



American Society for Metabolic & Bariatric Surgery

February 3, 2016

The American Society for Metabolic and Bariatric Surgery (ASMBS) is pleased to provide the following comments regarding the Senate Finance Committee (SFC) Chronic Care Work Group (CCWG) options paper -- outlining policies being considered as a part of the committee's effort to improve how Medicare treats beneficiaries with multiple, complex chronic illnesses.

As bariatric surgeons, we understand all too well about managing these kinds of patients and believe that surgeons can play a critical role in both the pre- and post-surgical care of individuals with obesity – particularly as it relates to intensive behavioral therapy (IBT). Therefore, we urge the SFC CCWG to consider inclusion of key aspects of the Treat and Reduce Obesity Act that would allow healthcare professionals outside of the practice of primary care (such as bariatric surgeons, obesity medicine specialists and registered dietitians) to provide IBT services.

Obesity is a complex chronic disease that deserves to be treated seriously in the same fashion as other chronic diseases such as diabetes, heart disease or cancer. People affected by obesity require access to the same medically necessary and covered treatment avenues afforded to all others who suffer from chronic disease. For these reasons, we appreciate that the SFC CCWG included a number of areas in its options paper that could either directly or indirectly promote better access to obesity treatment for millions of Medicare beneficiaries affected by obesity.

We all know the staggering financial, physical and psychosocial costs of obesity – both to the affected individual and our society as a whole. As a result, more public and private health plans now cover obesity treatment

services. This is especially true for bariatric surgery, which has been a covered benefit for Medicare patients for now over a decade.

One key aspect of Medicare's 2006 national coverage decision stipulated that Medicare would only cover bariatric surgery if these services were provided by a Medicare certified Center of Excellence (COE). Among other things, COE certification signaled your program's commitment to maintaining a solid integrated program – one that is specifically tailored to the long term needs of those affected by the disease of severe obesity.

For example, the 2006 NCD states that bariatric surgery COEs “must have ancillary services such as specialized nursing care, dietary instruction, counseling, support groups, exercise training, and psychological assistance, as needed; and a multidisciplinary bariatric surgery team with written descriptions of the responsibilities of each member of the team.” Furthermore, this team “must be comprised of individuals with the appropriate qualifications, training and experience in the relevant areas of bariatric surgery, rehabilitation, critical care anesthesia, and nutrition counseling for those affected by morbid obesity and post-bariatric surgery patients.”

In 2013, the Centers for Medicare & Medicaid Services (CMS) announced that Medicare would no longer require COE certification requirements for bariatric surgery given that bariatric surgery had become both widely disseminated and the standard of care for those affected by severe obesity. Following this decision by Medicare, ASMBS joined with the American College of Surgeons in merging their respective Medicare-recognized COE programs into a single national accreditation program for bariatric surgery centers -- the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

MBSAQIP continues to work to advance safe, high-quality care for bariatric surgical patients through the accreditation of bariatric surgical centers. A bariatric surgical center achieves accreditation following a rigorous review process during which it proves that it can maintain certain physical resources, standards of practice and human resources, such as: registered

nurses, advanced practice nurses, or other physician extenders; registered dietitians; psychologist, psychiatrist, social worker, or other licensed behavioral health care provider; and physical/exercise therapists.

MBSAQIP accreditation follows current guidelines to provide value based care, long term follow-up and care-coordination as described under the MBSAQIP Resources for Optimal Care of the Metabolic and Bariatric Surgery Patient. Following these standards, MBSAQIP outcomes data are showing mortality rates after surgery being among the lowest in surgery.

As you can see, MBSAQIP programs already incorporate the key components and multi-disciplinary healthcare team necessary to provide rigorous intensive behavioral therapy services. We hope that the SFC Chronic Care Work Group will recognize this fact and work to include those provisions of the Treat and Reduce Obesity Act that strive to expand Medicare beneficiary access to those healthcare professionals who have undergone significant training in the comprehensive care of individuals with obesity.

Given that obesity is the primary reason for many of the most devastating and to some degree lethal disease processes such as diabetes, sleep apnea, osteoarthritis and cancer, we look forward to being a resource to the Committee as you assess the best preventive and treatment avenues for the myriad of chronic disease states that impact Medicare beneficiaries.

Should you have any questions, please feel free to contact us through ASMBS Washington Representative Christopher Gallagher at chris@potomaccurrents.com or via telephone at 571-235-6475. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Raul Rosenthal".

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