



## MISSION:

The mission of the Obesity Care Advocacy Network (OCAN) is to unite and align key obesity stakeholders and the community around key obesity-related education, policy and legislative efforts in order to elevate obesity on the national agenda.

### **Please Support the Treat and Reduce Obesity Act (TROA)**

The Treat and Reduce Obesity Act of 2021 was introduced in early 2021 in the Senate and House by Senators Bill Cassidy (R-LA) and Tom Carper (D-DE) and Representatives Ron Kind (D-WI), Tom Reed (R-NY) and Raul Ruiz, MD (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 Food & Drug Administration (FDA)-approved obesity drugs.

### **Obesity is a Public Health Crisis that Strains America's 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, 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.

### **Current Barriers to Effective Obesity Treatment**

#### **Intensive Behavioral Therapy**

IBT consists of measurement of Body Mass Index (BMI), dietary/nutritional assessments and intensive behavioral counseling that promote sustained weight loss through high intensity (i.e., regular and frequent) diet and exercise interventions. In 2012, The United States Preventive Services Task Force (USPSTF) recommended "screening all adults for obesity and that clinicians should offer or refer patients with BMI of 30 kg/m<sup>2</sup> or higher to intensive, multicomponent behavioral interventions." In its accompanying evidence report, USPSTF concluded that these interventions are an effective component in obesity management, which can lead to an average weight loss of 4 to 7 kg (8.8 to 15.4 lb) and improve glucose tolerance, blood pressure and other physiologic risk factors for cardiovascular disease.

Unfortunately, when Medicare implemented a national coverage decision (NCD) on these services in 2012, the Centers for Medicare & Medicaid Services (CMS) chose to limit coverage for IBT only when these services are provided by a primary care provider in the primary care setting. Medicare's decision is contradictory to the USPSTF evidence report, which highlighted that primary care providers are limited in their time, training and skills to conduct the high-intensity interventions that are scientifically proven to be the most effective to produce the greatest results. Because of CMS's narrow coverage decision, nutrition professionals, community providers, obesity medicine specialists, endocrinologists, bariatric surgeons, psychiatrists, clinical psychologists and other specialists are prevented from effectively providing IBT services.

## Medicare Part D Coverage of Obesity Medications

When Congress enacted the Medicare prescription drug program (known as Medicare Part D), there were no widely-accepted FDA-approved obesity therapies on the market. This fact, combined with the false perception by many on Capitol Hill at that time that obesity was a lifestyle condition, led Congress to prevent Medicare Part D from covering "weight loss drugs." Throughout 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. For example, since Medicare Part D was passed, the FDA has approved a number of new obesity medications and several other promising therapies are quickly progressing through the agency's approval process.

# TAKE ACTION!

**For more information or to cosponsor the Treat and Reduce Obesity Act of 2021, please contact:**

### In the House of Representatives

- Jill O'Brien in Rep. Ron Kind's office at [jill.obrien@mail.house.gov](mailto:jill.obrien@mail.house.gov) or 202-225-5506

### In the Senate

- Mary Moody in Sen. Bill Cassidy's office at [mary\\_moody@cassidy.senate.gov](mailto:mary_moody@cassidy.senate.gov) or 202-224-5824
- Jordan Marshall in Sen. Tom Carper's office at [jordan\\_marshall@carper.senate.gov](mailto:jordan_marshall@carper.senate.gov) or 202-224-2441

## OCAN MEMBERSHIP:

- Academy of Nutrition and Dietetics
- American Academy of PAs
- American Association of Clinical Endocrinologists
- American Association of Nurse Practitioners
- American College of Occupational and Environmental Medicine
- American Council on Excellence
- American Gastroenterological Association
- American Medical Group Association
- American Psychological Association
- American Society for Metabolic & Bariatric Surgery
- Black Woman's Health Imperative
- Eisai
- Endocrine Society
- Global Liver Institute
- Healthcare Leadership Council
- MedTech Coalition for Metabolic Health
- National Alliance of Healthcare Purchaser Coalitions
- Novo Nordisk
- Obesity Action Coalition
- Obesity Medicine Association
- SECA
- Strategies to Overcome and Prevent (STOP) Obesity Alliance
- The Obesity Society
- Trust for America's Health
- WW International
- YMCA of the USA



**OBESITY CARE**  
ADVOCACY NETWORK

Learn more at  
[www.ObesityCareAdvocacyNetwork.com](http://www.ObesityCareAdvocacyNetwork.com)