



June 22, 2015

The Honorable Orrin Hatch
Chairman, Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Johnny Isakson
U.S. Senator
U.S. Senate
Washington, DC 20510

The Honorable Mark Warner
U.S. Senator
U.S. Senate
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden, and Senators Isakson and Warner:

Weight Watchers International is excited to have the opportunity to submit our ideas to transform and improve care provided to Medicare patients with chronic conditions. We commend you for engaging a thoughtful review of ideas to address transforming Medicare to better serve chronic disease patients. Weight Watchers is committed to helping individuals achieve and maintain optimal health through evidence based services that help people manage their weight and reduce the severity of weight related chronic illness.

Based on statistics published by the Centers for Disease Control, obesity and prediabetes are our nation's most significant public health problems. Both are chronic conditions and are underlying causes of many debilitating chronic and acute conditions that undermine quality of life.

- **Prediabetes:** Over 86 million adults have prediabetes, a leading risk factor for type 2 diabetes and cardiovascular disease. Clinical and translational research show that diabetes prevention programs – delivered in the community by trained leaders - can reverse prediabetes and reduce chronic disease complications, leading to improved quality of life and reduced health care costs.
- **Obesity:** Two out of every three adults in the U.S. are now overweight or obese and are poised to develop a wide range of weight-related chronic diseases that disables our population and fuels our nation's health care costs. Clinical and translational research show that intensive multi-component behavioral therapy – delivered in the community by trained leaders - effectively helps people manage their weight and prevent obesity related chronic disease (a USPSTF B rated service).

Medicare Part B covers intensive behavior therapy for obesity and diabetes prevention when it is delivered by a clinician in a primary care setting, the most expensive and least effective method for delivery of intensive behavioral therapy for obesity. It does not however, cover the evidence-based programs delivered by those who are not health care professionals, despite extensive research demonstrating superior effectiveness, simply because Medicare statute prohibits such coverage.

The very issues that make pre-diabetes and obesity difficult to address - widespread prevalence, health consequences, and multi-component causation (ranging from genetics and biology to the environment) – are the very reasons why our health care system, including Medicare, must be reformed, so that it may positively impact the nation’s diabetes and obesity crises. **Reassuringly, the current research documents effective and low cost interventions that can, if covered by health insurance, help people manage their weight and reduce the impact and disability of chronic disease.**

This extensive body of clinical and translational research, it is fair to say, demonstrates that the most effective models for delivery of BOTH diabetes prevention AND to address obesity include: Trained, community based role model led group counseling provided on a weekly basis for a minimum of 12 weeks. This approach:

- Allows clinicians to refer their patients to effective, evidence based services;
- Provides support and tools to people where they live and work; and,
- Utilizes role models and trained lay-leaders.

The USPSTF’s recommendation for obesity clearly incorporates the evidence of effective community based role model led group counseling and, its implementation specifications state, “[a]lthough intensive interventions may be impractical within many primary care settings, patients may be referred from primary care to community-based programs for these interventions” (emphasis added). The Centers for Disease Control evidence based Diabetes Prevention Program, developed and tested a similar model of care. The CDC now reviews clinical evidence and recognizes evidence based diabetes prevention programs.

Modifications to Medicare that would permit coverage of evidence-based community role model programs for obesity and diabetes prevention would align Medicare with the scientific evidence on effective treatment of obesity and weight-related chronic disease. Two bipartisan bills would, if enacted, allow for Medicare coverage to align with evidence on best practices for obesity and pre-diabetes. And, legislation that would permit the Secretary to align Medicare coverage with the most recent clinical research, including research funded by the National Institutes of Health, is introduced. The bills are:

- ❖ S. 1509, Medicare Treat and Reduce Obesity Act of 2015
- ❖ S 1131, Medicare Diabetes Prevention Act of 2015



The return on investment of treating both conditions is well documented in the literature; however, these conditions are largely untreated, because the very services shown to be most effective, and certainly most cost effective, cannot be covered by Medicare. Modifications of Medicare are essential to provide Medicare beneficiaries with the tools, support, and treatments needed to address the highly complex, multi-factorial medical condition of obesity and pre-diabetes.

Thank you for your leadership and work to advance policy and programs on this nation's most significant and costly public health issues.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Foster".

Gary Foster, Ph.D.
Chief Scientific Officer