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June 23, 2005

Ross Brechner, MD, MS(Stat.), MPH
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore MD 21244-1850

Dear Dr. Brechner:

On behalf of the Obesity Action Coalition (OAC), I am writing to respond to the Centers for Medicare and Medicaid Services (CMS) May 24, 2005 request for public comment on the **NCA for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R)**.

As background, the OAC is a new non-profit organization dedicated to bringing a patient voice to the obesity crisis in the United States. The OAC encourages patients to educate themselves about obesity, its complications and treatments. We believe that educated patients are best able to make decisions about their healthcare, and therefore are able to be healthier and happier. The OAC encourages patients and their families to support one another as there is no one better to share the social, emotional, physical and medical impact of obesity than people who have been personally affected. The OAC empowers patients to become advocates for change by helping to eliminate the negative stigma associated with obesity and working to ensure that obesity is treated as a disease.

The OAC strongly supports the expansion of coverage of bariatric surgery for morbid obesity under Medicare policy as proposed by the American Society for Bariatric Surgery "Request for Bariatric Surgery NCD". We believe, and studies demonstrate, that post-bariatric surgery patients have fewer co-morbidities, reduced mortality and an improved quality of life than those who do not have the surgery. The proposed list of bariatric procedures provides a full range of options which allow patients and their surgeons to select a procedure most appropriate to a patient's specific medical need.

As the decision to have surgery should never be entered into lightly, the OAC supports the proposed selection criteria, required non-surgical weight loss efforts and pre-operative nutritional and psychological assessments. Ensuring that the appropriate candidates are selected for surgery and the selected candidates understand the risks of Bariatric surgery, is of great importance. In addition, we strongly endorse the guidelines' proposed accreditation efforts as it promotes continuous quality improvement, reduces post-surgical mortality and morbidity and encourages long-term follow-up. Programs that have rigorous standards with verified results, similar to those Centers of Excellence designated by the American Society of Bariatric Surgery and the Surgical Review Corporation, will allow consumers to choose the safest and most effective providers and facilities. We also endorse the data collection efforts included as part of accreditation as we hope the statistical data will help ensure that future patients will be treated with evidence based practice.

Obesity is a disease. It is not simply a condition caused by overeating. As such, patients, with guidance from healthcare professionals, should have access to appropriate medical care to treat the disease. Bariatric surgery is the most successful option for treating morbid obesity currently available and too often, appropriate candidates are denied access to this life-changing and life-saving treatment.

Thank you for the opportunity to comment. If you have any questions, please do not hesitate to contact me at (800) 717-3117.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Nadglowski Jr.', written in a cursive style.

Joseph Nadglowski Jr.
President & CEO

cc: Kate Tillman, RN, MA
Susan Harrison, MPP