

---

# ASMBS Advocacy Update

November 2016

Prepared by Christopher Gallagher

---

## HEADLINES:

Trump Wins Presidency - What does it mean for Health Policy  
Update on Treat and Reduce Obesity Act  
USP Proposes New Class for Obesity Agents

---

## Impact of Trump Administration on Health Policy

With the surprise victory of Donald J. Trump as President on November 8, 2016, and the re-election of Republican majorities in both the House and Senate, many questions have risen regarding the future of the Affordable Care Act (ACA) and health policy in general.

Affordable Care Act: One of the major priorities of the Trump Administration and the Republican Congress will be to repeal or eliminate several key provisions of the ACA. Even if Democrats in the Senate are able to block wholesale repeal, Republicans could gut some of the law's key provisions, such as premium subsidies for insurance, a requirement that Americans carry insurance and an expansion of Medicaid for the poor. Some of the law's popular consumer protections would likely remain in place, including the requirement that insurers cover everyone regardless of their health status (preexisting conditions) and the prohibition against charging sick people higher premiums.

HHS Secretary: Florida Gov. Rick Scott, former House Speaker Newt Gingrich and Ben Carson, former GOP presidential candidate are possible candidates – with Carson being the favorite right now. One longer shot would be Rich Bagger, the executive director of the Trump transition team and former pharmaceutical executive who led, behind-closed-doors, many of the meetings this fall with health care industry donors and executives.

## Trump Healthcare Reform Agenda

- Full repeal of the Affordable Care Act
- Implement free market principles to restore economic predictability to healthcare costs
- Modify existing law to prohibit the sale of health insurance across state lines
- Allow health insurance premiums to be fully deducted on their tax returns
- Expansion of Health Saving Accounts
- Price transparency from all healthcare providers
- Provide block-grants to states for Medicaid
- Remove barriers allowing safe, reliable, and cheaper pharmaceuticals to enter the market, such as importation

## Update on Treat and Reduce Obesity Act

Obesity advocates continue to urge House and Senate leaders to include the Treat and Reduce Obesity Act (TROA) in any of the must-pass end of year spending bills. Despite strong cosponsorship in both the House (163) and Senate (13), final passage of the bill is still in question given concerns over pending cost estimates from the Congressional Budget Office (CBO). In addition, many Republican lawmakers might prefer to wait until next Congress when the GOP will control both Congress and the White House before moving any major healthcare legislation.

While we are still evaluating the impact of the November 8th election on TROA House cosponsors, we know that one TROA Senate cosponsor – Senator Mark Kirk (R-IL) – has been defeated for reelection and will not be returning to Congress next year.

## OCAN Leaders Applaud USP for Proposing New Class for Obesity Agents in proposed Drug Classification System

On November 2, 2016, the Obesity Care Advocacy Network (OCAN) submitted comments to the USP Healthcare Quality Expert Committee – urging the committee to include obesity agents under both the current U.S. Pharmacopeial Convention (USP) Medicare Model Guidelines (MMG) and the newly proposed USP Drug Classification system (USP DC). The USP DC is

designed to address stakeholder needs emerging from the extended use of the USP MMG beyond the Medicare Part D benefit such as in state health exchange plans.

While OCAN expressed concern about Medicare's outdated coverage policy specific to obesity drugs, they did applaud USP for developing the USP DC and including a new class for obesity agents in the USP-DC. On November 21st, OCAN leaders will participate in a 1:1 meeting with USP staff to discuss areas of improvement regarding the new class for obesity agents.