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The Honorable Nancy Tate
702 Capital Ave
Annex Room 351A
Frankfort, KY 40601

email: Nancy.Tate@lrc.ky.gov

RE: Support for the Commonwealth of Kentucky, General Assembly Bill 24 RS BR 1087 - An Act Relating to Obesity Treatment

Dear Representative Tate,

On behalf of the Obesity Action Coalition (OAC), a national non-profit organization dedicated to giving a voice to individuals affected by the disease of obesity, we are pleased to express our strong support for passage of General Assembly Bill 24 RS BR 1087 - An Act Relating to Obesity Treatment, which would allow for evidence-based intensive behavioral therapy and FDA-approved anti-obesity medication coverage under Kentucky Medicaid.

The Obesity Action Coalition proudly serves 1,052 members living in Kentucky and backed by more than 80,000 members across the United States. We applaud this legislation, as it improves access to obesity care and updates state policies into alignment with advances in science and innovation. Throughout the past decades, the prevalence of obesity has skyrocketed across our country and in Kentucky – with 38% percent of adults and more than 26% percent of children (ages 10- 17) in the state currently affected by obesity.¹

Despite these facts, many policymakers continue to view obesity as a lifestyle choice or personal failing. Others acknowledge that obesity is a chronic and complex disease, but they believe that all that's needed is more personal will power and prevention programs. These perceptions and attitudes, coupled with bias and stigma, have resulted in health insurance plans taking vastly different approaches in determining what and how obesity treatment services are covered by insurance. It's time for health plans (public and private) to adopt a comprehensive benefit approach toward treating obesity.

There are multiple evidence-based treatments for people with obesity that mitigate the impacts of the disease and improve health outcomes. Unfortunately, the present landscape of obesity treatment coverage remains

¹ Trust for America's Health. State of Obesity 2023: Better Policies for a Healthier America.
[file:///Users/tracyzvenyach/Downloads/TFAH-2023-ObesityReport-FINAL%20\(4\).pdf](file:///Users/tracyzvenyach/Downloads/TFAH-2023-ObesityReport-FINAL%20(4).pdf)

piecemeal and laden with hurdles to receive comprehensive care. We applaud Kentucky for moving to eliminate unscientific barriers to care – both for the long term and immediate health of those affected by obesity.

Since 2013, when the American Medical Association adopted formal policy declaring obesity as a complex and chronic disease and supporting patient access to the full continuum of evidence-based obesity care, numerous federal and state policy organizations have echoed the AMA's position. These include the National Council of Insurance Legislators, National Lieutenant Governors Association, National Hispanic Caucus of State Legislators, and the National Black Caucus of State Legislators, Veterans Health Administration, and the Federal Office of Personnel Management.

Further, the American Academy of Pediatrics (AAP) released their evidence-based recommendations on medical care for those age 2 and older as part of its new "Clinical Practice Guideline (CPG) for the Evaluation and Treatment of Children and Adolescents with Obesity." The AAP guidelines contain key action statements, which represent evidence-based recommendations for evaluating and treating children with overweight and obesity and related health concerns. These recommendations include motivational interviewing, intensive health behavior and lifestyle treatment, pharmacotherapy and metabolic and bariatric surgery. The approach considers the child's health status, family system, community context, and resources. The comprehensive evidence-based recommendations included in the CPG reflect just how far the understanding and care of childhood obesity has come and Kentucky should be applauded for its forward thinking on obesity care – especially for those most in need.

Obesity is a complex chronic disease that extends beyond individual lifestyle choices to encompass a broader landscape of social determinants and systemic factors, contributing significantly to health inequities. Disparities in obesity rates are often closely intertwined with socioeconomic status, geographic location, and access to resources. Individuals in marginalized communities face barriers to affordable and nutritious food options, safe spaces for physical activity, and unequal access to qualified providers of quality healthcare. These structural inequities exacerbate the prevalence of obesity among vulnerable populations, leading to a cycle of poor health outcomes. Tackling obesity requires a comprehensive approach.

Our country must acknowledge obesity for the chronic disease that it is and take steps to treat it in the same serious fashion as other chronic disease states such as diabetes and hypertension. We urge the Kentucky General Assembly and Senate to support House Bill - 24 RS BR 1087 - *An Act Relating to Obesity Treatment* and stand up for coverage of all medically necessary obesity treatment avenues – including intensive behavioral therapy and FDA-approved anti-obesity medications.

As a voice for people living with obesity, OAC looks forward to working with Kentucky to ensure Medicaid recipients have access to comprehensive obesity care – including all evidence-based treatments for this complex and chronic disease. We would be happy to meet and share further information and perspectives of people living with obesity. Should you have questions or need additional information, please reach out to our Policy Advisor, Chris Gallagher at chris@potomaccurrents.com. Thank you.

Sincerely,



Joseph Nadglowski, Jr.
OAC President and CEO