



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

September 30, 2011

Donald Berwick, M.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1524-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Proposed Decision Memo for Intensive Behavioral Therapy for Obesity (CAG-00432N)

Dear Dr. Berwick:

I am writing on behalf of the American Psychological Association (APA), the largest scientific and professional organization representing psychology in the United States and comprised of 154,000 researchers, educators, clinicians, consultants, and students. Psychologists provide Medicare beneficiaries with critical mental and behavioral health services, including psychotherapy, testing, and health and behavior assessment and intervention. APA wishes to share with you our comments on the proposed decision memo for intensive behavioral therapy for obesity.

We strongly support the intent of the Centers for Medicare and Medicaid Services (CMS) to provide beneficiaries with intensive behavioral counseling and behavioral therapy (hereafter referred to as behavioral services) for obesity to modify such critical health factors as diet and exercise. As discussed in the proposed decision memo, obesity in the U.S. has increased significantly in the past three decades and is associated with a number of serious, chronic diseases, including diabetes and cardiovascular disease. Behavioral interventions for the treatment of obesity are effective and much less costly than surgical procedures. (We would be pleased to provide citations to research studies that provide empirical support for this finding.)

We vehemently object, however, to the severe limitations CMS is proposing on how these services can be furnished. By failing to include psychologists as providers of behavioral services, CMS will prevent Medicare beneficiaries from accessing psychological services that have been proven effective in treating obesity. In addition, we see no purpose in limiting the

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Chief Executive Officer

benefit to services provided in primary care settings when beneficiaries suffering from obesity could readily be treated in other community settings. Furthermore, a given primary care setting may not have qualified health care providers on staff with the requisite training, skill, and experience to offer behavioral services for obesity.

Our specific recommendations to address these two critical concerns are as follows:

1. Psychologists must be recognized as providers of behavioral services for obesity

CMS is proposing to allow only physicians, nurse practitioners, clinical nurse specialists, and physician assistants in primary care settings to furnish behavioral services to Medicare beneficiaries with obesity. There is no mention of psychologists, who have the most extensive training in behavioral interventions of all health care professionals. In fact, most of the evidence base supporting behavioral interventions for obesity and diabetes consists of work by psychologists and behavioral scientists, such as the multi-site study by the National Institutes of Health on the effectiveness of behavioral change in preventing diabetes.¹

Omitting psychologists from the proposed decision memo was an oversight that must be corrected. Psychologists have significant expertise in developing and applying behavioral interventions to address physical health problems. Psychologists provide the vast majority of health and behavior assessment and intervention services to assist patients with a variety of acute and chronic conditions. Medicare beneficiaries struggling with obesity will benefit from the knowledge and skills that psychologists have in providing behavioral services.

2. Behavioral services for obesity should not be limited to primary care settings

We see no reason why behavioral services for obesity should be limited to primary care settings. Many other locations, such as the office of a specialty provider or a clinic that focuses on conditions related to obesity (e.g., diabetes and cardiovascular disease) could also serve Medicare beneficiaries who suffer from obesity. Making access to behavioral services more convenient and available will encourage beneficiaries with obesity to utilize these services resulting in a potentially greater impact on public health.

Conclusion

Thank you in advance for your attention to our concerns. We look forward to hearing that CMS will adopt our recommendations to add psychologists as providers of behavioral services for obesity and to allow these services to be provided in settings beyond primary care. If you have any questions or would appreciate additional information, please contact Diane Pedulla, J.D.,

¹ <http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/>

Director of Regulatory Affairs with our APA Practice Directorate, at (202) 336-5889 or dpedulla@apa.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'NBA', with a long horizontal flourish extending to the right.

Norman B. Anderson, Ph.D.
Chief Executive Officer