



October 6, 2016

The Honorable Sylvia Mathews Burwell  
Secretary of Health and Human Services  
200 Independence Avenue SW  
Washington DC 20201

Re: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2018 (81 FR 61455, September 6, 2016)

Dear Secretary Burwell,

The Obesity Care Advocacy Network (OCAN) is pleased to present the following comments in response to the proposed regulations entitled, "Patient Protection and Affordable Care Act (ACA); HHS Notice of Benefit and Payment Parameters for 2018," which were published in the Federal Register on September 6, 2016.

Our comments will focus on the disparate coverage of obesity screening and referral for multicomponent behavioral interventions compared to other preventive health care services that have received an A or B evidence rating recommendation from the United States Preventive Services Task Force (USPSTF). OCAN's concerns are rooted in the discriminatory benefit design practices that many health plans have utilized for decades to deny patient access to the full continuum of care of evidence-based obesity treatment modalities such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions.

Since June of 2012 when the USPSTF issued its final recommendation statement entitled, "Obesity in Adults: Screening and Management," the obesity community has been urging the Department of Health and Human Services (HHS) to carefully review state health exchange essential health benefit (EHB) benchmark plan submissions to ensure that these services are being adequately covered. These efforts led the Department of Labor to issue clear guidance in October 2015 that non-grandfathered health plans are prohibited from including general exclusions for weight management services for adult obesity in their plan documents.

Despite the clear implementing regulations of the preventive health care services section of the ACA and the subsequent guidance from the Department of Labor, health plans continue to employ discriminatory medical management techniques to limit patient access to obesity screening and counseling services. For example, a recent review and analysis of state EHB benchmark plan documents for 2017 on the Centers for Medicare & Medicaid Services website found that 24 states have general exclusions for weight/obesity management services and make NO MENTION of obesity screening and counseling services under the USPSTF covered preventive services section of their certificate of coverage document.

The Obesity Care Advocacy Network urges HHS to exercise rigorous oversight of state insurance authorities to ensure that the millions of Americans affected by obesity receive screening and follow up treatment services in the same fashion as others affected by chronic disease.

Should you have any questions or need additional information, please feel free to contact OCAN Washington Coordinator Chris Gallagher at 571-235-6475 or via email at [chris@potomaccurrents.com](mailto:chris@potomaccurrents.com). Thank you.

Sincerely,

American Academy of Nutrition and Dietetics  
American Academy of PAs  
American Association of Clinical Endocrinologists  
American Society for Metabolic and Bariatric Surgery  
Endocrine Society  
Novo Nordisk, Inc.  
Obesity Action Coalition  
Obesity Medicine Association  
The Obesity Society