

**Testimony of Mr. Joe Nadglowski.  
President and CEO, Obesity Action Coalition  
Substitute Senate Bill 33  
Senate Health Committee**



**May 10, 2023**

Chairman Huffman, Vice Chairman Johnson, Ranking Member Antonio and members of the committee, my name is Mr. Joe Nadglowski and I serve as the President and CEO of the Obesity Action Coalition (OAC). The OAC is the only National nonprofit organization dedicated to serving the needs of every individual affected by obesity. I write to express strong support for the Substitute House Bill 33 language that requires the Ohio Department of Medicaid to cover treatments for obesity. OAC specifically applauds the legislation's inclusion of comprehensive obesity treatment coverage, including prevention and wellness services, nutrition counseling, intensive behavioral therapy, bariatric surgery and follow-up services, and FDA-approved anti-obesity medications (AOMs).

Throughout the past decades, the prevalence of obesity has skyrocketed across our country. OAC was established 18 years ago to increase awareness about the disease of obesity, provide science-based education, and advocate for better health policies and care for people living with obesity. We have over 75,000 members, including 2,244 living in Ohio. Ohio ranks 9th highest in states impacted by obesity, where 38 % of adults living in Ohio have obesity.

As you know, obesity is a serious chronic disease that requires treatment and management just like diabetes, cancer, or high blood pressure. Obesity is not a matter of personal choice or moral deficiency. Obesity is often the root cause and driver of other health complications. A recent report found that treating obesity can reduce diabetes (-8.9%), hypertension (-2.3%), heart disease (-2.6%), cancer (-1.3%), and disability (-4.7%) over 10 years in private insurance coverage and Medicare.<sup>1</sup> One can assume Medicaid would garner similar benefits to the program and health outcomes of beneficiaries.

People who are affected by obesity deserve access to affordable, individualized medical coverage for science-based treatments in the same way other chronic diseases are managed, and to be treated with the dignity, respect, and equality that is offered to their peers. These perceptions and attitudes, coupled with bias and stigma, have historically 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 a paradigm change and for health plans to adopt a comprehensive benefit approach toward treating obesity.

There are numerous evidence-based treatments for people with obesity that mitigate the impacts of the disease and improve health outcomes. However, the present landscape of obesity care coverage remains piecemeal and laden with arbitrary hurdles to comprehensive care. In Ohio, we must move to eliminate these random and unscientific barriers to care – both for the long term and immediate health of those affected by obesity.

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<sup>1</sup> Benefits of Medicare Coverage for Weight Loss Drugs. By Alison Sexton Ward, PhD, Bryan Tysinger, PhD, PhuongGiang Nguyen, Dana Goldman, PhD and Darius Lakdawalla, PhD. USC Schaeffer, 2023.

Thank you for the opportunity to express support for Substitute House Bill 33 that provides coverage for evidence-based treatments for obesity within the Ohio Department of Medicaid. Ohio is forward thinking to 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.

## **Obesity Clinical Standards and Guidelines Updates**

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. For example:

- In 2014, the federal Office of Personnel Management (OPM) issued specific guidance to Federal Employee Health Benefit (FEHB) Program carriers regarding obesity treatment services – stating that the agency will no longer tolerate plans excluding obesity treatment coverage on the basis that obesity is a "lifestyle" condition or that treatment is "cosmetic."
- In 2015, the Departments of HHS, Treasury and Labor issued an FAQ advising against coverage exclusions for weight management services as part of the implementation of the ACA.
- In 2015, the National Council of Insurance Legislators that represents legislators who chair Insurance Committees in state legislatures across the country adopted its first ever disease-specific policy statement – urging Medicaid, state employee and state health exchange plans to update their benefit structures “to improve access to, and coverage of treatments for obesity such as pharmacotherapy and bariatric surgery.”
- In 2018, the National Lieutenant Governors Association went on record supporting efforts to reduce obesity stigma and support access to obesity treatment options for state employees and other publicly funded healthcare programs.
- In 2020, the National Hispanic Caucus of State Legislators and National Black Caucus of State Legislators adopted formal policy recognizing that “health inequities in communities of color have led to a disproportionate impact of COVID-19 and that states must address the high rates of obesity to improve the health of racial minorities and prepare for the next public health epidemic.....and ensure that their constituents, including those using Medicaid, have access to the full continuum of treatment options for obesity.”
- In 2020, Congress included report language in the Consolidated Appropriations Act for FY 2021, which "encourages CMS to work to ensure beneficiary access to the full continuum of care for obesity, including access to FDA-approved anti-obesity medications under Medicare Part D... and that CMS reexamine its Medicare Part B national coverage decision for intensive behavioral therapy for obesity considering current USPSTF recommendations.”
- In 2022, OPM issued follow-up guidance to its 2014 carrier letter -- "clarifying that FEHB Carriers are not allowed to exclude anti-obesity medications from coverage based on a benefit exclusion or a carve out..." and that "FEHB Carriers must have adequate

coverage of FDA approved anti-obesity medications (AOMs) on the formulary to meet patient needs and must include their exception process within their proposal.” In rolling out this new guidance, OPM is quite clear — emphasizing that "obesity has long been recognized as a disease in the US that impacts children and adults"... and that "obesity is a complex, multifactorial, common, serious, relapsing, and costly chronic disease that serves as a major risk factor for developing conditions such as heart disease, stroke, type 2 diabetes, renal disease, non alcoholic steatohepatitis, and certain types of cancer.”

- In 2022, AMA’s Board of Trustees announced new policy —stating that AMA “will: (a) assume a leadership role in collaborating with other interested organizations, including national medical specialty societies, the American Public Health Association, the Center for Science in the Public Interest, and the AMA Alliance, to discuss ways to finance a comprehensive national program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations; (b) encourage state medical societies to collaborate with interested state and local organizations to discuss ways to finance a comprehensive program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations; and (c) continue to monitor and support state and national policies and regulations that encourage healthy lifestyles and promote obesity prevention.”

### **AAP Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity**

There has been tremendous advancement in both the understanding of obesity and the effectiveness and durability of treatment services. For example, the FDA has approved several AOMs throughout the last decade – with each new medication showing greater promise and results for adults and children. In fact, the American Academy of Pediatrics (AAP) recently 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. The CPG is extraordinarily detailed with respect to diagnosis, assessment of comorbidities, and recommending proactive management and treatment of childhood obesity.

### **Metabolic and Bariatric Surgery**

There is also evolving science behind new populations for whom surgical intervention could be beneficial. For example, the American Society for Metabolic and Bariatric Surgery (ASMBS)

and the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) issued new *Guidelines on Indications for Metabolic and Bariatric Surgery* in 2022. The new ASMBS/IFSO guidelines are meant to replace a consensus statement developed by National Institutes of Health (NIH) more than 30 years ago that set standards most insurers and doctors still rely upon to make decisions about who should get weight-loss surgery, what kind they should get, and when they should get it.

The ASMBS/IFSO Guidelines now recommend metabolic and bariatric surgery for individuals with a BMI of 35 or more “regardless of presence, absence, or severity of obesity-related conditions” and that it be considered for people with a BMI 30-34.9 and metabolic disease and in “appropriately selected children and adolescents.” But even without metabolic disease, the guidelines say weight-loss surgery should be considered starting at BMI 30 for people who do not achieve substantial or durable weight loss or obesity disease-related improvement using nonsurgical methods.

The ASMBS/IFSO Guidelines are just the latest in a series of new recommendations from medical groups calling for expanded use of metabolic surgery. In 2016, 45 professional societies, including the American Diabetes Association (ADA), issued a joint statement that metabolic surgery should be considered for patients with type 2 diabetes and a BMI 30.0–34.9 if hyperglycemia is inadequately controlled despite optimal treatment with either oral or injectable medications. This recommendation is also included in the ADA’s “Standards of Medical Care in Diabetes – 2022.”