuals who meet specified knowledge requirements, measured through a standardized examination and validation of competency process. It is comprised of two major steps – Step 1: the Comprehensive Certification Examination (CCE) and Step 2: the Validation of Competency Process (VCP). The CCE is a computer-based examination that covers major topic areas in neck ultrasound. Achieving a passing grade on the examination will entitle the candidate to continue to the Validation of Competency Process. To date, 375 individuals have successfully passed the CCE. The Validation of Competency Process assesses the physician’s competency in the performance of neck ultrasound, UGFNA procedures, and the interpretation of diagnostic ultrasound images taken over the 12-month period following successful completion of the CCE. The ECNU credential signifies that an individual has passed the CCE and completed the VCP. Successful candidates can use the ECNU designation after their names. As of March 2012, 211 physicians have successfully completed the ECNU Program.

ECNU is recognized by the American Institute of Ultrasound in Medicine (AIUM), one of the preeminent, national accreditation bodies for ultrasound practices, and allows those with the ECNU credential to be directors of ultrasound laboratories and apply for AIUM Practice Accreditation. AIUM ultrasound practice accreditation is a peer review process that examines practices against nationally recognized standards of excellence in training and qualifications of personnel, quality of ultrasound
examinations, maintenance and calibration of machines, quality of reports, implementation of protection policies, and regular quality assurance activities. The AIUM began accepting accreditation applications for the dedicated thyroid/parathyroid specialty in February 2009 after extensive collaboration with AACE/ACE.

A growing number of insurers have made practice accreditation a privileging requirement for physicians to be reimbursed for diagnostic imaging. The advantages and benefits that ultrasound has added to the diagnosis and treatment of thyroid patients is apparent to all physicians who have adopted ultrasound in their practice. Most will agree that the time saved, the increased accuracy in diagnosis, and the avoidance of inappropriate treatment are well worth the effort and cost involved in learning ultrasound procedures.

For more detailed information regarding the ECNU Program and how to become certified, please visit http://www.aace.com/college/ECNU/.

**Endocrine University®** – As part of the American College of Endocrinology’s (ACE) commitment to enhance and expand the educational experiences for endocrine fellows-in-training, ACE developed Endocrine University® (EU) “Technology for Endocrinology Fellows-in-Training.” The first event of its kind ever convened was launched in 2002 at the Mayo Clinic in Rochester, MN. Endocrine University® has proven to be an unprecedented success, with a total of over 2,200 endocrine fellows, representing more than 135 training programs across the country, participating since its inception. The 2012 EU, which was held March 3-8, at the Mayo Clinic in Rochester, was specially designed to help prepare final year fellows for entering clinical practice by enhancing their exposure to the following key areas of clinical endocrinology:

- Thyroid Ultrasound and Fine Needle Aspiration
- Bone Density Measurement Certification
- Endocrine Laboratory and Genetic Testing
- Insulin Pump and Sensor Hands-on Instruction
- Practice Management Issues

The ACE and AACE Boards feel that Endocrine University® strongly supports both organizations’ missions to promote education in the art and science of endocrinology. Participation is limited to final year fellows who are members of AACE and recommended by their program director. This year’s course was filled to capacity with 243 fellows (representing over 120 programs) attending. Fellows pay a modest registration fee. All other expenses for lodging, food, and course materials are provided through ACE. Travel costs are offset by scholarship grants provided to those fellows selected to attend EU by their program directors in Endocrinology and Metabolism (APDEM). ACE/AACE greatly appreciates the cooperation of APDEM in helping make this important learning experience available to fellows-in-training.

ACE/AACE would also like to gratefully acknowledge Novo Nordisk, whose commitment to the future of endocrinology makes this important educational initiative possible through an unrestricted educational grant.

**ACE Self-Assessment Program (ASAP)** – The current edition of the ACE Self-Assessment Program (ASAP) was launched on August 23, 2011. This online educational activity provides a core curriculum with updated information on the evaluation, diagnosis, treatment, and management of endocrine disease. ASAP fulfills the cognitive needs of the endocrinologist to be effective and competent in delivering optimal endocrine care and assists endocrinologists in preparation and maintenance of their subspecialty certification.

ASAP is available to both AACE and non-AACE members via AACE Online. It is comprised of 11 sections, and approved for a total of 76.0 *AMA PRA Category 1 Credit(s)*™ as well as up to 110 American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC) credits/points. Participants of ASAP have the option of claiming CME credits after completion of each section, or participants can claim credits after completing and passing the 11 sections of ASAP. Participants can
automatically print CME certificates after they have passed the posttest exam and have completed the
evaluation for each section. Additionally, ABIM diplomates can submit their MOC credit to ABIM via
direct data portal within ASAP.

Since its launch, ASAP has been utilized by a total of 330 participants (272 AACE members, 38 of whom
are Fellows-in-Training and 58 nonmembers). ASAP is actively advertised in Endocrine Practice and
The First Messenger as well as on the AACE website via AACE Online News. ASAP can be accessed
using the following link: https://www.aace.com/education/cme/asap.

FACE Distinction – The Board of Trustees is expecting 98 qualified candidates to be inducted during the
2012 ACE Convocation, which will bring the total number of Fellows of the American College of
Endocrinology to 2,797.

2012 Awards – The College is pleased to present the following distinguished awards at the College
Convocation, in conjunction with the AACE 21st Annual Scientific & Clinical Congress, Saturday, May
26, 2012.

Masters of ACE
C. Conrad Johnston, Jr., MD, FACP, FACE
Zachary T. Bloomgarden, MD, FACE

Yank D. Coble, Jr., MD,
Distinguished Service Award
Helena W. Rodbard, MD, FACP, MACE

Distinction in Clinical Endocrinology Award
Gerald Reaven, MD

International Clinician Award
Shashank R. Joshi, MD, FACP, FRCP, FACE

ACE EmPower® Committee – The ACE EmPower® Committee facilitated several EmPower® (formerly

- EmPower® Magazine (formerly Power of Prevention Magazine)
  EmPower® Magazine is a free, quarterly periodical published by the American College of
  Endocrinology (ACE). Articles in the magazine are written by expert endocrinologists who have
  years of experience in treating patients with endocrine disorders and each issue features real
  stories of patients living with these conditions.

  After conducting significant research among physicians, patients, staff and industry, ACE
  rebranded the Power of Prevention initiative and all components of the program, including the
  magazine, as EmPower®. The new brand, EmPower®, was officially launched at the 2011 AACE
  Annual Meeting. ACE published four multi-topic issues of the magazine in 2011. These issues
  addressed topics including thyroid dysfunction, diabetes, nutrition, obesity, and adrenal
  conditions. Each issue featured different celebrities or athletes with endocrine conditions. These
  included Olympic athletes Gail Devers and Kris Freeman, actress Faith Ford and ESPN radio host
  and former NFL star Mike Golic. ACE will publish four issues of the magazine in 2012. The first
  issue of 2012 was published in January and featured thyroid awareness. The second issue was
  published in April and will be highlighted at the 2012 AACE Annual Meeting in Philadelphia.

- EmPower® Diabetes EmergencyPlan (formerly EmPower® Diabetes Disaster Plan)
  The EmPower® Diabetes Emergency Plan (formerly EmPower® Diabetes Disaster Plan) is
designed to help diabetes patients prepare for emergencies, which could include a natural and
man-made disaster or unexpected trip out of town. ACE rebranded the plan as an emergency plan
in 2012 to further highlight the importance of preparedness in all situations. The emergency plan
is presented as a checklist complete with steps that diabetes patients can take to prepare for an
emergency. The 2012 checklist will be presented as a tri-fold brochure that fits in a wallet and is
easy for patients to keep on-hand. These English and Spanish versions of the checklist are
distributed to endocrinologists and patients worldwide. Articles about the EmPower® Diabetes
Disaster/Emergency Plan were published in The First Messenger. The EmPower® Diabetes
Emergency Plan will be formally launched at the 2012 AACE Annual Meeting in Philadelphia.
Funding and other support for the EmPower® Diabetes Disaster/Emergency Plan campaign is provided by Lilly Diabetes.

- **2012 AACE Thyroid Awareness Month**
  ACE partnered with Abbott Laboratories for the 18th consecutive year to promote AACE Thyroid Awareness Month in January 2012. These patient awareness programs seek to increase public knowledge about the thyroid through a variety of outreach efforts, including a new website, www.ThyroidAwareness.com, a satellite media tour, production and distribution of public service announcement videos, paid media placements, health fairs, and partnerships with other thyroid patient organizations. A blue paisley ribbon was introduced in 2012 as a new and lasting brand for thyroid awareness, and thousands of blue paisley items were distributed to AACE members and patients to establish the new icon.

- **Blood Sugar Basics**
  ACE continues to partner with Merck & Co., Inc. on the program www.BloodSugarBasics.com. This unbranded, educational campaign was developed by ACE to help diabetes patients keep their glucose levels within their target zone. Patients begin by taking a short quiz to test their knowledge of blood sugar, and the website then offers downloadable worksheets for patients to track their progress. The Blood Sugar Basics program started in December 2010 and, due to its success, was extended to the end of 2012. Program activities for 2011 included a national campaign launch at the AACE Annual Meeting and two media tours with celebrity spokesperson Mike Golic.

**Tax-Deductible Benefit Program Available to AACE Members** – The American College of Endocrinology (“ACE”) established a tax-deductible benefit program back in 1997. This income, estate, and financial planning product is available to AACE members, as well as the general public. This unique plan, under Section 170 of the Internal Revenue Code, provides a tax-deductible income/savings program for physicians as a method for saving for retirement, college, disability or estate planning. The program allows physicians to use the ACE 501 (c) (3) federal tax-exempt status to gain a tax deductible and enhanced return annuity with income for life. The program may be utilized to diversify or supplement retirement plans without the expenses or market risks of traditional plans. The plan will guarantee you or your chosen second income beneficiary to receive an income for life funded through an annuity starting on the date chosen by you. At the time of your death, ACE will also receive an endowment in your name that will help provide future income to AACE for funding education and research programs for endocrinologists. A paramedical or physical exam may be required depending on age and contribution amount. However, participation is not contingent on passing a physical exam.

In an effort to increase awareness of the annuity program, a Planned Giving section is included in the AACE/ACE website and is accessible through the ACE pull-down menu. This section showcases planned gifts available through ACE, which includes Charitable Gift Annuities, as well as information on the Tribute Gifts and Appreciated Securities. Users can access information on the various ways to make a contribution to ACE, and hyperlinks to the various planned giving instruments.

**ACE Funding Development Committee** – The 2011 PEH Campaign closed on December 31, with a total of $163,772 in charitable contributions and pledges. This total represents contributions from AACE/ACE Officers and Board of Directors/Trustees, AACE/ACE Members, AACE/ACE staff, corporations, and the public. Corporate support is comprised of $100,000 from Bristol-Myers Squibb (BMS).

In January 2012, the Funding Development Committee discussed and agreed on merging the Partnership for Endocrine Health (PEH) donations with member contributions. When PEH was created in 2003, it may have been proposed that it serve as an endowment for College programs. Following extensive research, it was discovered that while that may have been the proposed intention, legal documents were not processed to create an endowment. Therefore, the monies collected on behalf of PEH were posted in the same manner as member contributions. Since there has been considerable donor confusion surrounding PEH contributions vs. member contributions, and because there is not a difference in how the
donations are applied, the Committee agreed that the two should be merged and all future donations referred to as contributions to the American College of Endocrinology, thus ending the use of PEH.

In January 2012, the Board of Trustees approved the Funding Development Committees recommendation to create an endowed lectureship at Endocrine University® in the area of thyroidology in honor of Dr. Hossein Gharib. Fundraising efforts for the Gharib lectureship will begin sometime during the first quarter of 2012. With most foundations and grantors looking to fund research projects and outcomes-measured patient programs, and with pharmaceutical companies scaling back their support of CME and non-CME activities, endowments are a way to secure the future of vital College activities and programs.

**ACE Nuclear Medicine Certification Program** – The Certifying Board of Nuclear Endocrinology applied for recognition by the Nuclear Regulatory Commission as a certifying body for:

- 10 CFR Part 35.190 “Training for uptake, dilution, and excretion studies,”
- 10 CFR 35.392 “Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries),”
- 10 CFR 35.394 “Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries).”

AACE received a letter from NRC dated May 12, 2011, outlining additional discrepancies with CBNE’s application. The Committee members and DTC Consultants reviewed the application and made revisions addressing NRC’s concerns. The application was resubmitted to NRC for their consideration on December 31, 2011.
BYLAWS AMENDMENTS

R. Mack Harrell, MD, FACP, FACE, ECNU
Secretary

In compliance with the AACE Bylaws, the Board of Directors submits the following recommendation for amendments to the AACE Bylaws to be voted on by the membership at the Annual Business Meeting on Saturday, May 26, 2012, from 12:30 p.m. to 2:00 p.m. in Salons G-L on the 5th Floor of the Pennsylvania Convention Center in Philadelphia, Pennsylvania. The recommendation, specific chapter/section under consideration, and amendment are presented below:

PROPOSED AMENDMENTS TO AACE BYLAWS

I. MEMBERSHIP

The Board of Directors is proposing an amendment by addition and deletion to the following Bylaws section: Chapter 2. Membership, Section 2.1 Application for Membership. The amendment, if passed, will:

- Ensure that all persons eligible to apply for membership have an active, unencumbered license to practice medicine.

RECOMMENDATION NO. 1:

CHAPTER 2. MEMBERSHIP, SECTION 2.1 APPLICATION FOR MEMBERSHIP

THAT CHAPTER 2. MEMBERSHIP, SECTION 2.1 APPLICATION FOR MEMBERSHIP, BE AMENDED BY ADDITION AND DELETION.

2.1 Application for Membership: Persons eligible for application for membership include any physician (MD, DO, or foreign equivalent) with an active, unencumbered license licensed to practice medicine in the United States of America or outside the United States of America, its territories or commonwealths who is engaged, at least 50 percent (50%) of their work time, in the treatment of patients with endocrine disease or involved in research or educational activities relating to endocrine disease; fellows enrolled in a postgraduate training program for the treatment or investigation of endocrine disease; residents in internal medicine or pediatrics; and medical students enrolled in a medical school accredited by the Association of American Medical Colleges. An internal medicine or pediatric resident in training is eligible to apply for affiliate membership. A willful and material misstatement by the applicant shall be cause for rejecting the application or, if the applicant has been elected to membership, for expulsion.

II. MEMBERSHIP

The Board of Directors is proposing an amendment by addition to the following Bylaws section: Chapter 2. Membership, Section 2.2 Active Membership. The amendment, if passed, will:

- Ensure that the applicant has an active, unencumbered license to practice medicine.

RECOMMENDATION NO. 2:

CHAPTER 2. MEMBERSHIP, SECTION 2.2 ACTIVE MEMBERSHIP

THAT CHAPTER 2. MEMBERSHIP, SECTION 2.2 ACTIVE MEMBERSHIP, BE AMENDED BY ADDITION.
2.2 Active Membership: The qualifications for admission to active membership in AACE shall require that the applicant be a physician (MD, DO, or foreign equivalent) who has an active, unencumbered license to practice medicine in the United States and is engaged, at least 50 percent (50%) of their work time, in the treatment of patients with, or involved in research or educational activities relating to endocrine disease. Each active member shall have the right to vote, hold office, be a director, and serve on committees so long as the member remains in good standing. In extraordinary circumstances, the Board of Directors, by a vote of 75 percent (75%), may waive the requirements for active membership and confer active membership to non-physician, endocrine-related health professionals who have demonstrated distinguished service to AACE and the endocrine community.

III. BOARD OF DIRECTORS

The Board of Directors is proposing an amendment by addition to the following Bylaws section: Chapter 4. Board of Directors, Section 4.2 Election of the Board of Directors. The amendment, if passed, will:

- Allow the current Board members to fulfill their duties until the conclusion of the last session on the last day of the AACE Annual Meeting.

RECOMMENDATION NO. 3:

CHAPTER 4. BOARD OF DIRECTORS, SECTION 4.2 ELECTION OF THE BOARD OF DIRECTORS

THAT CHAPTER 4. BOARD OF DIRECTORS, SECTION 4.2 ELECTION OF THE BOARD OF DIRECTORS, BE AMENDED BY ADDITION.

4.2 Election of the Board of Directors: (a) Up to twenty-one (21) elected Directors shall be elected in accordance with the Election Procedures set forth in Chapter 6 of these Bylaws. Notwithstanding this provision, in the event that more than seven (7) seats are being elected in any given year, those candidates with the seven (7) highest number of votes shall be elected to three-year (3) terms, with the other elected members being elected to such shorter terms as are necessary to ensure that an equal number of Directors shall be elected in future years.

(b) Newly-elected Board members shall assume their respective Board positions at the conclusion of the last session on the last day of the AACE Annual Meeting.

IV. OFFICERS

The Board of Directors is proposing an amendment by addition and deletion to the following Bylaws section: Chapter 5. Officers, Section 5.2 Election of Officers, Subsection (c). The amendment, if passed, will:

- Allow current Officers to fulfill their duties until the conclusion of the last session on the last day of the AACE Annual Meeting, which is on Sunday. Currently, the Bylaws provide that the newly-elected Officers shall automatically succeed at the end of the Annual Business Meeting, which is held on Saturday.

RECOMMENDATION NO. 4:

CHAPTER 5. OFFICERS, SECTION 5.2 ELECTION OF OFFICERS, SUBSECTION (C)

THAT CHAPTER 5. OFFICERS, SECTION 5.2 ELECTION OF OFFICERS, SUBSECTION (C), BE AMENDED BY ADDITION AND DELETION.
V. OFFICERS

The Board of Directors is proposing an amendment by addition and deletion to the following Bylaws section: Chapter 5. Officers, Section 5.2 Election of Officers, Subsection (a) Qualifications. The amendment, if passed, will provide that:

- Qualifications for President be included in this section, in lieu of having it under Chapter 5. Officers, Section 5.4 Vacancies, Subsection (b). Additionally, the Board is proposing to amend the language to “two (2) full terms” in lieu of “two (2) years.”
- Candidates for President Elect must have served at least one (1) full term on the Executive Committee within the past five (5) years. The change to “one (1) full term” instead of “one (1) year” will allow consistency with how the AACE Annual Meeting cycle runs, which does not always run for one year (12 months), but varies from year to year (e.g., May-April or April-May).

RECOMMENDATION NO. 5:

CHAPTER 5. OFFICERS, SECTION
5.2 ELECTION OF OFFICERS,
SUBSECTION (A)
QUALIFICATIONS

THAT CHAPTER 5. OFFICERS, SECTION 5.2 ELECTION OF OFFICERS, SUBSECTION (A) QUALIFICATIONS, BE AMENDED BY ADDITION AND DELETION.

VI. OFFICERS

The Board of Directors is proposing an amendment by addition and deletion to the following Bylaws section: Chapter 5. Officers, Section 5.3 Term Limits. The amendment, if passed, will:

- Allow an Officer to be eligible to re-seek office for one (1) additional term, if he/she has not completed seven (7) full terms as an Officer.

RECOMMENDATION NO. 6:

CHAPTER 5. OFFICERS, SECTION
5.3 TERM LIMITS

THAT CHAPTER 5. OFFICERS, SECTION 5.3 TERM LIMITS, BE AMENDED BY ADDITION AND DELETION.
VII. OFFICERS

The Board of Directors is proposing an amendment by addition and deletion to the following Bylaws section: Chapter 5. Officers, Section 5.4 Vacancies, Subsection (b). The amendment, if passed, will provide that:

- If the President Elect is unable to perform the duties of the office, the Board of Directors will have the authority to appoint a President Elect from the current Vice President, Secretary, or Treasurer, allowing the appointed person to serve in the President Elect’s position, as well as their current position, until the succeeding election.
- Qualifications for President be deleted from this section and included under Chapter 5. Officers, Section 5.2 Election of Officers, Subsection (a) Qualifications.

RECOMMENDATION NO. 7:

CHAPTER 5. OFFICERS, SECTION 5.4 VACANCIES, SUBSECTION (B)

THAT CHAPTER 5. OFFICERS, SECTION 5.4 VACANCIES, SUBSECTION (B), BE AMENDED BY ADDITION AND DELETION.

VIII. OFFICERS

The Board of Directors is proposing an amendment by addition to the following Bylaws section: Chapter 5. Officers, Section 5.4 Vacancies, Subsection (d). The amendment, if passed, will provide that:

- If a vacancy occurs in the office of the Secretary, Treasurer, and/or Vice President, pursuant to Section 5.2 (a), a member of the Board shall be elected by a majority vote of the Board of Directors to serve until the next annual election.

RECOMMENDATION NO. 8:

CHAPTER 5. OFFICERS, SECTION 5.4 VACANCIES, SUBSECTION (D)

THAT CHAPTER 5. OFFICERS, SECTION 5.4 VACANCIES, SUBSECTION (D), BE AMENDED BY ADDITION.
IX. BOARD OF DIRECTORS

The Board of Directors is proposing an amendment by addition to the following Bylaws section: Chapter 4. Board of Directors, Section 4.4 Vacancies. The amendment, if passed, will provide that:

- If a vacancy occurs among the Directors, a member of the Association, eligible pursuant to Chapter 4, Section 4.1 (b) of the AACE Bylaws shall be appointed by the President, to serve until the next annual election.

RECOMMENDATION NO. 9:  

CHAPTER 4. BOARD OF DIRECTORS, SECTION 4.4 VACANCIES

THAT CHAPTER 4. BOARD OF DIRECTORS, SECTION 4.4 VACANCIES, BE AMENDED BY ADDITION.

4.4 Vacancies: If a vacancy occurs among the Directors, a member of the Association, eligible pursuant to Section 4.1 (b), may be appointed by the President, with the approval of a majority of the Board of elected Directors, to serve until the next annual election. A member of the Association shall be elected at the next annual election in accordance with Chapter 6, Section 6.2 (a), to complete the unexpired term.

X. ELECTION PROCEDURES

The Board of Directors is proposing an amendment by addition and deletion to the following Bylaws section: Chapter 6. Election Procedures, Section 6.1 Nominating Committee, Subsection (a) Composition and Eligibility. The amendment, if passed, will:

- Allow the President instead of the President Elect to serve as an Ex Officio, nonvoting member of the Nominating Committee. Having the President as the Ex Officio nonvoting member of the Committee will minimize any potential conflict of interest on the part of the President Elect, who is assumed to still be vested in the election process; and, therefore, should not be in a position to influence and/or decide on who will serve in his/her term as President.

RECOMMENDATION NO. 10:  

CHAPTER 6. ELECTION PROCEDURES, SECTION 6.1 NOMINATING COMMITTEE, SUBSECTION (A) COMPOSITION AND ELIGIBILITY

THAT CHAPTER 6. ELECTION PROCEDURES, SECTION 6.1 NOMINATING COMMITTEE, SUBSECTION (A) COMPOSITION AND ELIGIBILITY, BE AMENDED BY ADDITION AND DELETION.

6.1 Nominating Committee: (a) Composition and Eligibility: The Nominating Committee shall be comprised of the Immediate Past President (the Chair), five (5) members appointed by the Board of Directors at the summer Board of Directors’ meeting and two (2) members selected by the Chapter Chairs through an electronic voting process, at least 30 days prior to the AACE Annual Meeting under the direction of the Chapters Steering Committee Chair, who will establish the criteria for voting with the Chapters Steering Committee. At least three (3) of the members appointed by the Board of Directors must have served for three (3) years or more on the Board of Directors. A preliminary slate of Nominating Committee candidates must be presented by the Executive Committee to the Board for their consideration and modification at the summer Board of Directors’ meeting. Members appointed to the Nominating Committee are ineligible for nomination for any Officer or Board position during their scheduled term of service on the Committee. (The members may refuse the appointment to the Committee if they wish to retain their eligibility for office.) In the event of any vacancy on the Nominating Committee, regardless of how created, the Board of Directors shall immediately appoint a replacement(s) to serve until the next Annual Meeting. The President Elect shall serve as an Ex Officio, nonvoting member of the Committee.
XI. AMENDMENTS

The Board of Directors is proposing an amendment by addition and deletion to the following Bylaws section: Chapter 10. Amendments, Section 10.1 Amendments. The amendment, if passed, will:

- Allow other methods of delivery to each AACE member regarding written notice of proposed Bylaws amendment, repeal, or adoption.

RECOMMENDATION NO. 11:

CHAPTER 10. AMENDMENTS,
SECTION 10.1 AMENDMENTS

THAT CHAPTER 10. AMENDMENTS, SECTION 10.1 AMENDMENTS, BE AMENDED BY ADDITION AND DELETION.

10.1 Amendments: These Bylaws may be amended or repealed or new Bylaws adopted upon approval of at least two-thirds (2/3) of the votes cast, but no less than fifty percent (50%) of the AACE voting membership in good standing by mail-in ballot. Alternatively, these Bylaws may be amended or repealed or new Bylaws adopted at the AACE Annual Business Meeting which action shall be determined, a quorum being present, by an affirmative vote of at least two-thirds (2/3) of the members present. No Bylaws shall be amended, repealed, nor any new Bylaws adopted, unless written notice of such proposed action shall be mailed by the Secretary to each eligible AACE member in advance of the specified due dates as proscribed herein. Mail-in ballots must be mailed by the AACE Secretary to each eligible AACE member at least sixty (60) days in advance of the specified due date or shall be deemed invalid. The AACE Secretary shall announce the results of the vote of the mail-in ballot at the Annual Business Meeting and in The First Messenger. No Bylaws shall be amended, repealed nor any new Bylaws adopted at the AACE Annual Business Meeting unless written notice of such proposed action shall be mailed is provided by the AACE Secretary to each member either in person, by regular mail, fax, e-mail, telephone or telegram by the AACE Secretary to each member at least thirty (30) days in advance of the AACE Annual Meeting. Proposed changes in Bylaws from the membership must be made to the AACE Secretary by a signed petition of at least ten percent (10%) of AACE members in good standing.

Language – addition
Language – deletion