



eat right. Academy of Nutrition and Dietetics



October 24, 2012

RE: Federal Oversight of State Essential Benefit Benchmark Plan Selection

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

In the coming months, the Department of Health and Human Services (HHS) will begin reviewing submissions of state benchmark health plan selections to define the scope of each state's essential health benefits package for its health exchange plan. At this critical juncture, the leading organizations of the obesity community implore HHS to recognize our country's rising obesity epidemic and the importance of ensuring patient access to the coordinated continuum of medically necessary care to treat those affected by obesity.

Similar to many other medical conditions, obesity is a complex, multifactorial chronic disease, which requires 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 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 of these treatment areas.

Therefore, we urge HHS to carefully review each state's selected benchmark plan to ensure that the product covers all medically necessary obesity treatment services across the care continuum. For example, at the front end, those affected by obesity will now have access to covered obesity screening and referral to intensive, multicomponent behavioral interventions, as these "preventive" services are recommended by the United States Preventive Services Task Force *and* mandated under the Affordable Care Act. We applaud both the Task Force for its recommendations and the Administration for its efforts surrounding prevention and screening for chronic disease.

At the other end of the care continuum, individuals affected by severe obesity must have access to bariatric surgery. In reviewing state benchmark plan selections, HHS must recognize that bariatric surgery is already widely covered by Medicare, TRICARE, 47 State Medicaid plans and 44 State employee plans. In addition, Mercer's 2010 National Survey of Employer-Sponsored Health Plans show that bariatric surgery is covered by 40% of plans with <500 employees AND also that the fastest growth in coverage is in small employers (<500) which is growing at 8% annually. Allowing states to ignore a widely covered treatment avenue for this serious chronic disease would both disadvantage,

and discriminate against, a significant portion of Americans who would clearly benefit from this medically necessary intervention.

Finally, we recommend that a process for adding “new” essential benefits be developed quickly as safe, effective and evidence based obesity treatments, such as obesity drugs, either are available or will soon be available to those Americans whose overweight or obesity require medical intervention. These exciting new treatment tools will be especially critical for those who do not respond to behavioral intervention but may not yet be ready for bariatric surgery.

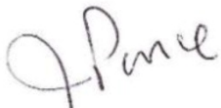
Let’s Treat Obesity with the Respect, Urgency, and Action it Deserves!

Too often, for too long, private health plans have excluded coverage for obesity treatment services -- partly due to shortsighted cost savings efforts and partly due to the false assumption that these services are either not medically necessary, or not in line with generally accepted standards of medical care despite scientific evidence to the contrary.

Just like many other serious medical conditions, obesity is a complex, multifactorial chronic disease, which requires 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 environment in which they are delivered. Finally, physicians and other qualified healthcare providers should be appropriately reimbursed for all evidence-based evaluation and treatments for obesity, as are evaluation and treatments for any other disease state.

As HHS moves forward during the review and oversight process of state benchmark plan implementation, the obesity community urges the Secretary to recognize that obesity is a serious chronic disease and deserves to be treated seriously in the same fashion as diabetes, heart disease or cancer. Therefore, as your department guides states through this critical phase of state health exchange development, please afford those affected by obesity with the same medically necessary treatment avenues afforded to all others who suffer from chronic disease.

Sincerely,




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