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October 10, 2019

Honorable Kathy L. Rapp  
Chair, Health Committee  
Pennsylvania House of Representatives  
213 Ryan Office Building  
PO Box 202065  
Harrisburg, PA 17120-2065

Honorable Dan Frankel  
Democratic Chair, Health Committee  
Pennsylvania House of Representatives  
332 Main Capitol Building  
PO Box 202023  
Harrisburg, PA 17120-2023

Dear Chairmen Rapp and Frankel,

On behalf of the more than 65,000 members of the Obesity Action Coalition, I urge you to support committee approval and final passage of House Bill 410 (HB 410), which would make drugs that treat obesity allowed to be covered under the state's Medicaid program should managed care organizations decide coverage for these drugs is medically necessary. Specifically, the legislation states that "an anti-obesity drug approved by the Food and Drug Administration of the Department of Health and Human Services of the United States shall be considered a compensable item under the medical assistance program."

OAC was pleased to support this exact same legislation in 2017 and applauded legislators on the House Health Committee and in the full House for unanimously approving the bill during the 2017-2018 session of the General Assembly. We are hopeful that this legislation will again be approved by the House and that the Senate will quickly follow suit.

Obesity is a multi-factorial chronic disease requiring a comprehensive approach to both prevent and treat. Obesity is associated with a large number of related conditions such as type 2 diabetes, hypertension, heart disease, lipid disorders, certain cancers, sleep apnea, arthritis and mental illness. Therefore, care should not be seen as simply having the goal of reducing body weight, but should additionally be focused on improving overall health and quality of life.

Too often, for too long, private and public health plans have excluded coverage for obesity treatment services -- partly due to shortsighted cost savings efforts and partly due to the false assumption that these services are either not medically necessary, or not in line with generally accepted standards of medical care despite scientific evidence to the contrary.

These discriminatory coverage practices, combined with the growing scientific evidence surrounding obesity, led the American Medical Association (AMA) to declare obesity as a disease in 2013 and subsequently adopt formal policy supporting "patient access to the full continuum of care of evidence-based obesity treatment modalities such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions." Numerous other healthcare professional and patient organizations support the AMA policy because these groups recognize that obesity is associated with, or a precursor to, more than 30 other chronic medical conditions including cardiovascular disease, diabetes, and cancer.

Throughout the last ten years, significant medical advances have been made in the development of obesity drugs. That fact combined with our country's current and growing obesity epidemic, clearly make health plans that continue to exclude coverage for FDA-approved obesity drugs out of date and out of touch with the current scientific evidence surrounding these new pharmaceutical treatments. For example, in the last few years, the FDA has approved four obesity drugs (Belviq, Contrave, Qsymia and Saxenda), and several other promising drugs are quickly progressing through the agency's approval process.

Pennsylvania currently has the 25th highest obesity rate in the country with more than 30 percent of its citizens affected by obesity. It is imperative that the legislature approve HB 410 so that Pennsylvania Medicaid beneficiaries may have access to all evidence-based obesity treatment avenues.

Sincerely,



Joseph Nadglowski, OAC President and CEO

Cc: The Honorable Donna Oberlander