



AACE LEGISLATIVE FACT SHEET



COSPONSOR THE TREAT AND REDUCE OBESITY ACT (H.R. 1953/S. 830)

Request: Please cosponsor the Treat and Reduce Obesity Act of 2017. This legislation seeks to effectively treat and reduce obesity by enhancing Medicare beneficiary access to endocrinologists and other healthcare professionals that are best suited to provide intensive behavioral therapy (IBT) and by allowing Medicare Part D to cover FDA-approved obesity drugs.

The Problem: Obesity is a public health crisis that strains our nation's economy.

- Obesity rates have doubled among adults over the last twenty years
- 35% of adults are living with obesity and an additional 33% are overweight
- Obesity accounts for 21% of total national healthcare spending
- Medicare and Medicaid patients with obesity cost \$61.8 billion per year; eradicating obesity would result in an 8.5% savings in Medicare spending alone.

Evidence suggests that without concerted action, roughly half the adult population will have obesity by 2040. Research studies document the harmful health effects of excess body weight, which increases the risk for conditions such as diabetes, hypertension, heart failure, dyslipidemia, sleep apnea, hip and knee arthritis, multiple cancers, renal and liver disease, musculoskeletal disease, asthma, infertility and depression.

Current Barriers to Effective Obesity Treatment:

Medicare Intensive Behavioral Therapy (IBT) Coverage Policy

IBT consists of measurement of Body Mass Index (BMI), dietary/nutritional assessments and intensive behavioral counseling that promotes sustained weight loss through high intensity (i.e., regular and frequent) diet and exercise interventions. The United States Preventive Services Task Force (USPSTF) concluded that these interventions are an effective component in obesity management and improve glucose tolerance, blood pressure and other risk factors for cardiovascular disease. Unfortunately, when Medicare implemented a national coverage decision on IBT in 2012, the policy only covered these services when provided by a primary care provider. Because of this narrow coverage decision, healthcare providers with special training in obesity treatment, such as endocrinologists, nutrition professionals and other specialists, are prevented from effectively providing IBT services.

Medicare Part D Coverage of Obesity Medications

When Congress enacted the Medicare Part D Prescription Drug Program there were no widely accepted FDA-approved obesity therapies on the market. This fact, combined with the false perception at that time that obesity was a lifestyle condition, led Congress to prevent Medicare Part D from covering "weight loss drugs." Over the last 10 years, significant medical advances have been made in the development of obesity medications. That fact combined with our country's current and growing obesity epidemic, clearly make the Part D statute out of date and out of touch with the current scientific evidence surrounding these new pharmaceutical treatments. Since the enactment of Medicare Part D, the FDA has approved a number of new obesity medications and several other promising therapies are quickly progressing through the agency's approval process.

The Solution: The Treat and Reduce Obesity Act gives CMS the authority to enhance beneficiary access for IBT by allowing additional types of qualified health care providers with special training in obesity management to offer IBT services. TROA also gives the Medicare Part D program the authority to cover FDA-approved weight loss medications that complement IBT. The bill provides cost-effective coordinated interdisciplinary care to address obesity.

To co-sponsor this bill, please contact Andy Franke with Representative Paulsen (R-MN), Alex Eveland with Representative Kind (D-WI), Matt Gallivan with Senator Cassidy (R-LA) or Lynn Sha with Senator Carper (D-DE).