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January 25, 2024

RE: Item 288 of the Governor's Proposed Budget for 2024-2026 (HB30/SB30)

ATTENTION:

Chair Torian, Vice Chair Sickles and Members of the House Appropriations Committee Chair Lucas and Members of the Senate Finance and Appropriations Committee

On behalf of the Obesity Action Coalition (OAC), we would like to express our strong opposition to Item 288 of the Governor's Proposed Budget for 2024-2026 (HB30/SB30) regarding suggested coverage guidelines for Food & Drug Administration (FDA) approved anti-obesity medications (AOMs) under the Department of Medical Assistance Services. Specifically, OAC is deeply concerned that Governor Youngkin's budget would only allow AOM coverage under the state's Medicaid program if a beneficiary had a BMI of 40 or greater. Setting the suggested BMI parameter is contrary to standard clinical guidelines and it is discriminatory, leaving out many who also need and qualify for obesity treatment.

As the largest non-profit in the United States that provides education, support, and advocacy for people living with obesity, the OAC strongly supports coverage of comprehensive person-centered obesity care. Our 80,000 members nationwide and 1,900 Virginia members believe that public and private health plans should provide coverage for AOMs according to current clinical guidelines and FDA-approved indications.

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, Indian Health Service, and the Federal Office of Personnel Management.

We all know that obesity is a serious chronic disease that requires treatment and management just like diabetes, cancer, or high blood pressure. Nevertheless, millions of Americans continue to battle the stigma associated with obesity, disputing notions that it is a lifestyle choice. Obesity is driven by powerful biology, not choice.

Recent clinical guidelines recommend the comprehensive access to obesity treatment including the use of AOMs, such as the American Diabetes Association's 2023 Standards of Care, the American Gastroenterological Association's obesity management guidelines for adults, and the American Academy of Pediatrics new "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity."

In 2022, the adult obesity rate was at or above 35 percent in 22 states with Georgia, Virginia, and Wisconsin joining this group for the first time. Virginia now ranks 21st highest of states affected by obesity – with 67.3% of the population living with overweight (32.1%) or obesity (35.2%). Given the growing obesity rate in the Commonwealth and its disparate impact on minority populations, with nearly 47 percent of black Virginians affected by obesity, we find it troubling that Governor Youngkin is proposing to make it harder for patients to access the full range of FDA-approved AOMs.

OAC believes that all individuals should be treated with respect regardless of their weight or size, that those affected by the disease of obesity should have access to safe and effective treatment options in the same way that we treat other chronic diseases. Clinical care decisions should be made between the healthcare provider and the patient, without restrictions on coverage policies. We request that the coverage criteria language of BMI 40 or greater be removed.

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