Latest Congressional Actions Around the Treat and Reduce Obesity Act (GSA Policy Profile Podcast Episode)

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Patricia D'Antonio:

Hello, and thank you for joining us today for this podcast, where we'll be discussing the Treat and Reduce Obesity Act, otherwise known as TROA. We'll take a deep dive into the legislation, talk about its history in Congress, and where we are in the legislative process, as well as the policy implications on the lives of older people. My name is Trish D'Antonio, and I serve as Vice President of Policy and Professional Affairs at the Gerontological Society of America, the oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging. We are grateful to Novo Nordisk for their support of today's podcast.

I'm pleased to introduce today's guest, Dr. Tracy Zvenyach. Dr. Zvenyach is Director of Policy, Strategy and Alliances at the Obesity Action Coalition. In this role, she provides leadership in the development and implementation of policy, priorities and strategy for the Obesity Action Coalition, and represents the Obesity Action Coalition in alliances and coalition efforts to advance obesity care. She also serves as an adjunct assistant professor at Georgetown University, where she teaches healthcare policy and advocacy to graduate level students. In previous roles, Tracy led obesity, public policy, and advocacy efforts in industry and worked in the United States Senate for years on topics ranging from healthcare, women's policy, workforce, disaster response, and judiciary policy. Two legislative highlights include her work on provisions included in the Affordable Care Act and reauthorization of the Violence Against Women Act. Tracy received a Bachelor of Science degree in nursing from the University of Wisconsin, Eau Claire, and her Master of Science in Nursing and doctorate in health policy from the University of Maryland, Baltimore. And you can read more about Tracy's many accomplishments in our show notes. So, Tracy, thank you so much. Welcome. We're glad that you're joining us today.

Dr. Tracy Zvenyach:

It's great to join you, Trish. At OAC, we really appreciate the opportunity to partner with GSA on this podcast and have an important chat about this issue.

Patricia D'Antonio:

Thank you. And it's so great to have gotten to know you working in so many of the coalitions together. Particularly, we got to know one another much more in our work with OCAN, or the Obesity Care Advocacy Network. So, it's really been fun working with you and also learned so much from you. So, really appreciate this. I think it'd be great if we jump right into the topic for our listeners. The Treat and Reduce Obesity Act, or famously known as TROA, is a bipartisan legislative initiative that if passed by Congress would expand coverage of anti-obesity medications and intensive behavioral treatments to Medicare beneficiaries who are living with obesity. So, I was wondering if maybe you could just talk to us a little bit about the current landscape of TROA of access to obesity care for Medicare beneficiaries.

Dr. Tracy Zvenyach:

Sure, I'd be happy to. Starting high level, access to care for obesity treatments across the board is quite limited and quite variable, no matter what type of cover coverage we're talking about, or the payer. Particularly in Medicare, there are a few different policy gaps that we see. In particular, there is a gap in Medicare Part B, the ambulatory care coverage for older Americans, where, in obesity care, intensive behavioral therapy is one of the evidence-based treatments. And today older Americans can only receive that care if they go to their primary care provider in a primary care clinic setting. If someone has a registered dietician that has a community or a private practice, they're not able to receive care there. If they see a specialty physician that is outside of a primary care setting, they're not able to receive their care through that provider as well.

So, there's a gap in the types of providers and the settings of care where people can receive that intensive behavioral therapy. And then, the other major policy gap we have is in the pharmacotherapy space for the treatment of obesity. And that is where current statute under Medicare Part D prohibits the coverage of FDA-approved obesity medications across Medicare. Older Americans, Medicare beneficiaries do not have access to obesity medications. There is one caveat to that. There is a new indication for one of the newer obesity medications for cardiovascular disease risk reduction. For those older Americans on Medicare that do have a history of significant cardiovascular disease, such as having had a heart attack in the past or having had a stroke in the past, some of those folks might have access to that one particular newer medication for that indication, but not for Medicare beneficiaries that have the underlying diagnosis of obesity alone. So, we do, for some of the other evidence-based interventions, there is some metabolic and bariatric surgery coverage under Medicare. But, with new guidelines and standards of care, that coverage should be updated as well. So, across the board from a comprehensive care perspective there are lots of policy gaps in Medicare that we're working toward correcting.

Patricia D'Antonio:

And, certainly looking at that access is so important for all of us as we age, right? And I think that's certainly why for all of our organizations that are engaged in this, advancing a bill like TROA, is so important. So recently there's been activity in Congress. TROA was introduced several years ago, and has been re-introduced in Congress in several sessions, and I was wondering if you could talk to us a little bit about some of the latest activity in the House as well as in the Senate and maybe some of the specifics related to the Ways and Means committee.

Dr. Tracy Zvenyach:

Yeah, I'd be happy to. So, OAC was actually a part of the original discussions in drafting and introducing the Treat Reduce Obesity Act over 12 years ago. We've been here since the beginning. Joe Nadglowski, the head of my organization, was in those discussions right from day one. My organization has been advocating on this bill for a long time, and we strongly feel it is time to get this, to get it passed. This year has been very exciting for this piece of legislation because we have gotten further along in the legislative process than we have ever gotten to date. This past summer in June, the House Ways and Means Committee did include TROA in one of their committee markup sessions. And the bill was debated, and it was ultimately amended with strong bipartisan support out of that committee process, a vote of 36 to 4. Thirty-six in favor, four opposed to advancing TROA in its amended form, which is a more narrow version of TROA. And I know we'll get into the specifics of what that looks like in a little bit.

This very exciting step in the legislative process took place this summer. So now that the Ways and Means Committee has taken their action, the other committee of jurisdiction in the House is the Energy and Commerce Committee. So, the bill has now moved over to the, we call it the E&C Committee, and they are in the process of considering what next steps they will take on the bill. And OAC as well as GSA and many of our other partner advocacy groups are in touch with the E&C committee staff and talking about the options for the bill moving forward through their process as well. That's where it's at in the House. The House has recently come back from their August recess and has some potential hearing markup dates in the month of September, and then also potentially later on this year. So there still is time for this piece of legislation to make its way through the legislative process toward passage. So, we are excited about that opportunity and working every step of the way to try to move it along. So, that is our specific active steps that have been happening in the House.

In Senate side, we're also engaging with the Senators and the key committee staff on the Senate Finance Committee and talking with those folks about options for advancing TROA through the Senate process as well. They are considering the actions that the House are taking as far as what the policy proposal looks like coming out of the House. But they're also exploring other potential policy options in a Senate version of the Treat and Reduce Obesity Act. Again, working very closely with those offices as well, talking about what those other policy proposals could look like.

Patricia D'Antonio:

And for GSA members who are listening, we continue to provide information in our policy updates in *Gerontology News* and on our policy webpage as far as activities of GSA policy staff participating in coalition activities, as well as advocating on the Hill on behalf of the Treat and Reduce Obesity Act. I encourage you to continue to monitor those publications to learn more about what we're doing there. I think it's been so exciting to see activity moving forward here. And I was wondering if you could talk a little bit about an amended version of TROA, and how that differs from the original bill. If you could talk a little bit about that and what does that mean for us?

Dr. Tracy Zvenyach:

Yeah, let me start with what the original piece of legislation would intend to do and the scope of it. So we talked about what those policy gaps were earlier in our discussion around the gap in Part B, where Medicare beneficiaries don't have access to all of the types of qualified providers or the settings of care where they can receive intensive behavioral therapy. And then on the Part D side, the prohibition on coverage for FDA-approved obesity medications. So, the original bill would correct both of those policy gaps in full. It would just change those coverage decisions and make those treatments and, allowable and accessible. That is the ideal and optimal policy that we would like to see move forward.

The issue that we have been facing is the cost of the government. Congress is very sensitive to how much things cost. And, in passing new legislation, they always want to know what the budget impact will be. And this particular piece of legislation is in the range of tens of billions of dollars. And that is a lot higher than what most members of Congress are comfortable or willing to move forward. While members of Congress are really interested and supportive of this topic, which is a wonderful place that we're at, and tremendous progress that we've seen over the years, what they are willing to do is put forward a more narrow version, an amended or a more narrow version of the bill. And what the Ways and Means Committee decided to do was essentially on the Part B side, on the Intensive Behavioral Therapy side, they decided to essentially require the Secretary of Health and Human Services to update an existing national coverage determination for that Intensive Behavioral Therapy. So, actually Congress telling the federal agency to use the regulatory process to make that update within CMS.

And that is something that Congress can tell the agency to take action. That's what that is doing. And that would effectively have little to no cost, because that's something that CMS does in its normal course of business. On the Part D side, the coverage for prescription drugs, what the Ways and Means Committee did put forward was a policy proposal that, we call it a grandfathering provision, where essentially they put forward a proposal that would allow people entering into Medicare, so age 64, to keep their coverage going into Medicare at age 65 if they can demonstrate that they've had coverage for their obesity medications in the year prior to entering Medicare. We call it a grandfathering provision.

There are pros and cons to this from a policy perspective. Number one, it doesn't cover all Medicare beneficiaries. So, it's a much more limited eligible population, which isn't ideal. There are some concerns about what if you don't have good coverage in your 64th year before entering Medicare and you don't have access to medications, but you still really need them. There are some concerns and debates that are happening about this policy about the pros and cons of it from a proposal in and of itself. From the OAC perspective, from the advocacy community perspective, we know we understand that, yes, this is not an ideal proposal from a policy perspective or an ideal access to care perspective. However, we do view it as an incremental step in the right direction to make it one step better for access to care and open the door to say, okay, we do have some coverage under this proposal, if it passes. If we do have some coverage under this proposal, we can evaluate it, we can learn it, and we can expand from there. We do view it as an incremental positive step toward access to care, however, recognizing it's not the ideal scenario.

Patricia D'Antonio:

I think GSA looked at that in the same light as this is an incremental step for us to get the conversation continued, and benefit some Medicare beneficiaries, and we can continue to advocate, for what we can do next there. And, when we think about that, I'm just wondering, GSA, being a research-based organization, and advancing that research into good policy and good practice. I'm wondering if we talk a little bit about some of the evidence, some of the research that informs the Treat and Reduce Obesity Act.

Dr. Tracy Zvenyach:

Yeah. There are numerous studies and reports that have come out really demonstrate that there's value in advancing obesity care and advancing coverage for obesity treatments. Many of them have modeled budgetary effects of obesity coverage and access to various obesity treatments. There's been some good work out of USC- Schaeffer, their policy center. There's been some interesting economic data out of a firm called Global Data that have done some analyses. The firm called Milliman has done some economic analysis and budget estimates as well. And, some of the studies and reports do also include projected cost savings to the health system, and what we would expect to see if we are able to reduce obesity across the population. What is the value of those health outcomes? So, what reductions would we see in diabetes? What reductions would we see in cancers? What reduction would we see in other complications that result from someone's obesity? I think that the main findings of some of these studies and reports are that, yes, while it will take investment to cover these treatments upfront there would be significant long-term savings to the Medicare program and improved health outcomes, especially for Medicare beneficiaries, right? The lack of the data that we have today is a little bit of a, chicken and an egg scenario because many of the experts doing these government budget analysis, they want real world data, right? Or, they want large data sets. And because there is no coverage in Medicare in some of these areas or very low utilization, the data just doesn't exist. We do have some gaps in data and given that your membership is research based, we need more studies and more research in this space to build that evidence base for improved access to care.

Patricia D'Antonio:

Certainly, I think what we all know and what's really important to think is the American Medical Association recognized obesity as a chronic disease, right? This chronic disease impacts so much of what we know we are treating and dealing with as we age, right? So you mentioned diabetes, cardiovascular disease, arthritis. How many of these chronic conditions that we experience as we age are impacted because of obesity? If we're able to treat and reduce obesity we know that we are going to be able to impact so many of these other conditions and these other diseases. And, so often when we're up on the Hill, and we're talking about an older person may be in need of a knee replacement, and they're told in primary care, go lose weight. What happens next?

Some of the work that we've done at GSA is around how is it that in primary care we can start to have that conversation for the management of obesity in older adults, right? We've developed what we call the KAER for framework and the KAER Toolkit. It's spelled K, A, E, R. The work that we're trying to advance here is this framework for primary care providers in clinical settings to really be able to implement a comprehensive approach to working with older people with overweight and obesity, recognize how to care for those conditions, it's so important. And for the benefit of our listeners who might not be familiar with the KAER framework, the K stands for kick-starting the obesity conversation.

A stands for assessing for weight management challenges, E, evaluate treatment options, and R, refer for resources in the community.

So that's how we come up with KAER for the KAER Toolkit. This toolkit really does equip providers with the details and the resources for bringing ways to manage obesity into daily practices, including addressing potential biases and stigmas that we all may bring to the table related to obesity and overweight, and improving those communications between providers and patients, which is so important. So, I just remind our listeners that you can access the KAER Toolkit on our website at geron.org/obesity. That's geron.org/obesity. We'll also have links to this in our show notes, as well as links to the Obesity Action Coalition in our show notes. Tracy, I guess the question, so first of all, I know you have to be an optimist. We all are optimists working in policy, right? You've been working at this and OAC's been working at this for 12 years. What's the likelihood of TROA passing Congress this year?

Dr. Tracy Zvenyach:

Well, we're going to be optimistic until we can't be optimistic anymore for this calendar year. The progress that we have made is incredibly encouraging, and we will take every day until Congress leaves for the 2024 calendar year to try to get this done. So, we are working very hard on maintaining the awareness and the urgency of obesity as a chronic disease, and the need to improve access to care, and for Congress to take action before they leave this year. We will have the opportunity of the lame duck period. We are placing a lot of emphasis on some of these committee actions right now to get the committees to do their steps of the process so that the bill is positioned in the best way possible for it to be included in an end of year package, or a legislative vehicle that we know will be voted on by the end of the year.

So, these little steps are important to add up to contribute to positioning the piece of legislation such that it can get included in these end of year deals. We have a window of opportunity right now, right? And, we are going to do everything we can to advance this legislation. One of the great things about this bill, you mentioned it a little bit before, is that it is bipartisan. So, we don't really have opposition to the policy provisions of this bill. The concern, again, is the cost. And the reason why the Ways and Means Committee went forward with that more narrow version was to get the cost down. The more narrow version we're looking at up to $2 billion cost for the House side, which is what we've heard the House is comfortable with. Now on the Senate side, we're hearing that they might be open to going a little bit higher. So, then we're going to have those discussions about what else can we add back or what else can we add in to make it more of a robust access to care piece of legislation. Those are some exciting things that we're going to be doing now until the end of the year to really shape it up in the best way that we can get it passed.

Patricia D'Antonio:

And that's all part of the excitement and wonderment of working in policy, right, where we always have to think about the politics, the policy, and the process. So, that's why it's such an exciting field to be part of. So, we are coming toward the end of our podcast. This has been a fabulous discussion, really informative, and I'm just wondering if you had any final comments that you'd like to add before we come to a close?

Dr. Tracy Zvenyach:

Yeah. Just today, the CDC released their new obesity prevalence maps, as well as Trust For America's Health just released their State of Obesity report. And, what we see there is that obesity continues to rise. Obesity continues to be a major public health concern and a major chronic disease that we need to take seriously here in the United States and around the world. I appreciated one of their key points from the report, said that policymakers, healthcare, public health, and other stakeholders should close gaps in healthcare access by expanding Medicaid, and by making marketplace coverage more affordable, Medicaid, Medicare and other payers should cover obesity-related services without patient cost sharing. That's exactly where we focus our advocacy efforts in partnership with GSA is to improve access to obesity care for people living with this serious disease, and especially for older Americans.

So, I would invite your members to get involved. I invite you to check out obesityaction.org. We have lots of advocacy resources, lots of education, and we have a really quick and easy OAC Action Center where you can go and see what policy topics we're advocating for and even fill out a quick form and notify your member of Congress if you're supportive of one of our issues, like the Treat and Reduce Obesity Act. So, invite you to join us. Thanks, Trish.

Patricia D'Antonio:

Well, Tracy, thank you so much. And it is so important that we all make sure that we share our research with our members of Congress, make sure that we are sharing with policy makers that we can be a resource. We often talk to our members about, think about the policy implications for your research, and certainly as there are some implications here across the life course, how sharing that with policymakers so that they all make well-formed, well-informed decisions about policy is so important. So thank you for that. We'll include links to OAC in our show notes here. Tracy, I just want to thank you for joining us today. This has been such an important policy conversation for us to continue to have. This really does impact the lives of older people living with obesity and provides monumental opportunity to improve our lives as we age by including anti-obesity medications and intensive behavioral treatments in Medicare coverage.

So, on behalf of GSA, thank you so much for joining us for this conversation. Thank you for your continued dedication to this work and for being part of the GSA Policy Profile Series. Again, I want to thank Novo Nordisk for their support of today's podcast. And don't forget, make sure you subscribe to GSA On Aging for more episodes of our Policy Profile Podcast Series on your listening platform. You can find more on our website at geron.org. Thank you again for listening, appreciate our audience and appreciate Tracy, your time. And thank you all for listening.

Additional resources:

GSA's evidence-based KAER Toolkit for the Management of Obesity in Older Adults

GSA Enrich Learning Center: Obesity and Overweight

GSA's Policy Advocacy

Treat and Reduce Obesity Act (H.R. 4818)

CDC Adult Obesity Prevalence Maps

Trust For America's Health State of Obesity

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