



October 3, 2007

Dear Senator/Representative:

On behalf of Trust for America's Health (TFAH), a non-profit, non-partisan organization dedicated to saving lives, protecting the health of every community and making disease prevention a national priority, thank you for your leadership in protecting the health of our nation's children. By including a demonstration project to develop a comprehensive and systematic model for reducing childhood obesity in H.R. 976, the *Children's Health Insurance Program Reauthorization Act of 2007*, you have taken an important step in addressing one of the most critical issues confronting our public health system – soaring childhood obesity rates. In light of the President's unfortunate veto of this legislation, Congress now has an opportunity to consider adding further obesity-related provisions to the bill to help mitigate this growing childhood epidemic.

TFAH recently released its fourth annual obesity report, *F as in Fat: How Obesity Policies are Failing in America – 2007*. The report finds that obesity rates continued to rise in 31 states over the past year, with no states experiencing a decrease, with the rate of childhood obesity more than tripling from 1980 to 2004. Approximately 25 million children are either overweight or obese, resulting in a significant health and economic impact to the nation.

While TFAH is pleased that an obesity provision was included in the legislation that passed, we hope you will not miss this opportunity to include a health insurance style benefit for obesity-related services as the provisions of the Children's Health Insurance Program (CHIP) are reviewed. As you know, most private insurance plans do not provide coverage for obesity-related services; as a result, these benefits may not be part of the "benchmark" plans from which stand-alone CHIP coverage is developed. In order to more effectively address rising childhood obesity rates, basic anti-obesity benefits should be covered by CHIP beneficiaries. There is precedent for this sort of coverage as Medicare covers medical nutrition therapy for beneficiaries with diabetes or renal disease. But the Medicare benefit, which is aimed at adults used to dealing with medical advice, counseling, and treatment, may not be adequate for the children covered by CHIP.

Therefore, we propose inclusion of a benefit in CHIP based on coverage provided to all children under Blue Cross Blue Shield of North Carolina as of November of 2006. Details of this proposal are attached.

Again I want to commend your leadership and thank you for working on this important public health issue. TFAH looks forward to working with you on this and other important public health initiatives in the future. If you have any questions, please do not hesitate to contact Richard Hamburg at (202) 223-9876.

Sincerely,



Jeffrey Levy, PhD
Executive Director