

115TH CONGRESS
1ST SESSION

H. R. 1953

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 HOUSE OF REPRESENTATIVES

APRIL 5, 2017

Mr. PAULSEN (for himself, Mr. KIND, Mrs. NAPOLITANO, Mr. BEN RAY LUJÁN of New Mexico, Mr. CÁRDENAS, Mr. POCAN, Mr. ROE of Tennessee, Mr. HECK, Mr. TIPTON, Mr. YOUNG of Iowa, Mr. BLUMENAUER, Mr. COHEN, Mr. TED LIEU of California, Mr. SHIMKUS, Mr. DEFazio, Mr. GUTHRIE, Mr. LEWIS of Georgia, Mr. MCGOVERN, Ms. JENKINS of Kansas, Ms. BONAMICI, Mr. ROSKAM, Mrs. BROOKS of Indiana, and Mr. PASCRELL) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) According to the Centers for Disease Con-
4 trol, about 34 percent of adults aged 65 and over
5 were obese in the period of 2009 through 2012, rep-
6 resenting almost 15 million people.

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

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

18 (4) Men and women with obesity at age 65 have
19 decreased life expectancy of 1.6 years for men and
20 1.4 years for women.

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

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

1 (7) The prevalence of obesity among older indi-
2 viduals in the United States is growing at a linear
3 rate and, if nothing changes, nearly half of the el-
4 derly population of the United States will have obe-
5 sity in 2030 according to a Congressional Research
6 Report on obesity.

7 **SEC. 3. AUTHORITY TO EXPAND HEALTH CARE PROVIDERS**
8 **QUALIFIED TO FURNISH INTENSIVE BEHAV-**
9 **IORAL THERAPY.**

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

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

18 “(i) A physician (as defined in subsection
19 (r)(1)) who is not a qualified primary care phy-
20 sician.

21 “(ii) Any other appropriate health care
22 provider (including a physician assistant, nurse
23 practitioner, or clinical nurse specialist (as
24 those terms are defined in subsection (aa)(5)),
25 a clinical psychologist, a registered dietitian or

1 nutrition professional (as defined in subsection
2 (vv)).

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

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

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

16 “(ii) in an office setting, a hospital out-pa-
17 tient department, a community-based site that
18 complies with the Federal regulations con-
19 cerning the privacy of individually identifiable
20 health information promulgated under section
21 264(c) of the Health Insurance Portability and
22 Accountability Act of 1996 (42 U.S.C. 1320d-
23 2 note), or another setting specified by the Sec-
24 retary.

1 “(C) In order to ensure a collaborative effort,
2 the coordination described in subparagraph (B)(i)
3 shall include the health care provider or lifestyle
4 counseling program communicating to the referring
5 physician or primary care practitioner any rec-
6 ommendations or treatment plans made regarding
7 the therapy.”.

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

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

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

23 **SEC. 5. REPORT TO CONGRESS.**

24 Not later than the date that is 1 year after the date
25 of the enactment of this Act, and every 2 years thereafter,

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

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