



January 22, 2016

The Honorable Johnny Isakson  
Senate Committee on Finance  
131 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Mark Warner  
Senate Committee on Finance  
475 Russell Senate Office Building  
Washington, D.C. 20510

RE: Bipartisan Chronic Care Working Group Policy Options Document – Obesity Actions

Dear Senators Isakson and Warner:

We thank you for your efforts to address the issue of chronic care, and would like to comment specifically on your draft proposals related to the important issue of tackling the obesity epidemic in this country. We were pleased by your inclusion of obesity-related language within your Policy Options document and appreciate your recognition of the importance of treating this chronic disease if we hope to improve patient health, generate better health outcomes and achieve long-term cost savings.

At Eisai Inc., human health care is our goal. We give our first thoughts to patients and their families, and helping to increase the benefits health care provides. As the U.S. pharmaceutical subsidiary of Tokyo-based Eisai Co., Ltd., we have a passionate commitment to patient care that is the driving force behind our efforts to help address unmet medical needs. We are a fully integrated pharmaceutical business with discovery, clinical, manufacturing and marketing capabilities. Our key areas of commercial focus include oncology and specialty care (Alzheimer's disease, epilepsy and metabolic disorders).

In its 2012 report "F as in Fat: How Obesity Threatens America", The Trust for America's Health (TFAH) and Robert Wood Johnson Foundation (RWJF) projected that if the rates of growth in obesity continue on the same trajectories, "the number of new cases of type 2 diabetes, coronary heart disease and stroke, hypertension and arthritis could increase 10 times between 2010 and 2020 – and double again by 2030". By their calculations, that would contribute to more than 6 million cases of Type 2 diabetes, 5 million cases of coronary heart disease and stroke and more than 400,000 cases of cancer in the next two decades. Obesity is recognized by many to be "the disease of diseases", and much of this future cost will be borne by the Medicare program.

Yet it is the only disease where current Medicare law and regulations actually prevent access to the full range of treatment options for these diagnosed patients. Current policy allows for screening, limited counseling, and then bariatric surgery for qualifying patients. Medicare inexplicably prohibits access to new FDA-approved therapies and excludes certain professionals who can coordinate care and increase adherence from reimbursement for their much needed services. The current system runs counter to your stated bipartisan goals, resulting in poor health outcomes and increased costs.

We appreciate the Committee's recognition of the impact obesity has on overall health and its relation to and/or exacerbation of chronic disease. We too share the Committee's concern over the impact obesity has on our health care system and concur with the multifaceted approach you take in



understanding and treating the disease.

We believe it is critical to arm patients and providers with the tools they need to address this disease. The overall costs of obesity to the health care system – public and private – have already been well-documented in studies and reports from entities such as the Robert Wood Johnson Foundation (cited above), the Centers for Disease Control, medical professional societies and the advocacy community. The longer we delay in acting upon obesity's impact on health outcomes and budgets, the more human and budget costs we add to the currently burdened systems of care.

We continue to support the Treat and Reduce Obesity Act as the most direct means to address the treatment gaps facing Medicare recipients. Absent a full incorporation of the Treat and Reduce Obesity Act, we stand ready to work with the committee to ensure that options to treat Medicare beneficiaries suffering with obesity extend beyond bariatric surgery especially to those with a BMI of 30 or above. Advancing treatment choices to this subset of the Medicare population would be an enormous and welcome step forward.

Thank you again for your recognition of addressing obesity in the Working Group's package. We look forward to working with the committee and staff to further refine the policy options concerning obesity to arm physicians and patients with all the tools currently available to them to treat obesity. Should you need additional information, please feel free to contact me directly at [timothy\\_clark@eisai.com](mailto:timothy_clark@eisai.com), or (202) 347-7358.

Best regards,

Timothy Clark  
Senior Director  
Government Affairs, Policy and Corporate Advocacy

CC:                      The Honorable Orrin Hatch  
                              The Honorable Ron Wyden