

113TH CONGRESS
1ST SESSION

H. R. 2415

To amend title XVIII of the Social Security Act to include information on the coverage of intensive behavioral therapy for obesity in the Medicare and You Handbook and to provide for the coordination of programs to prevent and treat obesity, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 18, 2013

Mr. CASSIDY (for himself, Mr. KIND, Mr. LANCE, Mr. GUTHRIE, Mrs. BLACKBURN, Mrs. CHRISTENSEN, Mr. BEN RAY LUJÁN of New Mexico, Mr. ROSKAM, Mr. BLUMENAUER, Mr. PAULSEN, and Mr. PETERS of California) 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 include information on the coverage of intensive behavioral therapy for obesity in the Medicare and You Handbook and 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Treat and Reduce Obe-
3 sity Act of 2013”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) According to the Centers for Disease Con-
7 trol, about 35 percent of adults aged 65 and over
8 were obese in the period of 2007 through 2010, rep-
9 resenting over 8 million adults aged 65 through 74.

10 (2) Obesity increases the risk for chronic dis-
11 eases and conditions, including high blood pressure,
12 heart disease, and type 2 diabetes.

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

18 (4) Obese men and women at age 65 have de-
19 creased life expectancy of 1.6 years for men and 1.4
20 years for women.

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

23 (6) On average, an obese Medicare beneficiary
24 costs \$1,964 more than a normal-weight beneficiary.

25 (7) The prevalence of obesity among older
26 Americans is growing at a linear rate and, left un-

1 changed, nearly half of the elderly population will be
2 obese in 2030 according to a Congressional Research
3 Report on obesity.

4 **SEC. 3. INCLUSION OF INFORMATION ON COVERAGE OF IN-**
5 **TENSIVE BEHAVIORAL THERAPY FOR OBE-**
6 **SITY IN THE MEDICARE AND YOU HANDBOOK.**

7 (a) IN GENERAL.—Section 1804(a) of the Social Se-
8 curity Act (42 U.S.C. 1395b–2(a)) is amended—

9 (1) in paragraph (2), by striking “and” at the
10 end;

11 (2) in paragraph (3), by striking the period at
12 the end and inserting “, and”; and

13 (3) by inserting after paragraph (3) the fol-
14 lowing new paragraph:

15 “(4) information on the coverage of intensive
16 behavioral therapy for obesity under this title, in-
17 cluding information regarding primary care physi-
18 cians and other providers of services and suppliers
19 who are eligible to furnish such therapy.”.

20 (b) EFFECTIVE DATE.—The amendments made by
21 subsection (a) shall apply to notices distributed on or after
22 the date of the enactment of this Act.

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

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

7 “(4) The Secretary may, in addition to qualified pri-
8 mary care physicians and other primary care practitioners,
9 allow other physicians, registered dietitians, certified dia-
10 betes educators, and instructors trained and certified by
11 the National Diabetes Prevention Lifestyle Coach Train-
12 ing program of the Centers for Disease Control and Pre-
13 vention to provide and be independently reimbursed for
14 intensive behavioral therapy for obesity furnished outside
15 of the primary care setting, so long as any such nonphysi-
16 cian provider or instructor furnishing such therapy to an
17 individual must communicate any recommendations or
18 treatment plan for the individual to the individual’s pri-
19 mary care physician or practitioner.”.

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

22 (a) IN GENERAL.—Section 1860D–2(e)(2)(A) of the
23 Social Security Act (42 U.S.C. 1395w–102(e)(2)(A)) is
24 amended by inserting after “under section 1927(d)(2),”
25 the following: “other than subparagraph (A) of such sec-
26 tion if the drug is used for the treatment of obesity (as

1 defined in section 1861(yy)(2)(C)) or for weight loss man-
2 agement for an individual who is overweight (as defined
3 in section 1861(yy)(2)(F)(i)) and if the individual has one
4 or more comorbidities.”

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

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