



June 6, 2019

Dear Senator/Representative,

On behalf of the undersigned member groups of the Obesity Care Advocacy Network (OCAN), we urge you to support the Treat and Reduce Obesity Act of 2019 by becoming an official cosponsor of the legislation. OCAN's mission is to unite and align key obesity stakeholders and the community around key obesity-related education, policy and legislative efforts in order to elevate concerns about obesity on the national agenda.

The Treat and Reduce Obesity Act of 2019 (S 595/HR 1530) was introduced in early 2019 in the Senate and House by Senators Bill Cassidy (R-LA) and Tom Carper (D-DE) and Representatives Ron Kind (D-WI) Brett Guthrie (R-KY), Tom Reed (R-NY) and Raul Ruiz (D-CA), respectively. The bill aims to effectively treat and reduce obesity in older Americans by enhancing Medicare beneficiaries' access to healthcare providers that are best suited to provide intensive behavioral therapy (IBT) and by allowing Medicare Part D to cover FDA-approved obesity drugs.

First, TROA gives CMS the authority to enhance beneficiary access for IBT by allowing additional types of qualified health care providers to offer IBT services. This conforms with the USPSTF recommendation that IBT can produce effective, demonstrable results for patients with obesity, and that these services are more effective after referral to qualified healthcare professionals with proper training in obesity management.

Second, TROA allows the Medicare Part D program the latitude to authorize coverage for FDA-approved weight loss medications that complement IBT. The bill provides coordinated, interdisciplinary care that increases efficiency and efficacy, thereby improving health care quality and reducing costs. In fact, a recent cost analysis (mirroring the Congressional Budget Office's scoring methodology) of the Treat and Reduce Obesity Act estimated that during the first 10 years, Medicare will save roughly \$25 million.

Obesity is a chronic condition and public health crisis that continues to strain our economy. According to the Centers for Disease Control and Prevention, about 41 percent of adults aged 60 and over had obesity in the period of 2015 through 2016, representing more than 27 million people. The National Institutes of Health has reported that obesity and overweight are now the second leading cause of death nationally, with an estimated 300,000 deaths a year attributed to the epidemic. Obesity increases the risk for chronic diseases and conditions, including high blood pressure, heart disease, certain cancers, nonalcoholic steatohepatitis (NASH), arthritis, mental illness, lipid disorders, sleep apnea and type 2 diabetes. The rate of obesity among Medicare beneficiaries doubled from 1987 to 2002 and nearly doubled again by 2016, with Medicare spending on individuals with obesity during that time rising proportionally to reach \$50 billion in 2014. On average, a Medicare beneficiary with obesity costs \$2,018 (in 2019 dollars) more than a healthy-weight beneficiary.

Like many other medical conditions, obesity is a complex, multifactorial chronic disease, requiring a multidisciplinary treatment approach. This approach must encompass the best standards of care, both in terms of the treatments chosen and the care coordination and clinical or community-based environment in which they are delivered. Just as those affected by heart disease receive their care through a coordinated multidisciplinary treatment team, those affected by obesity should also follow a similar continuum of coordinated care. Because of the complex nature of obesity and its variety of impacts on both physical and mental health, effective treatment requires the coordinated services of providers from several disciplines and professions (both physician and non-physician) within both treatment areas.

Passage of the Treat and Reduce Obesity Act would be another important step toward ensuring universal access to these critical treatment services. We urge you to support the legislation by becoming an official cosponsor today! Should you have any questions or require additional information, please contact Chris Gallagher at chris@potomaccurrents.com.

Sincerely,

Academy of Nutrition and Dietetics
American Academy of PAs
American Association of Clinical Endocrinologists
American College of Occupational and Environmental Medicine
American Council on Exercise
American Gastroenterological Association
American Society for Metabolic and Bariatric Surgery
Eisai
Endocrine Society
Global Liver Institute
Healthcare Leadership Council
Medical University of South Carolina Health Bariatric Surgery Program
Novo Nordisk Inc.
Obesity Action Coalition
Obesity Medicine Association
SECA
Sumner M. Redstone Global Center for Prevention and Wellness
The Obesity Society
WW International