



January 29, 2016

The Honorable Johnny Isakson
United States Senator
131 Russell Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
United States Senator
475 Russell Senate Office Building
Washington, DC 20510

Dear Senators Isakson and Warner:

The American Council on Exercise appreciates the Bi-Partisan Chronic Care Working Group's efforts to address the many challenges that result for Medicare beneficiaries faced with chronic conditions and are very pleased with the commitment to opening the discussion to stakeholders outside the government. We have included comments for consideration on some specific policy options below.

I. Study on Obesity Drugs

We were very pleased to see the Working Group include a policy option focused on obesity as this is a clear signal that the Group recognizes, and is concerned about; the impact obesity has on the prevention as well as management of multiple chronic conditions and its impact on Medicare. We applaud the recommendation for a study on obesity drugs and their impact on medical services directly related to obesity and examine medical interventions for individuals who are not taking obesity drugs, however we feel that it is imperative to include intensive behavioral therapy (IBT), which can range from counseling on lifestyle behavior changes such as physical activity and healthy eating behavior change counseling to inclusion of written doctors' orders around moderate physical activity.^{4,5,6} We would like to recommend the following for consideration in study design:

- Combine Intensive Behavioral Therapy with obesity drugs and other medical interventions in any obesity study commissioned as a result of the Working Group's efforts.

Individuals at risk for obesity need ongoing, engaged support by professionals who are well trained in weight management and who specialize in sustainable behavioral change for the large and growing segment of the population at risk for obesity and its co-morbidities^{1, 2, 3.}

Many references can be found to recent (last 8-10 years) studies of obesity drug and surgical interventions that include IBT in all arms.^{4,5,6} The body of science around this topic continues to grow indicating a need for combining various obesity interventions including pharmaceutical, surgical, and behavioral to effect lasting change and reverse the curve of obesity related healthcare spending, most specifically Medicare costs.



II. Expanding Supplemental Benefits to Meet the Needs of Chronically Ill Medicare Advantage Enrollees

The American Council on Exercise would also like to commend the working group for considering expansion of the supplemental benefits currently offered to Medicare Advantage enrollees, as it is known that a wide range of non-medical and social factors are important contributors to the health and costs of chronically-ill individuals. In attempt to address these factors, we would like to recommend the following:

- Include a new supplemental benefit category—(g) Healthy lifestyle benefit—that would allow for additional outcome-based programs targeting specific chronic disease conditions that have been proven safe, effective, scalable, community-based, and are delivered per the recommendation or referral of a primary care provider by a variety of qualified health and fitness professionals outside the traditional primary care setting.

To ensure specified standards are set, we propose that programs covered under the healthy lifestyle benefit would meet certain objectives in order to qualify, modeled off the CDC Diabetes Prevention Recognition Program (DRPR) as part of the Diabetes Prevention Program.

The purpose of a recognition program is to recognize community organizations that have demonstrated their ability to effectively deliver a proven lifestyle program and would help ensure decisions about individual participation, patient referral, and health insurance benefits are based on accurate, reliable and trustworthy information⁷. Suggested key objectives for the recognition program are as follows:

- Assure program quality, fidelity to scientific evidence, and broad use of effective chronic condition lifestyle interventions through the United States⁷
- Develop and maintain a registry of organizations and/or individuals that are recognized for their ability to deliver effective chronic condition lifestyle interventions⁷
- Provide assistance to local lifestyle intervention programs to assist staff in effective program delivery and in problem-solving to achieve and maintain recognition status⁷

The American Council on Exercise would welcome the opportunity to work with the Working Group to strengthen the obesity policy option included in the Policy Options Document as well as further discuss the potential for expansion of benefits to Medicare Advantage to include specified chronic disease recognition programs. We thank you again for your efforts and look forward to the group's continued work.

Sincerely,
Sheila Franklin
Federal Advocacy Manager
American Council on Exercise

Cc: The Honorable Orrin Hatch, Chairman, Senate Committee on Finance

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