

United States Senate

WASHINGTON, DC 20510

September 30, 2011

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Washington, DC 20201

Dear Secretary Sebelius:

We would like to share our strong support for ensuring access to the full continuum of medically necessary interventions for more than one-third of Americans who are currently affected by obesity.

The Department has a unique opportunity to ensure all Americans have access to comprehensive obesity treatment services through the regulatory process of the *Affordable Care Act*. We urge you to better standardize access to obesity treatment options through HHS establishing a comprehensive definition of “preventive and wellness services and chronic disease management” services within the essential benefits package in the *Affordable Care Act*. This should include the full continuum of medically necessary interventions, including behavioral, nutritional, pharmaceutical, psychosocial, and surgical, to treat those affected by obesity

Obesity is a complex, multifactoral, and chronic disease, which requires a comprehensive approach to both prevent and treat. Notably:

- 1) Obesity is associated with multiple comorbidities, which are either caused or worsened by obesity such as type 2 diabetes, hypertension, heart failure, dyslipidemia, pulmonary disease (obstructive sleep apnea and restrictive lung disease), multiple cancers, renal and liver disease, musculoskeletal disease, gastroesophageal reflux disease, pseudotumor cerebri, and a variety of psychosocial conditions;
- 2) The annual cost associated with overweight and obesity is \$270 billion, including direct medical costs and indirect costs such as absenteeism and productivity losses;
- 3) One out of every eight deaths in America is caused by an illness directly related to obesity; and
- 4) Many individuals affected by obesity often deal with physical, emotional, and social issues that can hinder them from addressing their weight issues.

Multiple large epidemiologic studies have demonstrated that increasing Body Mass Index, particularly above 30 (defined as obesity), is associated with an increased risk of premature death. This relationship holds true 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 co-morbid conditions are expected to improve or resolve if effective weight loss is achieved.

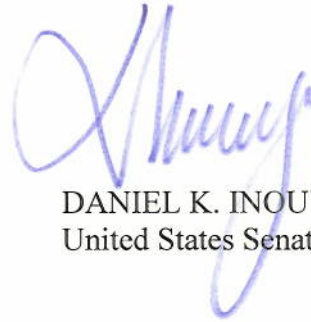
Evidence-based literature clearly demonstrates that people affected by obesity can substantially improve their health and quality of life when they have access to a continuum of medically necessary treatment – including behavioral, nutritional, pharmaceutical, psychosocial, and surgical treatment. Even a 5-10 percent weight loss produces clinically significant reductions in risk factors for chronic diseases such as diabetes, hypertension, sleep apnea, arthritis, heart disease, and certain cancers.

In light of the foregoing, we urge the Department of Health and Human Services, as part of the regulatory process, to ensure access to the full continuum of medically necessary interventions, including behavioral, nutritional, pharmaceutical, psychosocial, and surgical¹, to treat those affected by obesity. Individuals affected by obesity should enjoy the same coverage, regardless of the state in which they reside or the societal or genetic factors surrounding the circumstances of their obesity.

Sincerely,



DANIEL K. AKAKA
United States Senator



DANIEL K. INOUE
United States Senator



BARBARA A. MIKULSKI
United States Senator

¹ Bariatric surgery is not suggested as a first-line treatment for obesity but reserved as a therapy for those most severely affected (as done so under CMS' Medicare guidelines) who have failed more conventional therapies. Most Americans, but not all, currently have coverage for bariatric surgery under their individual, employer, or government-provided insurance.