December 20, 2023

Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

RE: Proposed rule 560-X-16-.01: Pharmacy services amended to clarify drug coverage through outpatient pharmacy

Dear Colleague,

The Obesity Action Coalition is pleased to submit comments on the proposed rule 560-X-16.01: Pharmacy services amended to clarify drug coverage through outpatient pharmacy. Specifically, we support the amended language on “weight loss” drugs or also referred to as anti-obesity medications (AOMs). Providing the Alabama Medicaid Agency authority to select covered outpatient drugs for eligible beneficiaries is positive progress for people living with obesity.

(b) Agents when used for the anorexia, weight loss, or weight gain except for those specified by the Alabama Medicaid Agency-anorexia, weight loss, or weight gain except for those specified by the Alabama Medicaid Agency. Selective covered outpatient drugs for all eligible beneficiaries will be covered as listed on the state's website.

It is undebatable that obesity is a serious chronic disease that requires treatment and management just like diabetes, cancer, or high blood pressure. Obesity is driven by strong biology, not by choice. Obesity is often the root cause and driver of other health complications. AOMs are FDA-Approved medications to treat this serious chronic disease. They should be a covered benefit alongside other evidence-based interventions.

The Obesity Action Coalition (OAC) is the largest non-profit in the United States that provides education, support, and advocacy for people living with obesity. We are 80,000 members strong and have 2,386 members living in Alabama. As you may know, Alabama ranks 6th in the nation for states impacted by obesity with 38% of the population living with the disease and another 34% with overweight, which may develop into obesity. All together, that's 72% of people living in Alabama who experience overweight or obesity.

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.¹ The same assumption can be applied to Medicaid programs.

¹ https://healthpolicy.usc.edu/research/benefits-of-medicare-coverage-for-weight-loss-drugs/

The mission of the Obesity Action Coalition is to elevate and empower those affected by obesity through education, advocacy and support.
Further, several recent clinical practice guidelines recommend the use of AOMs. The American Diabetes Association’s 2024 Standards of Care\textsuperscript{2} stated the importance of both glycemic control and obesity treatment with AOMs. The American Gastroenterological Association’s obesity management guidelines for adults also recommended the use of AOMs.\textsuperscript{3} The latest evidence on health conditions associated with obesity was presented by the American Heart Association (AHA) in an advisory on cardiovascular-kidney-metabolic health (CKM syndrome). This new evidence reflects the interplay among metabolic risk factors, chronic kidney disease, and the cardiovascular system and how they have profound impacts on morbidity and mortality.\textsuperscript{4}

The evidence is overwhelmingly strong for Medicaid to update coverage of anti-obesity medications. Thank you for the opportunity to share our support for the proposed rule update to provide the Alabama Medicaid Agency authority to select covered outpatient drugs for eligible beneficiaries is positive progress for people living with obesity.

Should you have any questions or need additional information, please feel to contact me or OAC Policy Consultant Chris Gallagher via email at chris@potomaccurrents.com. Thank you.

Sincerely

Joseph Nadgowski, Jr.
OAC President and CEO

\textsuperscript{2} American Diabetes Association Professional Practice Committee; 8. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes: \textit{Standards of Care in Diabetes}–2024. \textit{Diabetes Care} 1 January 2024; 47 (Supplement_1): S145–S157. \url{https://doi.org/10.2337/dc24-S008}

\textsuperscript{3} American Gastroenterological Association. \url{https://www.gastrojournal.org/article/S0016-5085(22)01026-5/fulltext}