

The Treat & Reduce Obesity Act

The Issue The Solution

Ted Kyle, RPh, MBA March 30, 2014



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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

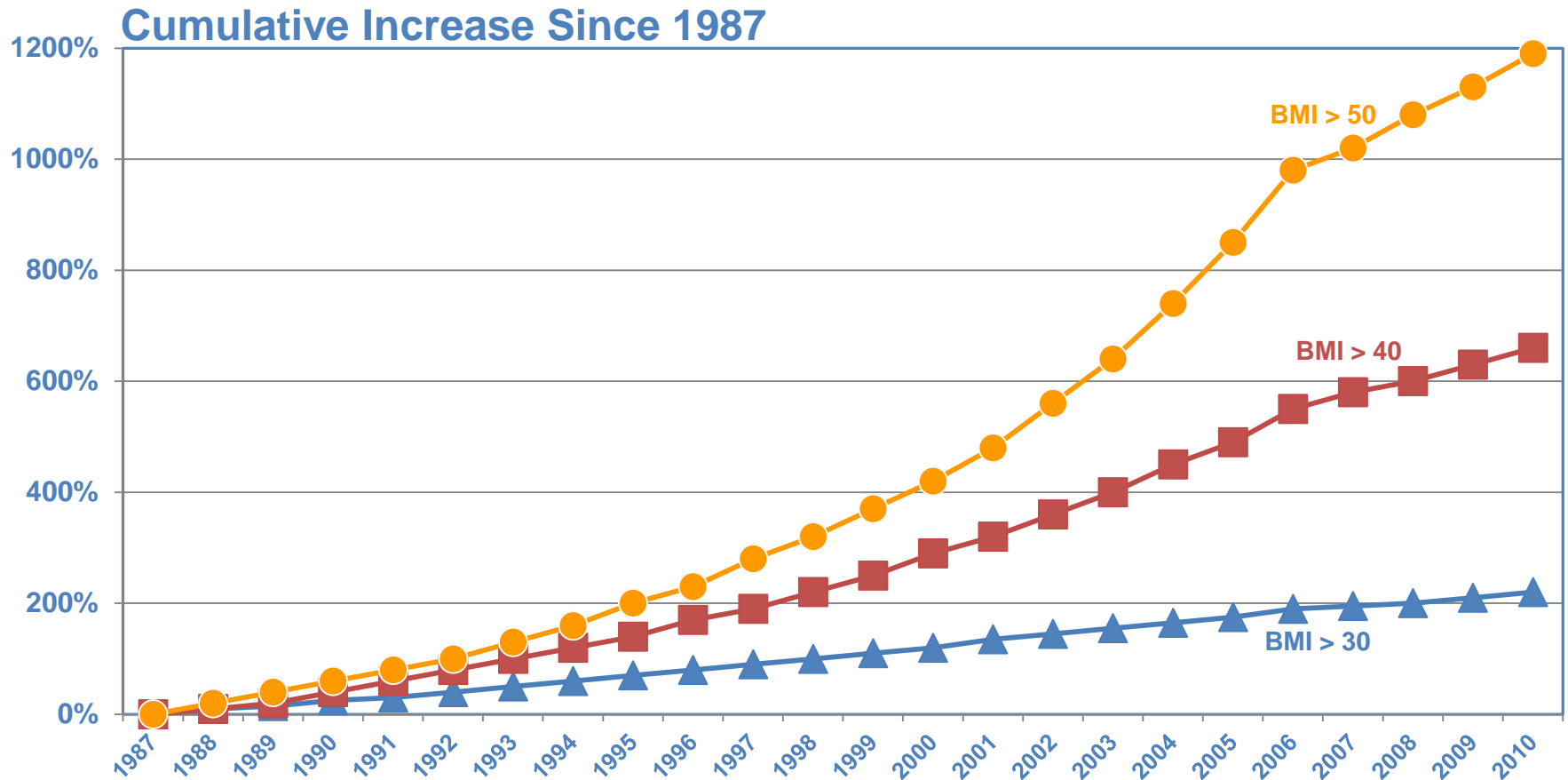
Untreated Obesity Harms Nearly Every Organ System

- 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



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”

Diet,
Exercise,
& Lifestyle
Strategies

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

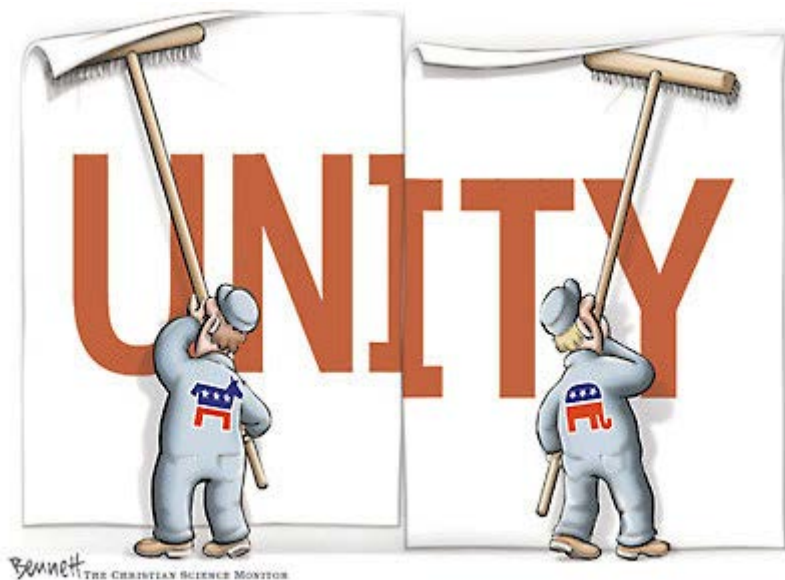
Adjustable
Gastric Band
Gastric Bypass
Sleeve
Gastrectomy

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