



April 5, 2011

The Honorable Jan Brewer
Governor of Arizona
1700 West Washington
Phoenix, Arizona 85007

Dear Governor Brewer,

The Obesity Care Continuum (OCC), a coalition representing the interests of those affected by overweight and obesity and the healthcare professionals and researchers who care for, and develop treatments for this growing population in our country, are outraged over your Administration's proposal to levy a \$50 fee on Medicaid recipients affected by obesity. Such a policy is clearly discriminatory and extremely uniformed given what we know about financial penalties targeted at those who "fail to address their weight."

The OCC believes that efforts to address obesity, which now affects 26 percent of adult citizens in Arizona, should be first targeted at broadening access to, and coverage of, the continuum of care for individuals affected by obesity – including behavioral, nutritional counseling, pharmaceutical and surgical treatment. Such an approach would be consistent with diagnosis and treatment coverage policy for other chronic diseases. Simply put, public policymakers need to provide a level playing field for treatment for those with the disease of obesity equal to the treatment arena associated with other serious chronic diseases such as heart disease, cancer and diabetes.

Under your proposed policy, certain Medicaid recipients affected by obesity would be required to develop a weight loss plan (under a doctor's supervision) to improve their health, but would be required to pay the fee if they are unable to meet specified goals. Your approach deeply troubles us given both the limited treatment tools in the tool box for obesity as well as your administration's record toward restricting access to even those limited effective treatment avenues with significant scientific literature supporting long-term weight loss, such as bariatric surgery.

Inaccurate societal stereotypes that obesity is simply a result of poor self-discipline and lack of willpower are often at the root of decisions to impose financial penalties on those affected by obesity. These assumptions ignore the vast amount of scientific evidence demonstrating the complex causes of obesity and the multi-faceted nature of this chronic condition. Individuals with obesity already face pervasive societal prejudice and are at risk for numerous inequities in the workplace and in health care because of their excess weight. Weight discrimination has increased by 66% in the United States during the past decade, and is now on par with rates of racial discrimination among women. Being a target of weight stigmatization leads to many adverse outcomes for health, some of which can reinforce obesity.

Finally, your proposal clearly targets those who probably have the most obstacles in their path to address their obesity given their obvious socioeconomic status, and impaired health status often found in those living at, or below, the poverty line. These obstacles include: elder care responsibilities; unsafe biking/walking trails; limited access to recreation; the inability to exercise due to an underlying condition such as heart failure or arthritis; the need to hold a second or third job; and limited access to healthy foods. Unfortunately, your proposal only adds another obstacle in the path of those who need our help the most.

With a combined membership of over 100,000 healthcare professionals and patient advocates, the Obesity Care Continuum is dedicated to promoting access to, and coverage of, the continuum of care surrounding the treatment of overweight and obesity. The OCC also challenges weight bias and stigma oriented policies – whenever and wherever they occur. The OCC is a coalition of the Obesity Action Coalition (OAC), the Obesity Society (TOS), the American Dietetic Association (ADA), and the American Society for Metabolic and Bariatric Surgery (ASMBS).

Sincerely,



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