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Comment On: CMS-2023-0150-0001

Satisfaction of Nursing Homes, Hospitals, and Outpatient Clinicians Working with the CMS Network of Quality Improvement and Innovation Contractors Program (NQIIC) (CMS-10769)

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Submitter Information

Name: Rick Hodgkins

Address:

Citrus Heights, CA, 95610

Email: Hodgepodge778@gmail.com

Phone: 916-580-8883

General Comment

I am commenting on legislation that has been introduced ever since 2021. And even though the attachment I'm going to add is the 2021 version of the bill, I would like to make clear, that there is currently a 2023 version of the bill.. This bill is just known as the TROA, treat and reduce obesity act. It is my understanding neither Medicare nor Medicaid, known as Medi-Cal in California, does not pay for any treatment related to obesity, other than treatment for diabetes. Furthermore, I would like to submit, back in 2012, the American medical association characterizes obesity, not as a character or ego flaw, but as a disease! I disease that which can be caused by a number of different factors. Particularly in my case, I suffer from a rare form of obesity, known as, Hypothalamic obesity, because my pituitary gland is damaged, as is my hypothalamus! And that the FDA just approved a new medication as you well know, that while not specifically for people with Hypothalamic obesity, that they can work to a certain degree and up to some extent. But that what people with Hypothalamic obesity really need, is something that which has been given orphan drug designation by the FDA, has not gone through any more clinical trials since 2021 and early 2022, is what is called a TMARI, or triple monoamine reuptake inhibitor, that which would work on three different neural transmitter pathways. The dopamine pathway, neural adrenaline pathway and the serotonin pathway. intern, that the medication would be doing two things, it would normalize and speed up metabolic function, thereby normalizing blood sugars, so that this appears to mean type two diabetes can be cured, and, it also sensitizes the person with Hypothalamic obesity to Lipton, as that we are leptin resistant. Hypothalamic obesity can definitely result from two different factors. The first of that which, and most common, are tumors of the hypothalamus, that which have been taken out, leaving the person excessively hungry with an insatiable appetite! Second, if the hypothalamus is ectopic, such as in my case, The symptoms may not be as severe, but are moderate. Nevertheless, that

when it comes to my case, I have been obese since age 5. So for 40 years! What ectopic means, is that the hypothalamus is in an abnormal position in the brain. To put it more specifically, it is off by itself somewhere like a deserted island . Bariatric surgery won't help with this population, because of the emotional, mental, verbal and psychological abuse that we put up with from family and professionals in our lives. We don't eat because we're anxious, angry, bored and or depressed. We might treat ourselves for a job well done, but that the words and treats are few and far in between! in other words, that we don't have hedonic hunger, shortened to, head hunger. My interpretations of what certain medicines do, is based upon my experience. Thank you, and now, for the attachment.

Attachments

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