



May 4, 2020

## **Statement of the Obesity Care Continuum: Patient Access to Care Issues Surrounding Obesity and COVID-19**

On behalf of the nearly 200,000 members of the Obesity Care Continuum (OCC), we urge you to recognize the situation of so many of the citizens of your state who are affected by obesity and severe obesity during the COVID-19 pandemic.

COVID-19 is disrupting the normal life of many Americans and throughout the world, especially individuals with obesity and its related health complications that often put them at higher risk. A growing body of literature demonstrates a direct link between obesity and poor outcomes from the COVID-19 virus. Data from New York City indicates that people with both COVID-19 and obesity are two times more likely to be admitted to the hospital, and people with severe obesity are 3.6 times more likely to require critical care, such as mechanical ventilation.

The Centers for Disease Control and Prevention (CDC) has now stated that older people and younger adults with serious medical conditions, such as heart disease, diabetes, lung disease, asthma and obesity have a greater risk of becoming severely ill if they become infected with COVID-19. Additionally, the prevalence of pulmonary problems in patients with obesity is also higher than for normal-weight individuals. Conditions like asthma, sleep apnea, restrictive lung disease, gastroesophageal reflux-related pulmonary issues and inflammation associated with obesity all compromise the baseline pulmonary function of patients with obesity and will likely put them at some increased risk for serious illness with COVID-19.

Because of the elevated risk associated with obesity, we urge you to protect patient access to obesity care in both public and private health plans across the state during this time. More than 93 million Americans are currently affected by the complex and chronic disease of obesity – with state-specific obesity rates ranging from a low of 23% in Colorado to a high of 35 to nearly 40% in states like Alabama, Arkansas, Iowa, Kentucky, Louisiana, Mississippi, North Dakota and West Virginia.

Just like other chronic disease states, people with obesity need access to continuous and comprehensive care avenues depending on where they are in their treatment protocol. Patients should be able to access Affordable Care Act mandated intensive behavioral therapy as well as other appropriate treatments for obesity, including pharmacotherapy and bariatric surgery.

Unfortunately, many health plans continue to maintain strict prior authorization requirements for obesity care that are often not founded in scientific evidence or are so restrictive that they serve only as discriminatory hurdles that often preclude patients from meeting these requirements -- even in the best of times. Clearly, we are not in the best of times and people are desperately trying to stay safe and keep their loved ones safe by staying at home, or self-quarantining if they are symptomatic or believe that they have been exposed to COVID-19.

Therefore, we wanted to highlight some areas of obesity care and health plan coverage practices that we believe should be reevaluated during this public health crisis.

### **Insurer or Employer-Mandated Medical Weight Management prior to Bariatric Surgery or other Obesity Care**

Specifically, we request your support and oversight in ensuring that health plans:

- not deny patients for missing required monthly weight checks, as many people are being asked to limit travel and self-quarantine due to age and delay non-essential medical visits.
- waive any requirement for weight-loss (or no weight gain) during said required medical weight management periods due to the limited food environment, lack of fitness facility availability, individual counseling session being cancelled, increased stress related to loss of employment, educating children, etc.
- process any pre-authorizations recognizing that some information may be limited due to current restrictions and patients not be penalized for missing such information.
- provide individuals with telemedicine options to assist in restricted travel limitations when seeking care

In addition, we would hope that if bariatric surgery is delayed by a facility having to limit care due to public need (capacity issues/limiting of non-emergency procedures, etc.) that those pre-authorizations be honored as soon as such capacity issues are addressed.

## Telehealth for Obesity Care

Removing limitations to the provision of telehealth services strengthens provider capacity and facilitates access to medically necessary patient care while avoiding the COVID-19 transmission risks associated with in-person care. It is vital that we ensure that everyone has timely, continuous access to safe, effective nutrition and medical services that can improve health and manage obesity and other chronic disease states.

Therefore, we urge you to encourage both public and private health plans to remove any limitations surrounding telehealth coverage for registered dietitian nutritionists (RDN) services and recommend that these plans also strengthen capacity by expanding their RDN provider networks through expedited enrollment processes and by asking any third-party telehealth vendors to do the same.

In addition, coverage of telemedicine services surrounding the pharmacological management of patients with overweight and obesity are also critical to ensure that patients are receiving the support and necessary guidance to help them best medically manage their obesity. We urge you to remove any limitations and restrictions for prescribing anti-obesity medications with telehealth services for medical providers.

At a time when the stability of daily life and normalcy are in question due to a medical pandemic, it is imperative that people maintain their faith and trust in the healthcare system. As a key state policymaker, we urge you to ensure that public and private health plans provide adequate accommodations for those in your state seeking care for overweight and obesity.

Should you have any questions or need additional information, please contact OCC Washington Office Director Chris Gallagher via email at [chris@potomaccurrents.com](mailto:chris@potomaccurrents.com) or telephone at 571-235-6475.

### **About the Obesity Care Continuum:**

*The leading obesity advocate groups founded the Obesity Care Continuum (OCC) in 2010 to better influence the healthcare reform debate and its impact on those affected by overweight and obesity. Currently, the OCC is composed of the Obesity Action Coalition (OAC), the Obesity Society (TOS), the Academy of Nutrition and Dietetics (AND), the American Society for Metabolic and Bariatric Surgery (ASMBS), and the Obesity Medicine Association (OMA). With a combined membership of nearly 200,000 patient and healthcare professional advocates, the OCC covers the full scope of care from nutrition, exercise and weight management through pharmacotherapy to device and bariatric surgery. Members of the OCC also challenge weight bias and stigma-oriented policies – whenever and wherever they occur.*