

I had bariatric surgery in Feb2017 by Dr. Byrne and his highly professional staff. I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity. I had a BMI of ~46. Prior to the surgery I weighed 327lbs on my 5'11" frame. My knees were bothering me frequently and my mental wellness was suffering due to depression and possibly due to the multiple diabetic medications I was taking. I quit smoking in 2011 and was going to college full time while working. I gained over 100 lbs in three years. After graduation, I made many attempts to exercise and change my diet. I quit fast food altogether, but I think my stomach was so large that it was very difficult to become satiated and my meals were always large. I was able to lose 20-30lbs over five years several times by exercising, but each time I either injured my knees or loss motivation to work out, then gained the weight back. After five years, I still weighed 327lbs and finally realized that I would not be able to accomplish sustainable weight loss on my own. I worked with my PCP and Dr. Byrne's staff for almost two years before finally deciding to have the surgery. Since the surgery, I've lost 60lbs and eight inches on my waste. I'm completely off of all diabetic medicine. My mental health is much more stable and I am happier in life. I'm so very pleased that I had the RNY surgery. The surgery went very well. I was up and walking eight hours after the surgery and only spent one night in the hospital. It was amazing. I'm hoping to lose another 40 pounds over the next year. I have experienced an increased usage of alcohol and gambling since the surgery. I'm working very hard to get these shortfalls under concern and was advised during the pre-surgery process that this was possible. It is also possible for me to eat more than I should. I wish he'd made my stomach pouch a bit smaller because I'm concerned it is already stretching again. But again, I'm trying to focus on eating the right amounts of the right foods. I focus heavily on protein and vegetables and staying away from carbs altogether. I love golf and try to walk 18 holes a couple times per week. I've found this to be much more enjoyable since the surgery due to the increased endurance and less knee pain. Personally, I can testify that bariatric surgery has improved Diabetes; Cardiovascular; Respiratory outcomes; Musculoskeletal; and Quality of life for me. It has also improved my job/family/other. I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments so that all patients in need receive the same benefit I enjoy. I truly believe that so many people I know and interact with would greatly benefit from the bariatric surgery and have recommended they begin the process with takes about a year to prepare for. I think most are concerned that it is such a major and risky surgery and most think that it isn't effective because we know folks who had the lap band, which was not as effective as they'd wished. I'd be glad to share my story in other forums. Thank you

**[Name withheld]**

**[PHI Redacted]** I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

Personally, I can testify that bariatric surgery has improved Diabetes, Cardiovascular problems, Musculoskeletal problems, and Quality of life for **[PHI Redacted]**.

I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments so that all patients in need receive the same benefit.

Thank you for your time and consideration.

Laura Ezzell

**[PHI Redacted]**

July 28, 2017

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for 4 years and have treated over 1500 patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved diabetes, cardiovascular disease, respiratory disease, and musculoskeletal disease for my patients within one year and provides benefits well beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

- I strongly support the concept that obesity treatment discussions include not only the risks and benefit of different treatment options, but just as importantly, the health risks ineffective treatment or not treating this disease.
- I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.
- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled.

In summary, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Spann, Matthew Drake

[matthew.d.spann@vanderbilt.edu](mailto:matthew.d.spann@vanderbilt.edu)

July 24, 2017

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been a nurse for 24 years. I had bariatric surgery 16 years ago. For the past 14 years, I have worked with those affected by severe obesity. Every day I see lives changed, lives given back, comorbidities resolved and the return of hope and self-worth. I write today to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

Personally, I can testify that bariatric surgery has resolved my joint pain, GERD, hypertension and had a huge impact on my quality of life. It has also improved my job/family/other. My husband had bariatric surgery 2.5 years ago and within three months had complete resolution of his type 2 diabetes, hypertension, sleep apnea and high cholesterol. At age 63 is more active than he was at age 53.

I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments so that all patients in need receive the same benefit I enjoy.

Thank you,

Pam Davis, RN, CBN, MBA | BARIATRIC PROGRAM DIRECTOR  
TriStar Centennial Medical Center  
2200 Murphy Avenue | Nashville, TN 37203  
office: 615.342.7490 | fax: 615.342.1814 | website: cmcwls.com  
For additional support: [View our Online Seminar](#)  
[View our Newsletter](#) | [View our Calendar](#)



To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in Healthcare for 40 years and have treated thousands of patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity and promoting better health, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. I have seen first-hand how bariatric surgery has improved Diabetes, Cardiovascular, Respiratory outcomes, Musculoskeletal, Gynecologic & Reproductive systems and most importantly Quality of life for my patients within one year. The sustainability and benefits provided are seen 5 years & beyond. I am a firm believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery. Furthermore as a citizen interested in lowering healthcare costs, I have seen the reduction of comorbidities when bariatric surgery is offered. When treatment and intervention is offered earlier in the disease stage, I have seen the need for other costly treatments diminish with resolution or slowing of disease progression requiring other costly treatments such as total joint replacement, spine surgery, or dialysis for diabetes progression.

- I strongly support the concept that obesity treatment discussions include not only the risks and benefit of different treatment options, but just as importantly, the health risks ineffective treatment or not treating this disease.
- I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.
- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled.

Sharon Hillgartner APRN, WHNP, BC, CBN

( Medical Provider & Bariatric surgery patient--successfully at a healthy weight/BMI 13 years after surgery & at a max wt of 325lbs)

PENNSSTATE



**Milton S. Hershey Medical Center**  
**College of Medicine**

*Laparoscopic and General Surgery*  
*Minimally Invasive and Bariatric Surgery*

*Ann M. Rogers, MD, FACS*  
*Professor of Surgery*  
*Vice Chair for Leadership & Development*  
*Director, Penn State Surgical Weight Loss Program*  
*Co-Director, MIS/Bariatric Fellowship Program*  
*500 University Drive, MC - H149*  
*Hershey, PA 17033*  
*(717)531 7462 Tel, (717)531 4729 Fax*

July 21, 2017

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for 11 years and have treated over 3000 patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

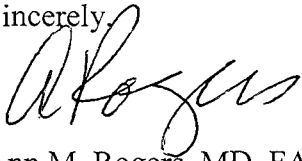
As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved diabetes, asthma, thyroid disease, joint pain, quality of life, and many more issues for my patients within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

- I strongly support the concept that obesity treatment discussions include not only the risks and benefit of different treatment options, but just as importantly, the health risks ineffective treatment or not treating this disease.
- I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.
- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled.

In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Rogers". The signature is fluid and cursive, with a large initial "A" and a long, sweeping underline.

Ann M. Rogers, MD, FACS, FASMBS

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for 3 years and have treated over 500 patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved Type 2 diabetes, cardiovascular diseases, musculoskeletal issues, and quality of life for my patients within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

- I strongly support the concept that obesity treatment discussions include not only the risks and benefit of different treatment options, but just as importantly, the health risks ineffective treatment or not treating this disease.
- I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.
- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.

In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Sincerely,

Helaine Krasner, RD, CDN

Registered Dietitian Nutritionist

Bariatric Center of Excellence

Mather Hospital

75 North Country Road

Port Jefferson, NY 11777 [hwkrasner@msn.com](mailto:hwkrasner@msn.com)



To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice as a registered dietitian, health psychologist, and currently as a bariatric surgery program coordinator now for over 10 years and have treated thousands of patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved diabetes, cardiovascular disease, and most importantly to me as a dietitian and health psychologist, their quality of life and ability to function, interact and participate in their lives within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

- I strongly support the concept that obesity treatment discussions include not only the risks and benefit of different treatment options, but just as importantly, the health risks ineffective treatment or not treating this disease.
- I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.
- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled.

In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Nina Crowley  
[crowleyn@musc.edu](mailto:crowleyn@musc.edu)

(FILL IN EACH X WITH YOUR OWN EXPERIENCE AND PLEASE PERSONALIZE)

July 18, 2017

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I am a licensed, doctoral-level clinical psychologist, and I have been in obesity medicine and bariatric surgery practice for over 15 years and have treated thousands patients with obesity. Obesity negatively affects every system in the body, and has pervasive adverse effects on mental health and quality of life. Currently, bariatric surgery is the most (and really the only) effective long-term treatment for obesity. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery and other obesity medicine interventions provide significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has been scientifically shown to improve a host of serious medical conditions, including diabetes, cardiovascular disease, sleep apnea, and others, showing benefits within one year after surgery, with benefits persisting well beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote and support effective, evidence-based treatments. I support a disease-model approach to obesity that incorporates a continuum of care based on stage of disease, ranging from behavioral and/or dietary counseling, to FDA-approved medications and devices, and finally, to bariatric surgery.

- I strongly support the concept that obesity treatment discussions must include not only the risks and benefit of different treatment options, but just as importantly, the health risks of ineffective treatment (or not treating) this disease.
- I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.
- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled, since the preponderance of scientific evidence supports the efficacy of bariatric surgery for this population.

In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who have medical indications for this treatment option.

Stephanie Sogg

[ssogg@mgh.harvard.edu](mailto:ssogg@mgh.harvard.edu)

I applaud the decision to investigate the health outcomes of patients after bariatric surgery. We live in a great era of change in health care and it is understandable that the federal government is finding innovative ways to deliver superior quality care in a cost-effective manner.

I am writing this letter of support on behalf of the approximately 160,000 bariatric surgery patients receiving life-saving treatment each year.

As you know, morbid obesity and its related comorbid disease represent the greatest threat to the modern health care delivery system. A recent economic study revealed that obesity-related disease treatment might exceed \$210 billion per year. The cost of obesity-related absenteeism is roughly \$4.3 billion per year. These numbers have been steadily increasing over the past ten years as the obesity epidemic continues to ravage our nation.

No state is immune to this modern plague. In fact, obesity affects almost 30% of all of the nation's citizens.

Fortunately, there is an effective weapon for those patients that suffer from this disease. Bariatric surgery has been shown to be the most effective tool against morbid obesity and related disease. The weight loss achieved after bariatric surgery has been shown to far exceed those achieved with diet and exercise programs alone. The length of the benefits of surgical treatment of morbid obesity have been measured in years

Not only is bariatric surgery a powerful tool for weight loss, the metabolic changes after surgery have been shown to place comorbid conditions such as type 2 diabetes, hypertension, and sleep apnea into remission. In the most recent issue of the New England Journal of Medicine, the STAMPEDE trial demonstrates the superiority of bariatric surgery as compared to medical therapy alone in the control of type 2 diabetes, even 5 years after surgery. In addition, bariatric surgery has been shown reduce the risk of dying from major vascular events like heart attacks and strokes by about 50%.

Because of its ability to combat obesity related disease, the economic benefits of bariatric surgery continue to impress skeptics. There is significant return on investment for those health care entities that support bariatric surgery. Bariatric surgical patients have decreased post-operative prescription costs, decreased medical interventions due to comorbid disease, decreased disability, and increased productivity. Due to these factors, 47 state employee plans and the federal employee health care plan currently offer coverage for bariatric surgery.

Medicare has an opportunity expand delivery of the best weapon against obesity and its related diseases: bariatric surgery. Any loss or reduction these benefits for the population receiving benefits from CMS will be devastating.

If you have any questions regarding the tremendous beneficial impact that bariatric surgery has on the lives of patients, I will be more than happy to comment as I will be attending the meeting in Baltimore.

John Scott  
[jdsconfig@ghs.org](mailto:jdsconfig@ghs.org)

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for 9 years and have treated hundreds patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved type 2 diabetes mellitus, cardiovascular disease, obstructive sleep apnea, hyperlipidemia, immobility from degenerative joint disease, and quality of life for my patients within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

- I strongly support the concept that obesity treatment discussions include not only the risks and benefit of different treatment options, but just as importantly, the health risks ineffective treatment or not treating this disease.
- I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.
- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled. This is being done around the world and there is good data on this. In fact, the Cleveland Clinic is now offering bariatric surgery to such patients.

In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Carson Cunningham, M.D.

Bariatric Surgeon

St. Francis Health System

Cape Girardeau, Missouri

[carsonmd@gmail.com](mailto:carsonmd@gmail.com)

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for 4 years and have treated hundreds of patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved diabetes outcomes, high blood pressure outcomes, quality of life, happiness, and longevity for my patients. The literature is clear that these benefits extend beyond five year. There are now MULTIPLE studies showing a clear benefit beyond five year. I am also an obesity researcher and have published numerous manuscripts that support the impact that bariatric surgery has on improved weight loss and quality of life.

I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

- **I strongly support the concept that obesity treatment discussions include not only the risks and benefit of different treatment options, but just as importantly, the health risks ineffective treatment or not treating this disease.**
- **I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.**
- **I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.**

- **I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled.**

In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. **I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.**

Sincerely,

Luke M. Funk, MD, MPH, FACS, FASMBS

Assistant Professor of Surgery

University of Wisconsin-Madison

Madison, WI

[funk@surgery.wisc.edu](mailto:funk@surgery.wisc.edu)

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for 13 years and have treated thousands of patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved diabetes, heart function, breath function, mobility, and most importantly quality of life for my patients within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

- I strongly support the concept that obesity treatment discussions include not only the risks and benefit of different treatment options, but just as importantly, the health risks ineffective treatment or not treating this disease.
- I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.
- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled.

*On a personal level, I have multiple family members who also suffer from obesity. I have witnessed directly the major improvements in their health and functioning that are a result of the weight loss achieved with bariatric surgery.*



In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Sincerely,

Valerie J. Halpin, MD

Medical Director

Legacy Weight and Diabetes Institute

Portland, OR 97210

503-413-7557

[vhalpin@lhs.org](mailto:vhalpin@lhs.org)

July 26, 2017

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for 15 years and have treated over 4000 patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved diabetes, hypertension, sleep apnea, high cholesterol, joint pain and, most importantly, quality of life for my patients within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

- I strongly support the concept that obesity treatment discussions include not only the risks and benefit of different treatment options, but just as importantly, the health risks of ineffective treatment or not treating this disease.
- I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.
- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled.

In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

David Voellinger

[dcvoellinger@novanthealth.org](mailto:dcvoellinger@novanthealth.org)

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for 13 years and have treated hundreds of patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved diabetes; cardiovascular disease; chronic pain and quality of life for my patients within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

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- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled.

In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Kelli Hughes  
[kchughe1@sentara.com](mailto:kchughe1@sentara.com)

SAMPLE RESPONSE - PLEASE INDIVIDUALIZE

**[PHI Redacted]**

I lori lambert strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments so that all patients in need receive the same benefit I enjoy.

Lori Lambert

[llambert@lexington1.net](mailto:llambert@lexington1.net)

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I am a Registered Dietitian working with obese patients for 10 years and have treated thousands of patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved Cardiovascular Health for my patients within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

- I strongly support the concept that obesity treatment discussions include not only the risks and benefit of different treatment options, but just as importantly, the health risks ineffective treatment or not treating this disease.
- I strongly advocate for CMS to introduce a public awareness campaign that details the health consequences of obesity and promote all available evidence-based treatments.
- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled.

In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Rebecca Fuller, RD, LD, CNSC  
Cardiovascular Intensive Care Clinical Dietitian  
fullerre@muscc.edu

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for 1 years and have treated 300 patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved Diabetes, hypertension, hyperlipidemia, sleep apnea, Musculoskeletal; and Quality of life for my patients within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

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- I also strongly support a national quality metric that requires a physician-patient discussion of obesity treatment options or referral for treatment for every patient with obesity.
- I would ask you to consider changing indications for bariatric surgery to include patients with BMI 30-35 and diabetes that is inadequately controlled.

In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Thank you,

Subhash Reddy

[subhash.reddy@bypassdoc.com](mailto:subhash.reddy@bypassdoc.com)

July 28, 2017

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for 21 years and have treated over 3000 patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved Diabetes and Quality of life for my patients within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

As someone who cares deeply about treating obesity and its impact upon the health of the nation, I would ask that the 2017 MEDCAC panel recommend to raise awareness of obesity's consequences and to promote effective evidence-based treatments. I support a disease model approach to obesity that incorporates a continuum of care based on stage of disease from counseling, to FDA approved medications and devices, and finally to bariatric surgery.

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In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Charles Mitchell, Jr

[kenmitchell@icloud.com](mailto:kenmitchell@icloud.com)

July 28, 2017

To The Centers for Medicaid and Medicare Services' Medicare Evidence Development & Coverage Advisory Committee (MEDCAC):

I have been in bariatric surgery practice for (5) years and have treated more than (600) patients with obesity. Obesity negatively affects all organs and medical interventions. Furthermore, those who suffer with obesity come from all walks of life. I am personally aware of the benefit that bariatric surgery provides to these patients in need and I write to strongly affirm that bariatric surgery provides significant relief from the burden of obesity.

As a health care provider engaged in battling the epidemic disease of obesity, I am familiar with the significant evidence base that supports the safety and effectiveness of bariatric surgery. Personally, I can testify that bariatric surgery has improved (Diabetes; Cardiovascular; Respiratory outcomes; Musculoskeletal; Infertility ; OSA related to obesity and Quality of life) for my patients within one year and provides benefits beyond 5 years. I am a strong believer in tracking outcomes and assert that accreditation that is clinically based and quality oriented is the best approach to maintain accurate and current evidence for bariatric surgery outcomes. A Qualified Clinical Data Registry (QCDR) such as the American College of Surgeons/American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2017.

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In sum, obesity is our country's leading public health issue and it impacts all aspects of medical care for those with the disease. I am 100% in favor of creating a disease model for obesity that provides evidence-based care according to the severity of disease. There is clear and



overwhelming evidence that bariatric surgery is the most effective treatment option for patients who meet criteria for treatment.

Magdy F. Giurgius, MD, MBChB, MSc  
Surgery Chair, Ozarks Medical center  
General, Minimally Invasive & Bariatric Surgery  
Diagnostic & Therapeutic Endoscopes