

115TH CONGRESS
1ST SESSION

S. 830

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.

IN THE SENATE OF THE UNITED STATES

APRIL 5 (legislative day, APRIL 4), 2017

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

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 2017”.

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 subsection
15 (r)(1)) who is not a qualified primary care phy-
16 sician.

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

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

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

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

14 “(ii) in an office setting, a hospital out-pa-
15 tient department, a community-based site that
16 complies with the Federal regulations con-
17 cerning the privacy of individually identifiable
18 health information promulgated under section
19 264(c) of the Health Insurance Portability and
20 Accountability Act of 1996, or another setting
21 specified by the Secretary.

22 “(C) In order to ensure a collaborative effort,
23 the coordination described in subparagraph (B)(i)
24 shall include the health care provider or lifestyle
25 counseling program communicating to the referring

1 physician or primary care practitioner any rec-
 2 ommendations or treatment plans made regarding
 3 the therapy.”.

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

6 (a) IN GENERAL.—Section 1860D–2(e)(2)(A) of the
 7 Social Security Act (42 U.S.C. 1395w–102(e)(2)(A)) is
 8 amended, in the first sentence—

9 (1) by striking “and other than” and inserting
 10 “other than”; and

11 (2) by inserting after “benzodiazepines,” the
 12 following: “and other than subparagraph (A) of such
 13 section if the drug is used for the treatment of obe-
 14 sity (as defined in section 1861(yy)(2)(C)) or for
 15 weight loss management for an individual who is
 16 overweight (as defined in section 1861(yy)(2)(F)(i))
 17 and has one or more related comorbidities,”.

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

22 **SEC. 5. REPORT TO CONGRESS.**

23 Not later than the date that is 1 year after the date
 24 of the enactment of this Act, and every 2 years thereafter,
 25 the Secretary of Health and Human Services shall submit

1 a report to Congress describing the steps the Secretary
2 has taken to implement the provisions of, and amend-
3 ments made by, this Act. Such report shall also include
4 recommendations for better coordination and leveraging of
5 programs within the Department of Health and Human
6 Services and other Federal agencies that relate in any way
7 to supporting appropriate research and clinical care (such
8 as any interactions between physicians and other health
9 care providers and their patients) to treat, reduce, and
10 prevent obesity in the adult population.

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