
ASMBS Advocacy Update

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Trump Appoints Price and Verma to HHS and CMS

President-Elect Donald Trump recently nominated Representative Tom Price (R-GA) to lead the Department of Health and Human Services (HHS) and health care consultant Seema Verma to run the Centers for Medicare & Medicaid Services (CMS).

Congressman Price, a retired orthopedic surgeon, is the current Chair of the House Budget Committee and has been a leading voice in Congress for the “repeal and replace” Obamacare movement. He has four times introduced his own legislation to replace the 2010 health-care law, and he was part of a quartet of House committee chairmen who recently forged a GOP consensus document with 40 pages of proposed changes to the health-care system.

Seema Verma is an Indianapolis-based health-care consultant who designed the most far-reaching Medicaid experiment under the Affordable Care Act (ACA) that the Obama administration has allowed. It is based on the idea that beneficiaries should be required to take responsibility for their health and their finances. Under her plan, even some of the poorest residents were required to pay for part of their care. Verma is currently advising other Republican governors on how to alter their Medicaid programs in a similar fashion.

Update on Treat and Reduce Obesity Act

With Congress on the brink of adjournment sine die, obesity advocates are looking to the new Congress in 2017 and developing strategy to secure

passage of the Treat and Reduce Obesity Act (TROA) during the first session of the 115th Congress. Plans are to reintroduce the exact same legislative language for TROA that was used in the 114th Congress – allowing for quick recruitment of roughly 150 House and Senate cosponsors who will be returning to Congress in 2017.

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

On November 21, 2016, Obesity Care Advocacy Network (OCAN) leaders Joe Nadglowski, Pepin Tuma and Chris Gallagher represented OCAN during a 1:1 conference call with Diana Kwan, Associate Scientific Liaison at the U.S. Pharmacopeial Convention (USP) regarding the newly proposed USP Drug Classification system (USP DC).

OCAN leaders expressed deep appreciation to Dr. Kwan for USP including a new class for “anti-obesity agents” in the proposed USP-DC. While expressing appreciation for this new class, OCAN also questioned Dr. Kwan regarding the absence of CONTRAVE® (naltrexone HCl/bupropion HCl) and Qsymia® (Phentermine and Topiramate extended-release) in the new obesity category. Dr. Kwan responded that the individual components of these combination drugs are already included in the proposed USP-DC and therefore would be viewed as covered given the USP’s “guiding principles,” which state:

- Generally a drug in the associated list may appear in more than one USP Category or USP Class if there is a scientifically valid and clinically meaningful patient care issue.
- Combination drugs, and specific dosage forms/formulations/delivery systems, are generally not listed but may be included in the associated list if there is a scientifically valid and clinically meaningful patient care issue.

OCAN reasserted the request that USP include both Qsymia and Contrave when OCAN submitted its formal comments on December 5th – citing that there are scientifically valid and clinically meaningful patient care issues given current discriminatory benefit design practices and obesity bias and stigma.

OCAN leaders were also pleased to learn from Dr. Kwan that the USP has only received positive feedback regarding the new obesity drug class.

OCC Comments on Updated USPSTF Recommendations regarding Child and Adolescent Obesity

On November 28, 2016, the Obesity Care Continuum (OCC) submitted comments in response to the United States Preventive Services Task Force (USPSTF) proposed 2016 draft recommendation statement entitled, "Obesity in Children and Adolescents: Screening." In addition to applauding the USPSTF for adopting people-first language in the text of the recommendation and supporting evidence documents, OCC also urged the Task Force to include language into the formal recommendation statement that encompasses the frequency and specificity of interventions outlined in the accompanying evidence report (Comprehensive, intensive behavioral interventions with a total of 26 contact hours or more).