The Treat & Reduce Obesity Act

The Issue

The Solution

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Disclosure

• **Outspoken advocate for**
  - People with obesity
  - Obesity research
  - Evidence-based treatment & prevention

• **Advisor to**
  - Anyone who listens
  - The Obesity Society, Obesity Action Coalition, Obesity Care Continuum, Eisai, Vivus, EnteroMedics, Vivus, BMIQ, BodyMedia, GI Dynamics, GSK, Center for Medical Technology Policy, IOM Roundtable on Obesity Solutions
Obesity Is the Biggest Threat to American Health for This Century

- Prevention is necessary and insufficient by itself
- Two thirds of the population is already affected
Untreated Obesity Harms Nearly Every Organ System

- Pulmonary
- Nonalcoholic fatty liver
- Gall bladder disease
- Gynecologic
- Osteoarthritis
- Dermatologic
- Gout

- Intracranial hypertension
- Stroke
- Cataracts
- Cardiovascular
- Diabetes
- Pancreatitis
- Cancer
- Phlebitis
Severe Obesity Is Growing Rapidly

Cumulative Increase Since 1987

BMI > 50
BMI > 40
BMI > 30

Source: Sturm and Hattori. 2012.09. IJO
Obesity Is Costly

- $2700/person/year
- $200 billion
- Costs especially high in severe obesity
- Disabilities add
- Medicare bears many of these costs
The ACA Holds Opportunities

• Prevention services
  – Intensive weight counseling

• Better access to care
  – No caps
  – No pre-existing conditions
  – No cancelled policies for weight
  – Appeals process
Gaps Remain in the ACA

- Obesity treatment often not included in essential health benefits
- Access to skilled providers
- Access to the full range of EBT
Medicare Has Helped

- 1977
  Obesity is not a disease
- 2004
  Obesity is not not a disease
- 2005
  Surgery coverage
- 2011
  NCD for intensive counseling
Medicare Has Two Big Gaps

- Skilled Providers for Counseling - RDNs
- Proven obesity meds
Who Can Bill for Obesity Treatment?

- Only primary care docs
- In primary care practices
- NOT
  - RDNs
  - Clinical psychologists
  - Obesity medicine physicians
Statutory Exclusion of “Weight Loss Drugs”

THERAPY GAP
Coverage for sustainable weight management with lower risk than bariatric surgery

Diet, Exercise, & Lifestyle Strategies

Adjustable Gastric Band
Gastric Bypass
Sleeve
Gastrectomy
Treat and Reduce Obesity Act

- Legislative fix
- Addresses both gaps
Bipartisan Legislation

- **House sponsors**
  - Kind D-WI
  - Cassidy R-LA

- **Senate Sponsors**
  - Murkowski R-AK
  - Carper D-DE

- 70 Co-sponsors
- Soon to be 100
Empowering Skilled Providers

- Align with USPSTF guidelines
- Registered Dietitians
- Clinical Psychologists
Covering Evidence-Based Treatment

- Gives CMS an option
- Covering safe and effective obesity medicines
- Currently excluded by Medicare Part D
Prevention Saves

- Modest weight loss 5-10%
- Holds potential to cut Medicare spending
- Estimated $10,000 per person

Source: Thorpe et al 2013
What’s the Score?

• CBO produces a “score” for bills
• Estimate of net legislation costs
• Long-term savings excluded
Stop Digging!

- Failed obesity policies
- Neglecting treatment
- Limiting access
- Shutting out skilled providers
- TROA is a step in the right direction