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04/11/2024

The Honorable Louis DePalma
Senate Finance Committee
Rhode Island General Assembly
82 Smith Street, Providence, RI 02903

RE: Support for Rhode Island Medicaid – Coverage for the Treatment of Obesity

Dear Chair Louis DiPalma and Members of the Senate Finance Committee

The Obesity Action Coalition (OAC) appreciates the opportunity to express our support for Rhode Island's consideration of updates to the state Medicaid program. We request that the state establish comprehensive coverage for the treatment of obesity, including intensive behavioral therapies, FDA-approved obesity medications, and metabolic and bariatric surgery.

The OAC is a national non-profit organization dedicated to giving a voice to individuals affected by the disease of obesity. The OAC proudly serves 256 members living in Rhode Island and is backed by more than 85,000 members across the United States. We applaud the state for thinking creatively about its Medicaid program and its efforts to identify ways to improve access to obesity care and align with advances in science and innovation. Throughout the past decades, the prevalence of obesity has skyrocketed across our country and in Rhode Island – with 31 percent of adults and more than 13 percent of children (ages 10- 17) in the state currently affected by obesity.

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 robust prevention. 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 for their members. 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 piecemeal and laden with arbitrary hurdles to receive comprehensive care. We applaud Rhode Island for exploring ways to improve the Medicaid program – 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, the National Black Caucus of State Legislators, 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.

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 may 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 Rhode Island legislature to advance policies that provide coverage of all medically necessary obesity treatment avenues – including FDA-approved obesity medications.

As a voice for people living with obesity, OAC looks forward to working with the state of Rhode Island to ensure Medicaid recipients have access to comprehensive obesity care 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,

A handwritten signature in black ink, appearing to read "Joe Nadglowski, Jr.", written in a cursive style.

Joseph Nadglowski, Jr.
OAC President and CEO