



Senate Chronic Care Working Group Options Paper
Missing Country's Most Costly Chronic Condition

Washington, D.C.— The Campaign to End Obesity Action Fund (“CEO Action Fund”) today expressed disappointment that the Senate Finance Chronic Care Working Group’s (“Working Group”) December policy options paper failed to include substantive measures to address the obesity epidemic, the nation’s most costly chronic disease. The CEO Action Fund stresses that the nation will be unable to rein in the rising costs of caring for individuals with chronic disease without policies to combat obesity and its more than 90 associated conditions, including cardiovascular disease, Type II diabetes, cancer, and arthritis.

Today, nearly 100 million Americans have obesity. The prevalence of obesity and obesity-related chronic diseases is one of the single largest drivers in rising U.S. health care spending. All told, U.S. spending on health care costs for obesity and obesity-related conditions totals more than \$300 billion every year. Given the Working Group’s original intent to identify impactful policy measures to improve outcomes for Medicare patients with chronic conditions and reduce the growth in Medicare spending, it is particularly disconcerting that no serious attention was paid to policy options for addressing obesity, the nation’s most costly chronic disease.

The Working Group’s failure contrasts with the number of viable and widely-supported policy options that already exist. Indeed, Members of Congress from across the ideological spectrum have responded to the U.S. obesity crisis by introducing various policy measures to promote positive health outcomes for individuals with obesity. One bipartisan, bicameral policy measure that enjoys the support of over 130 Members of Congress and more than 50 of the nation’s leading public health, industry, and patient advocacy organizations is the Treat and Reduce Obesity Act of 2015 (H.R. 2404/S. 1509). The bill would boost access for Medicare beneficiaries to obesity treatment options that are not currently available to many older Americans who have obesity. The Working Group’s policy options paper did not reference this measure.

If the nation intends to rein in health care spending while improving health outcomes for our aging population, it is critical that the Working Group include recommendations aimed at addressing the U.S. obesity epidemic. The CEO Action Fund appreciates the opportunity to work with the Working Group to include these policy measures in future iterations of this paper.

###