January 16, 2024

ATTN: United States Preventive Care Services Task Force

The Obesity Action Coalition (OAC) is pleased to provide the following comments regarding the United States Preventive Services Task Force Draft Recommendation Statement entitled, "High Body Mass Index in Children and Adolescents: Interventions." We appreciate the attention placed on this important topic.

The OAC is the leading national non-profit dedicated to serving people living with obesity through awareness, support, education, and advocacy. Our vision is to create a society where all individuals are treated with respect and without discrimination or bias regardless of their size or weight. We strive for those affected by the disease of obesity to have the right to access safe and effective treatment options. And we educate all individuals to understand that when it comes to health, weight matters. OAC has a strong and growing membership of over 80,000 individuals affected by obesity across the United States.

Access to Care

OAC is pleased that the Task Force continues to recommend that the most effective behavioral interventions to address childhood or adolescent obesity are comprehensive and intensive in nature. However, we are concerned that these types of intervention are not uniformly available to many children, especially those in underserved settings. And even if they are available, it may be very difficult for children/parents to maintain consistent participation due to various barriers such as transportation, difficulty getting time off from work and school. Nor are many of these programs delivered with fidelity to the methods described in the studies when scaled-up for broader dissemination.

The OAC believes that the Task Force should include language into the formal recommendation statement that encompasses the frequency and specificity of interventions outlined in the accompanying evidence report (Comprehensive, intensive behavioral interventions with a total of 26 contact hours or more) Absent clear language regarding these parameters in the recommendation statement itself, many health insurance plans will continue to define what the plan believes to be sufficient level interventions.

While the OAC appreciates the continuing work of the Task Force and its recommendations surrounding interventions for children and adolescents affected by obesity, we are concerned that USPSTF is employing a double standard in its work in this area compared to other chronic disease states.

Obesity is a Chronic Disease

Obesity has been recognized as a disease by major medical organizations such as the American Medical Association, American Academy of Family Physicians, American Association of Clinical Endocrinologists, American Diabetes Association, American Heart Association, National Institutes of Health, and the World Health Organization. For these reasons, we are troubled about USPSTF's lack of acknowledgement that obesity

is a complex, multifactorial, refractory, and relapsing disease with strong biological origins. The Task Force's decision to instead focus on "high BMI" is perplexing. **We recommend updating the document by replacing "high body mass index" with "obesity." In concordance, we suggest updating the title of the document to "Obesity in Children and Adolescents: Interventions."**

Level Playing Field

Treating obesity takes a comprehensive approach – one that encompasses behavioral counseling, pharmacotherapy and surgery. We are concerned that the Task Force is employing a biased lens when evaluating interventions for individuals affected by obesity.

USPSTF makes a number of statements regarding the potential harms and lack of long-term data surrounding Food & Drug Administration (FDA) approved anti-obesity medications (AOMs). For example, the Task Force makes no real distinction between actual harms and pharmacological side effects. Harms should be strictly limited to things that outweigh the benefits of sustained weight loss/obesity management. In addition, there is no discussion about the different classes of obesity and potential harms/benefits. For example, for someone with Class 3 obesity the harms/benefits of an intervention may be different for someone with Class 1 obesity.

OAC is also concerned that USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing pharmacotherapy - citing the reason being that only 12 months of long-term data is available on the efficacy of AOMs. In contrast, the Task Force assigned a B recommendation for behavioral therapy based on only 14-17 months of data. In addition, USPSTF does not even mention treatment via metabolic/bariatric surgery (MBS) for children and adolescents, despite the newly updated 2022 Guidelines on Indications for Metabolic and Bariatric Surgery issued by the American Society for Metabolic and Bariatric Surgery (ASMBS) and the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO). The 2022 Guidelines recommend MBS for individuals with a BMI of 35 or more "regardless of presence, absence, or severity of obesity-related conditions," and recommend that MBS be considered for people with a BMI 30-34.9 and metabolic disease and in "appropriately selected children and adolescents." All the above-mentioned treatment avenues are equally critical components of comprehensive obesity care and should receive equal consideration by the Task Force.

The Lived Experience

Access to quality obesity care matters to individuals and families living with obesity. The following stories represent real-world experiences of two OAC patient members and their families and their struggle to access bias-free and comprehensive obesity care.

From Erika C:

"From toddlerhood, it was very obvious that my daughter was gaining weight at an abnormal trajectory in comparison with her peers. Seeking the advice of medical professionals, I was always given the tag line that they believe in a "wait and see" approach and that "I decide what she eats, she decides how much she eats". However, my daughter's appetite was seemingly insatiable and her weight was increasing at an alarming rate. I feel like the time and money I spent trying to find her help on my own (sending her to expensive camps, etc.) was wasted. She clearly needed comprehensive medical care, intensive behavioral interventions, and obesity care. A great deal of her childhood was spent seeking partial/band-aid solutions that were not serving her long term. I am thankful that we finally found what we needed through the Children's Mercy Kansas City Weight Management Clinic. We would have been so much better off had we access to that care earlier."

From Liz P:

"As a mother living with obesity who has children living with obesity, I am often frustrated and angry at the healthcare system and doctors that at the same time blame and shame my children and I for our weight while simultaneously offering no access to treatments or therapies that can support the improvement our disease. This happens most often without any knowledge of our family's healthy habits or efforts we have made to improve our health and weight.

So much is debated in the media and clinical arenas about whether accessing intensive behavioral treatments causes weight stigma or disordered eating in children, but the reality, at least in our experience, is that children already are experiencing weight stigma, bias, and families are too often left to their own unguided efforts to care for themselves. We fail children living in larger bodies by failing provide for access to science-based, stigma-free, compassionate care, that recognizes the need for dignity, worth AND health."

Again, the OAC appreciates this opportunity to provide feedback to the Task Force regarding this critical recommendation. We are hopeful that USPSTF will carefully review our comments and amend the recommendation to encompass all evidence-based treatment avenues for obesity that would be appropriate for children and adolescents above age 6 following screening and in consultation with a patient's primary care provider.

Should you have any questions or need additional information, please feel to contact me or OAC Policy Consultant Chris Gallagher via email at chris@potomaccurrents.com. Thank you.

Sincerely

Joseph Nadglowski, Jr.
OAC President and CEO