



June 15, 2015

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:

Thank you for giving stakeholders an opportunity to comment and provide recommendations to augment your efforts to improve care for Medicare patients with chronic conditions. We share your concerns regarding the impact of chronic disease on healthcare spending highlighted in your May 22<sup>nd</sup> letter, and agree that, left unchecked, chronic disease will cause significant increases in health care spending.

At Eisai Inc., human health care is our goal. We give our first thoughts to patients and their families, and helping to increase the benefits health care provides. As the U.S. pharmaceutical subsidiary of Tokyo-based Eisai Co., Ltd., we have a passionate commitment to patient care that is the driving force behind our efforts to help address unmet medical needs. This commitment led us to partner with Arena Pharmaceuticals to bring Belviq® (lorcaserin), an FDA approved product to treat individuals suffering from obesity, to the market.

Eisai Inc. joins with many patient, provider and payer groups in urging the Committee to incorporate new policies and payment methodologies that address what we believe to be the key driver of spending for the treatment of chronic disease— the epidemic of obesity.

In its 2012 report “F as in Fat: How Obesity Threatens America”, The Trust for America’s Health (TFAH) and Robert Wood Johnson Foundation (RWJF) projected that if the rates of growth in obesity continue on the current trajectories, “the number of new cases of type 2 diabetes, coronary heart disease and stroke, hypertension and arthritis could increase 10 times between 2010 and 2020 – and double again by 2030.” By their calculations, that would contribute to more than 6 million cases of Type 2 diabetes, 5 million cases of coronary heart disease and stroke and more than 400,000 cases of cancer in the next two decades. For these reasons, obesity is recognized by many as “the disease of diseases.”

You have three stated bipartisan goals for helping patients with chronic diseases:

1. Increasing care coordination among individual providers across care settings;
2. Streamlining Medicare’s current payment systems to incentivize the appropriate level of care; and,
3. Facilitating the delivery of high quality care and improving care transitions, patient outcomes and program efficiency to reduce the growth of Medicare spending.

We strongly support increased care coordination as critical to addressing the fragmentation of the US healthcare system. This fragmentation has led to a hodgepodge of coverage and payment policies that inhibit rather than support the delivery of quality care to patients.

As you may know, Obesity is classified as a disease (ICD-9 code 278, and a new ICD-10 code E66). Yet it is the *only* disease where current Medicare law and regulations actually prevent access to the full range of treatment options for these diagnosed patients. Current policy allows for screening, limited counseling, and then bariatric surgery for qualifying patients. Medicare then inexplicably prohibits access to new FDA-approved therapies and excludes certain professionals who can administer and coordinate care thereby increasing treatment adherence from direct reimbursement for their much needed services. The current system runs counter to your stated bipartisan goals, resulting in poor health outcomes and increased costs.



Recognizing the reimbursement and regulatory barriers preventing comprehensive care for those suffering from obesity, several of your Senate colleagues lead by Finance Committee Members Senators Carper and Grassley, have introduced the *Treat and Reduce Obesity Act*, S. 1509 (TROA). The measure addresses several of the policy areas your request highlights and we believe are worthy of inclusion in your legislative product. The measure seeks to improve Medicare policy relating to obesity in several ways. For example:

- **Improvements in Medicare Advantage** – TROA will allow all MA plans to cover drugs for weight loss (several already do), and increase care coordination specifically for patients diagnosed with obesity;
- **Reforms to Medicare’s current FFS program to incentivize providers to coordinate care/effectively utilize primary care providers and care coordination teams** – TROA allows for more health care professionals to have direct interaction with beneficiaries to treat and monitor patients while retaining the role of primary care physicians;
- **The effective use, coordination and cost of prescription drugs** – TROA will remove the 2003 prohibition on covering medicines for weight loss, allowing appropriate use of the prescriptions by Medicare beneficiaries. It will also allow Medicare practitioners to follow the clinical treatment guidelines of many specialty societies as well as the 2014 DoD/VA treatment guidelines for obesity.

Obesity is a complex chronic disease with many causes and devastating outcomes. It is a root cause of the chronic diseases your work group is seeking to address. In spite of the mounting epidemic and the subsequent costs to the health care system, it remains the only chronic disease afflicting Americans for which there is a prohibition on a prescription medicine intervention. We urge the Committee to modernize the treatment of obesity by Medicare to deliver better patient outcomes and to reduce the costs of the comorbid conditions caused by it.

We would be glad to meet with you and members of your staffs to discuss the issue, answer additional questions, provide supporting materials, and explore legislative opportunities to address the chronic disease of obesity. I can be reached at [timothy\\_clark@eisai.com](mailto:timothy_clark@eisai.com), or 202-347-7358.

With best regards,

Timothy Clark  
Senior Director  
Government Affairs, Policy and Corporate Advocacy

CC: The Honorable Orrin Hatch  
The Honorable Ron Wyden