

114TH CONGRESS  
1ST SESSION

# S. 1509

To amend title XVIII of the Social Security Act to provide for the coordination of programs to prevent and treat obesity, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JUNE 4, 2015

Mr. CARPER (for himself, Ms. MURKOWSKI, Mr. CASSIDY, Mr. HEINRICH, Mr. COONS, and Mr. GRASSLEY) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to provide for the coordination of programs to prevent and treat obesity, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Treat and Reduce Obe-  
5 sity Act of 2015”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) According to the Centers for Disease Con-  
9 trol, about 34 percent of adults aged 65 and over

1 were obese in the period of 2009 through 2012, rep-  
2 resenting almost 15 million people.

3 (2) Obesity increases the risk for chronic dis-  
4 eases and conditions, including high blood pressure,  
5 heart disease, certain cancers, arthritis, mental ill-  
6 ness, lipid disorders, sleep apnea, and type 2 diabe-  
7 tes.

8 (3) More than half of Medicare beneficiaries are  
9 treated for 5 or more chronic conditions per year.  
10 The rate of obesity among Medicare patients dou-  
11 bled from 1987 to 2002, and Medicare spending on  
12 obese individuals during that time more than dou-  
13 bled.

14 (4) Men and women with obesity at age 65 have  
15 decreased life expectancy of 1.6 years for men and  
16 1.4 years for women.

17 (5) The direct and indirect cost of obesity is  
18 more than \$450 billion annually.

19 (6) On average, a Medicare beneficiary with  
20 obesity costs \$1,964 more than a normal-weight ben-  
21 eficiary.

22 (7) The prevalence of obesity among older indi-  
23 viduals in the United States is growing at a linear  
24 rate and, if nothing changes, nearly half of the el-  
25 derly population of the United States will have obe-

1           sity in 2030 according to a Congressional Research  
2           Report on obesity.

3 **SEC. 3. AUTHORITY TO EXPAND HEALTH CARE PROVIDERS**  
4                   **QUALIFIED TO FURNISH INTENSIVE BEHAV-**  
5                   **IORAL THERAPY.**

6           Section 1861(ddd) of the Social Security Act (42  
7 U.S.C. 1395x(ddd)) is amended by adding at the end the  
8 following new paragraph:

9                   “(4)(A) Subject to subparagraph (B), the Sec-  
10           retary may, in addition to qualified primary care  
11           physicians and other primary care practitioners,  
12           cover intensive behavioral therapy for obesity fur-  
13           nished by any of the following:

14                           “(i) A physician (as defined in sub-  
15                           section (r)(1)) who is not a qualified pri-  
16                           mary care physician.

17                           “(ii) Any other appropriate health  
18                           care provider (including a physician assist-  
19                           ant, nurse practitioner, or clinical nurse  
20                           specialist (as those terms are defined in  
21                           subsection (aa)(5)), a clinical psychologist,  
22                           a registered dietitian or nutrition profes-  
23                           sional (as defined in subsection (vv)).

1           “(iii) An evidence-based, community-  
2           based lifestyle counseling program ap-  
3           proved by the Secretary.

4           “(B) In the case of intensive behavioral  
5           therapy for obesity furnished by a provider de-  
6           scribed in clause (ii) or (iii) of subparagraph  
7           (A), the Secretary may only cover such therapy  
8           if such therapy is furnished—

9                   “(i) upon referral from, and in coordi-  
10                  nation with, a physician or primary care  
11                  practitioner operating in a primary care  
12                  setting or any other setting specified by  
13                  the Secretary; and

14                   “(ii) in an office setting, a hospital  
15                  out-patient department, a community-  
16                  based site that complies with the Federal  
17                  regulations concerning the privacy of indi-  
18                  vidually identifiable health information  
19                  promulgated under section 264(c) of the  
20                  Health Insurance Portability and Account-  
21                  ability Act of 1996 (42 U.S.C. 1320d-2  
22                  note), or another setting specified by the  
23                  Secretary.

24           “(C) In order to ensure a collaborative ef-  
25           fort, the coordination described in subpara-

1 graph (B)(i) shall include the health care pro-  
2 vider or lifestyle counseling program commu-  
3 nicating to the referring physician or primary  
4 care practitioner any recommendations or treat-  
5 ment plans made regarding the therapy.”.

6 **SEC. 4. MEDICARE PART D COVERAGE OF OBESITY MEDI-**  
7 **CATION.**

8 (a) IN GENERAL.—Section 1860D–2(e)(2)(A) of the  
9 Social Security Act (42 U.S.C. 1395w–102(e)(2)(A)) is  
10 amended by inserting after “restricted under section  
11 1927(d)(2),” the following: “other than subparagraph (A)  
12 of such section if the drug is used for the treatment of  
13 obesity (as defined in section 1861(yy)(2)(C)) or for  
14 weight loss management for an individual who is over-  
15 weight (as defined in section 1861(yy)(2)(F)(i)) and has  
16 one or more related comorbidities,”.

17 (b) EFFECTIVE DATE.—The amendment made by  
18 subsection (a) shall apply to plan years beginning on or  
19 after the date that is 2 years after the date of the enact-  
20 ment of this Act.

21 **SEC. 5. REPORT TO CONGRESS.**

22 Not later than the date that is 1 year after the date  
23 of the enactment of this Act, and every 2 years thereafter,  
24 the Secretary shall submit a report to Congress describing  
25 the steps the Secretary has taken to implement the Act

1 and provide Congress with recommendations for better co-  
2 ordination and leveraging of programs within the Depart-  
3 ment of Health and Human Services and other Federal  
4 agencies that relate in any way to supporting appropriate  
5 research and clinical care (such as any interactions be-  
6 tween physicians and other health care providers and their  
7 patients) to treat, reduce, and prevent obesity in the adult  
8 population.

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