

# Treat and Reduce Obesity Act: Commonly Asked Questions from Capitol Hill

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**Q:** Has this bill been scored by the Congressional Budget Office?

**A:** No, not yet. The Academy is confident that the cost benefits of effectively managing obesity will keep the score low. Additionally, most of the costs for intensive behavioral therapy to treat obesity were included into the 2008 Medicare Improvements for Patients and Providers Act; therefore, intensive behavioral therapy costs have already been accounted for until 2018.

**Q:** Why is this bill important?

**A:** This bill is important because it increases access to effective obesity treatment by effective providers that will reduce healthcare costs. Although the U.S. Preventive Services Task Force recommends intensive behavioral therapy, CMS perceives there are currently legal barriers restricting these services from being provided outside of the primary care setting. This limitation is contrary to the scientific evidence that clearly demonstrates that intensive behavioral therapy provided by registered dietitians is the most clinically effective and cost effective. The bill also enables Medicare patients to have access to safe, FDA-approved medications effective at helping patients treat obesity in conjunction with intensive behavioral therapy.

**Q:** Who will be helped by this bill?

**A:** This bill facilitates the most clinically and cost effective treatment for Americans with obesity (BMI > 30) who are on Medicare. Although most Medicare beneficiaries are 65 and older, certain people younger than age 65 can qualify for Medicare if they have certain disabilities, permanent kidney failure or amyotrophic lateral sclerosis (Lou Gehrig's disease).

**Q:** Who would be newly eligible to provide intensive behavioral therapy?

**A:** Obesity is a complex disease that requires a multifaceted approach. This bill narrowly expands the multidisciplinary treatment team to include other demonstrably qualified experts to provide intensive behavioral therapy, such as clinical psychologists, registered dietitians, physician specialists and other proven effective providers.

**Q:** What is the difference between Intensive Behavioral Therapy and Medical Nutrition Therapy (MNT)?

**A:** MNT and intensive behavioral therapy are largely the same when provided by a registered dietitian. The Social Security Act defines MNT as “nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional . . . pursuant to a referral by a physician.”

CMS has defined intensive behavioral therapy for obesity as services that include: (1) Screening for obesity; (2) Dietary (nutritional) assessment; and (3) Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity diet and exercise interventions.<sup>[1]</sup> These are precisely the services a registered dietitian performs when providing MNT for a patient with obesity.

**Q:** Are these bills (H.R. 2415 and S. 1184) the same?

**A:** The bills are largely the same and have only minor language differences that can be reconciled.

**Q:** Who else has sponsored this bill?

**A:** This bill has received broad bipartisan, bicameral support. As of March 6th, the bill has 69 House co-sponsors and 2 Senate co-sponsors.

**Q:** What other organizations have an interest in this bill?

**A:** The Academy collaborated with partners in the obesity community to draft the language in this legislation related to intensive behavioral therapy. The group consisted of The Obesity Society, the American Society of Metabolic and Bariatric Surgery, the American Society of Bariatric Physicians and the Obesity Action Coalition. In addition, the Academy worked with other stakeholders, such as the American Medical Association and the YMCA/YWCA, to create consensus bill language.

The bill ensures that only clinically effective and cost effective providers (as determined by CMS’s review of the available evidence) can provide intensive behavioral therapy services. The Academy cannot speak to the effectiveness of other groups who may claim they provide effective treatment.

[1] See, 29 November 2011 CMS NCD on Intensive Behavioral Counseling for Obesity.