
Potomac Current

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HEADLINES

**Federal Oversight of State EHB
Benchmark Plan Submissions**

**FDA Patient Centered Efforts Could Focus
on Obesity**

**OCC Promotes MHA-Sponsored Hill
Briefing on Mental Health and Obesity**

Obesity Community Urges Federal Oversight of State EHB Benchmark Plan Submissions

During early October, ASMBS joined with other leading groups from the obesity community in sending a strong letter to Department of Health and Human Services Secretary Kathleen Sebelius – urging 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

The October coalition letter was prompted by the unofficial October 1st deadline for states to submit benchmark health insurance plans for essential health benefits that will be the models for individual and small-group insurance coverage in each state’s health insurance exchange. Over the summer, the obesity community submitted joint comments to over 12 different states, which solicited public comment regarding this critical phase of health exchange development.

FDA Patient-Focused Drug Development Targets Include Obesity

On September 24, 2012, the Food and Drug Administration (FDA) published a [notice in the Federal Register](#) related to Patient-Focused Drug Development, an initiative designed to provide for a more systematic approach to obtaining the patient perspective on certain disease areas, including obesity.

Over the next five years, FDA will conduct public meetings for 20 different disease areas. The meetings will focus on the patient perspective regarding two key considerations in FDA's regulatory decision-making – the severity of the disease and the currently available treatment options. In determining the disease areas that will be addressed in these meetings, FDA has published a preliminary list of nominated diseases.

FDA is requesting public comment on the below list through a public docket and at a public meeting scheduled for October 25, 2012, where FDA will also provide an overview of Patient-Focused Drug Development.

FDA Nominated Disease Areas:

Pulmonary arterial hypertension. • Heart failure • Primary glomerular diseases • Narcolepsy • Huntington's Disease • Depression • Autism • Peripheral neuropathy • Fibromyalgia • Obesity • Nocturia • Chronic fatigue syndrome • Irritable bowel syndrome • Inflammatory bowel disease • Alopecia areata • Diabetic ulcers • Female sexual dysfunction • Interstitial cystitis/painful bladder syndrome • Fracture healing • Diabetic foot infections • Hepatitis C • HIV • Patients who have experienced an organ transplant • Sickle cell disease • Chronic graft versus host disease • Amyloidosis • Aplastic anemia • Melanoma • Lung cancer • Cancer and young patients • Cancer treatment in pregnancy • Cancer and sexual dysfunction • Cancer and depression • Clotting disorders (e.g., hemophilia A (factor VIII deficiency) and von Willebrand disease) • Thrombotic disorders (e.g., antithrombin deficiency and protein C deficiency) • Primary humoral immune deficiencies (e.g., common variable immune deficiency) • Neurologic disorders treated with immune globulins (e.g., chronic inflammatory demyelinating polyneuropathy) • Hereditary angioedema • Alpha-1 antitrypsin deficiency.

OCC Promotes MHA-Sponsored Hill Briefing on Mental Health and Obesity

Leaders from the Obesity Care Continuum (OCC) joined with numerous OAC patient advocates in promoting an October 3rd congressional briefing on Mental Health Conditions and Obesity. The briefing was sponsored by Mental Health America (MHA) to promote dialogue on the interconnected challenges facing the mental health and substance use communities and those with chronic conditions, including obesity.

The briefing included: Dr. Nora Volkow, Director, National Institute on Drug Abuse, NIH; Dr. Stephen Bartels, Director, Dartmouth Centers for Health & Aging and Dr. Ben Druss, Rosalynn Carter Chair in Mental Health at Emory University. In addition, Jeff O'Neil, MEd, LPCC, Director of Community Services, Greater Cincinnati Behavioral Health Services joined the panel in discussing how this intersection of complex health issues is playing out in various service delivery points (clinical settings, public health venues, etc) in communities across the country.