

September 27, 2011

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

Dear Secretary Sebelius:

The undersigned organizations would like to express their strong support for the numerous provisions that were included in the Patient Protection and Affordable Care Act (PPACA) regarding prevention and screening. However, we are concerned that PPACA may not have gone far enough in addressing treatment for those affected by obesity. Specifically, we are concerned how the new health insurance exchanges and the essential health benefit package will help those patients who have a body mass index (BMI) that would classify them as overweight, obese or morbidly obese?

Multiple large epidemiologic studies have demonstrated that increasing BMI, particularly above 30 (defined as obesity), is associated with an increased risk of premature death. This relationship holds for various age groups, ethnic and minority populations and in different geographic locations. In addition, obesity is associated with multiple comorbidities, which are either caused or worsened by obesity. Furthermore, these comorbid conditions are expected to improve or resolve if effective weight loss is achieved.

More than 20 such conditions have been identified, some of which are known to be associated with premature mortality and play a role in the premature mortality associated with obesity. Included are type 2 diabetes, hypertension, heart failure, dyslipidemia, pulmonary disease (obstructive sleep apnea and restrictive lung disease), and multiple cancers. Additional comorbid conditions include renal and liver disease, musculoskeletal disease, gastroesophageal reflux disease, pseudotumor cerebri and a variety of psychosocial conditions.

While health insurance plans generally provide coverage for a comprehensive treatment approach for many of the above-mentioned chronic diseases, the same is not true regarding obesity. A truly reformed health care system should provide coverage for the continuum of care for the overweight or obese patient – including behavioral, nutritional, pharmaceutical and surgical treatment. Such an approach would be consistent with diagnosis and treatment coverage policy for other chronic diseases.

Finally, those affected by obesity present unique challenges to the healthcare professionals who diagnose and treat many of these conditions. For example, excess adipose tissue can complicate diagnostic imaging and imaging-guided procedures, such as nuclear medicine, cardiac catheterization, and interventional radiology. In addition, morbidly obese patients require special accommodations when undergoing surgical intervention and the administration of anesthesia.

Therefore, we urge the Department of Health and Human Services to seriously evaluate the inclusion of comprehensive obesity treatment services under the “preventive and wellness services and chronic disease management” section of the Essential Health Benefits Package within all certified Health Exchange plans.

American Association of Orthopaedic Surgeons
American College of Osteopathic Surgeons
American College of Surgeons
American Dietetic Association
American Osteopathic Academy of Orthopedics
American Osteopathic Association
American Sleep Apnea Association
American Society for Metabolic & Bariatric Surgery
American Society of Anesthesiologists
American Society of Plastic Surgeons
Arthritis Foundation
Heart Failure Society of America
Obesity Action Coalition
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Thoracic Surgeons
Society of University Surgeons
The Obesity Society