Trust for America's Health
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Centers for Medicare and Medicaid Services
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Comments re: National Coverage Analyses (NCA) Tracking Sheet for Intensive Behavioral Therapy for Obesity

Dear Ms. McClain:

As a nonprofit, nonpartisan public health advocacy organization dedicated to making disease prevention a national priority, Trust for America's Health is pleased to see that CMS is considering adding Intensive Behavioral Therapy for Obesity as a preventive service in the Medicare program. Given the profound impact of the obesity epidemic on Americans' health, and the evidence of such programs' effectiveness, we believe that including coverage for this intervention will be a crucial tool for improving the health of Medicare beneficiaries.

Over two-thirds of adults in the United States are overweight or obese.[1] In 1980, 15 percent of American adults were obese; by 2008, that figure had reached 34 percent.[2] From 2009 to 2010, adult obesity rates rose in 28 states, and fell in only one.[3] There are striking racial and ethnic disparities in obesity rates: in 40 states, adult obesity rates are higher among Blacks and Latinos than among Whites.[4]

Obesity is associated with more than 20 major chronic diseases.[5] These diseases are among the most prevalent and deadly in the United States: one in three adults has a form

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[1] Flegal KM, Carroll MD, Ogden CL, et al. "Prevalence and Trends in Obesity among U.S. Adults, 1999-2008." *Journal of the American Medical Association,* 303(3): 235-41, 2010.
[2] National Center for Health Statistics. "Prevalence of Overweight, Obesity and Extreme Obesity among Adults"; Flegal, et al., supra note 1.
[3] Trust for America's Health and the Robert Wood Johnson Foundation, "F As in Fat: How Obesity Threatens America's Future" (June 2010) (online at http://healthyamericans.org/reports/obesity2010/Obesity2010Report.pdf)
[4] *Id.*
[5] U.S. Centers for Disease Control and Prevention. *National Diabetes Fact Sheet: General Information and National Estimates on Diabetes in the United States, 2007.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf (accessed February 24, 2010); Lloyd-Jones D, Adams, R. Carnethon M, et al. "Heart Disease and Stroke Statistics 2009 Update. A Report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee." *Circulation,* 119(3):e1-e161, 2009; Beydoun MA, Beydoun HA, and Wang Y. "Obesity and Central Obesity as Risk Factors for Incident Dementia and Its Subtypes: A Systematic Review and Meta-Analysis." *Obesity Review,* 9(3):204-218, 2008; Petry NM, Barry D, Pietrzak RH, et al. "Overweight and Obesity Are

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of heart disease, and over 80 million Americans have type 2 diabetes or are pre-diabetic.[6] Obesity-related costs account for almost a tenth of all annual medical expenditures.[7]

As the U.S. Preventive Services Task Force found in its 2003 review of available data, intensive counseling led to modest sustained weight loss in obese adults.[8] High-intensity programs – defined as those offered more than once per month – were more effective than lower-intensity.[9]

A more recent analysis has confirmed that such programs are effective in older adults, a finding important to the Medicare program. A 2006 data review focused on studies of adults with an average age of 60 found that intensive counseling programs that addressed overall behavior, diet and exercise led to weight loss of 3-4 kg sustained over measured periods of 1-3.3 years.[10] This modest weight loss was associated with improved glucose tolerance, better physical functioning, and lower incidence of diabetes and a combined hypertension and cardiovascular endpoint.[11]

Other recent research has confirmed that such high-intensity interventions can be effective when offered by trained lay providers. In 2002, the NIH- and CDC-funded Diabetes Prevention Program (DPP) study found that intensive lifestyle interventions, including promotion of physical activity and weight loss, could lead to modest weight loss and reduce the development of diabetes in adults with prediabetes.[12] A 2008 study reported that the DPP program could be conducted by trained lay providers in a community setting at YMCAs and still result in modest weight loss sustained over 12 months.[13]

We believe that based on this data, it is important that Medicare coverage for intensive behavioral therapy for diabetes include coverage for programs offered by appropriately trained lay providers, if the programs or similar program have been shown

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Associated with Psychiatric Disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions."*Psychosomatic Medicine,* 70(3): 288-297. 2008; Wang Y, Chen X, Song Y, et al. "Association between Obesity and Kidney Disease: A Systematic Review and Meta-Analysis." *Kidney International,* 73(1):19-33, 2008; Freedman DS, Mei Z, Srinivasan SR, et al. "Cardiovascular Risk Factors and Excess Adiposity among Overweight Children and Adolescents: The Bogalusa HeartStudy." *The Journal of Pediatrics,* 150(1): 12-17, 2007.

[6] Lloyd-Jones et al., *supra* note 5; U.S. Centers for Disease Control and Prevention. *National Diabetes Fact Sheet, supra* note 5.

[7] Finkelstein EA, Trogdon JG, Cohen JW, et al. "Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates." *Health Affairs,* 28(5): w822-w831, 2009.

[8] U.S. Preventive Services Task Force, "Screening for Obesity in Adults: Summary of Recommendations" (Dec. 2003) (online at http://www.uspreventiveservicestaskforce.org/uspstf/uspsobes.htm).

[9] *Id.*

[10] Kathleen M. McTigue et al., "Obesity in Older Adults: A Systematic Review of the Evidence for Diagnosis and Treatment" *Obesity* (2006) 14, 1485–1497.

[11] *Id.* One randomized controlled trial in the review also found that that weight loss was associated with bone mineral density loss.

[12] Diabetes Prevention Program Research Group, "Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin," N Engl J Med 2002; 346:393-403 (February 7, 2002).

[13] Ronald T. Ackermann et al., "Translating the Diabetes Prevention Program into the Community: The DEPLOY Pilot Study" American Journal of Preventive Medicine 35(4): 357-363 (October 2008).

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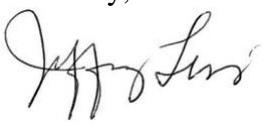
to be effective when offered by such providers. The availability of these programs in community settings will render them available to far more beneficiaries, allowing this coverage change to make a meaningful impact on the health and lives of the Medicare population. Leveraging the expertise of non-clinicians produces additional benefits to the Medicare program; they can deliver effective services to Medicare beneficiaries without affecting physician and other clinician caseloads and at a lower cost. Community-based lay providers also have opportunities to direct behavioral interventions that are lacking in the clinical setting.[14] The sustained improved outcomes that have been demonstrated by these types of interventions can lead to lower prevalence of obesity and associated co-morbidities within the Medicare program – which ultimately means lower Medicare expenditures for related health care services and savings for the program overall.

Thank you for the opportunity to comment on this important Coverage Analysis. If you have any questions, please feel free to contact Jack Rayburn, Government Relations Representative, at 202-223-9870 x 28 or at jrayburn@tfah.org.

Sincerely,



Jeffrey Levi, PhD
Executive Director

[14] *Id.*

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