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September 28, 2012

RE: Public Comment on the Essential Benefit Benchmark Plan Selection

Submitted via email to: Brendan.Rose@dc.gov

To Whom it May Concern:

In the coming weeks, the District of Columbia will move forward in selecting a benchmark health plan to define the scope of its essential health benefits package for its health exchange plan. At this critical juncture, the leading organizations of the obesity community implore the District 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.

Specifically, we are recommending that the District adopt the District employee health plan (Aetna Open Choice PPO)) as the model for the essential benefit package with the addition of services required under the Affordable Care Act (see below paragraph) as this plan appears to provide coverage for some obesity treatment services such as bariatric surgery. In contrast, the BCBS/Carefirst BluePreferred Option 1 plan that is being recommended for adoption appears to exclude all obesity treatment services.

Additionally, we urge the District to expand 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.

Second, 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 residents of the District. 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!

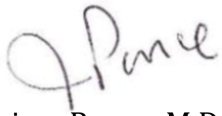
Too often, for too long, private health plans have excluded coverage for obesity treatment services -- partly due to shortsighted cost savings efforts and partly due to the false assumption that these services

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, such evidence-based treatments should be reimbursed as any other disease therapy would be.

As the District moves forward in choosing an appropriate benchmark plan, the obesity community urges policymakers 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, when crafting the benefit plan, 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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Addendum

Intensive, Multicomponent Behavioral Interventions
Recently, the United States Preventive Services Task Force (USPSTF) reinforced the medical necessary nature of treating obesity seriously by recommending that clinicians not only screen adults for obesity but offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions for 12-26 sessions in a year.

These updated recommendations are critical given that under the Affordable Care Act (ACA), USPSTF preventive services with an "A" or "B" rating must be covered by all health plans with no patient cost sharing. Unfortunately, we note that many small group benchmark plans exclude coverage for "weight loss programs."

We urge, given the ACA requirements regarding coverage and cost sharing for these preventive services, that the District eliminate any exclusion of evidence-based medical and behavioral management of obesity.

Bariatric Surgery
At the other end of the care continuum, we note that Medicare, Tricare, 47 State Medicaid plans and 44 State employee plans cover bariatric surgery. 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.

Prescription Drugs
While coverage for intensive behavioral counseling and bariatric surgery is expanding, the same is not true for obesity drugs. However, the obesity community is extremely hopeful that this will quickly change given the Food & Drug Administration's (FDA) recent approval of two new obesity drugs (Belviq and Qsymia) – the first new drugs in this class to be approved by the agency in more than 13 years.

While this is a monumental step forward in providing healthcare professionals and their patients new treatment tools, we are concerned that the District is about to move forward on establishing its essential health benefit criteria without consideration of the potential of these critical new treatment tools.

Coordinated Care
Most importantly, the obesity community is hopeful that health care plans, healthcare professionals and healthcare policymakers will work together toward developing evidence-based coordinated care programs for those struggling with obesity as the future health of our country depends on it!