



Joint Testimony in Support of Senate Bill 754

On behalf of the Obesity Action Coalition (OAC) and the American Diabetes Association (ADA), we urge passage of Senate Bill 754 by the Joint Committee on Health Care Financing to provide access to comprehensive coverage for treatment of obesity including coverage for prevention and wellness, nutrition counseling, intensive behavioral therapy, bariatric surgery, and FDA-approved anti-obesity medications.

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 13 types of cancer (which make up 40 percent of all cancers diagnosed).¹ The importance of addressing obesity is further heightened by numerous studies showing that both obesity and diabetes increase the risk for more severe coronavirus disease 2019 (COVID-19) infections.² Additionally, obesity contributes to many chronic and costly conditions including sleep apnea and increases the rate of physical injury (including falls, sprains/strains, lower extremity fractures, and joint dislocations) by 48 percent.³

Impact of Obesity in Massachusetts

According to the Massachusetts Department of Public Health, over 61% of adults reported having overweight or obesity (BMI \geq 25.0) with over 27% having obesity (BMI \geq 30.0) in 2021. Obesity is more prevalent in communities of color with over 33% Black and over 35% of Hispanic adults in Massachusetts having obesity.⁴ People without a high school education and lower financial means are more impacted by obesity than people with higher incomes and education. Over 34% of people making less than \$25K annually and over 35% of people without a high school education having obesity.⁵ Additionally, people with disabilities face obesity in Massachusetts with 36.4 % having obesity.⁶ The obesity trend continues for children and adolescents in Massachusetts. As of 2003, about 25% of high school students and more than a third of children ages 2 to 5 years participating in the WIC program having overweight, or at risk of becoming overweight.⁷

¹Centers for Disease Control and Prevention. <https://www.cdc.gov/cancer/obesity/index>. Accessed April 26, 2023

²Diabetes Care 2023;46(Supplement_1):S128–S139. <https://doi.org/10.2337/dc23-S008>

³Finkelstein EA, Chen H, Prabhu M, Trogdon JG, Corso PS. The relationship between obesity and injuries among U.S. adults. *Am J Health Promot*. 2007 May-Jun;21(5):460-8. doi: 10.4278/0890-1171-21.5.460. PMID: 17515011.

⁴ Health Survey Program, Office of Data Management and Outcomes Assessment, Massachusetts Department of Public Health, "A Profile of Health among Massachusetts Adults, 2021, Results from the Behavioral Risk Factor Surveillance System" January 2023. <https://www.mass.gov/doc/a-profile-of-health-among-massachusetts-adults-2021-0/>

⁵ Ibid. Health Survey Program, Office of Data Management and Outcomes Assessment, Massachusetts Department of Public Health,

⁶ Ibid. Health Survey Program, Office of Data Management and Outcomes Assessment, Massachusetts Department of Public Health,

⁷ Health of Massachusetts, Chapter 7: Wellness and Chronic Disease. 2003. <https://www.mass.gov/doc/hom-chapter-7pdf/>

In last decade, there has been significant advancement in the scientific and clinical understanding of the causes of and treatments for obesity. This knowledge resulted in the American Medical Association (AMA) adopting a formal policy declaring obesity a complex and chronic disease in 2013. The AMA recognized the importance of supporting patient access to the full continuum of evidence-based obesity care. Numerous federal and state policy organizations have echoed the AMA's position. The American Diabetes Association 2023 Standards of Care further underscore that "obesity is a chronic and often progressive disease with numerous medical, physical, and psychosocial complications, including a substantially increased risk for type 2 diabetes."⁸

However, there remains significant barriers to care and coverage of evidence-based treatment for this prolific chronic disease. Bias, stigma and misperceptions about the causes and treatment for the chronic disease of obesity pervade.

Health and Financial Benefits of BMI Reduction

The health benefits of BMI reduction have been extensively and consistently documented. ADA's 2023 Standards of Care reviewed the evidence and demonstrate that obesity management can delay the progression from prediabetes to type 2 diabetes and is highly beneficial in treating type 2 diabetes.⁹ In people with type 2 diabetes and have overweight or obesity, modest weight loss clinically improves health including glycemia as well as reduces the need for glucose-lowering medications.¹⁰ Larger weight loss substantially reduces A1C and fasting glucose and has been shown to promote sustained diabetes remission through at least 2 years.¹¹ Additionally, with greater than 10 percent BMI reduction other significant health benefits can be achieved including reducing osteoarthritis, cardiovascular disease, steatohepatitis and GERD.¹²

Gaps in Massachusetts Coverage for Comprehensive Obesity Treatment

Currently, Massachusetts Medicaid Fee-For-Service (FFS) and Medicaid Managed Care Plans (MCO) coverage for comprehensive evidence-based obesity treatment is lacking.

- 1) **Intensive Behavioral Therapy (IBT)**. Medicaid FFS and MCO provide coverage of Medical Nutrition Therapy (MNT) and community health centers can provide additional nutrition counseling under some circumstances. This coverage does not meet the recommendations of the U.S. Preventive Services Task Force (USPSTF) as required by Affordable Care Act (ACA).¹³ All preventive services rated "A" and "B" by the USPSTF

⁸Diabetes Care 2023;46(Supplement_1):S128–S139. <https://doi.org/10.2337/dc23-S008>

⁹Diabetes Care 2023;46(Supplement_1):S128–S139. <https://doi.org/10.2337/dc23-S008>

¹⁰Diabetes Care 2023;46(Supplement_1):S128–S139. <https://doi.org/10.2337/dc23-S008>

¹¹Diabetes Care 2023;46(Supplement_1):S128–S139. <https://doi.org/10.2337/dc23-S008>

¹²Garvey WT, Mechanick JI, Brett EM, et al. American Associations of Clinical Endocrinologists (AACE) and American College of Endocrinology Comprehensive Clinical Practice Guidelines for Medicare Care of Patients with Obesity. *Endocr Pract*. 2016;22 Suppl 3:1-203. doi:10.4158/EP161365.GL

¹³U.S. Preventive Services Task Force, Appendix I. Congressional Mandate Establishing the U.S. Preventive Services Task Force. U.S. Preventive Services Task Force. April 2019. <https://uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/procedure-manual/procedure-manual-appendix-i>

should be covered. The USPSTF's September 18, 2018 Final Recommendation Statement entitled, "**Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions,**" recommends that adults diagnosed with obesity (BMI \geq 30) must "be offered or referred to intensive, multicomponent behavioral interventions."¹⁴ The evidence report that accompanies the Task Force's recommendation defines both the frequency and intensity of these interventions. **The current nutrition benefit does not align with USPSTF recommendations for intensive behavioral therapy (IBT) support for obesity and weight management. The proposed legislation, S. 754 would update Massachusetts Medicaid coverage to reflect USPSTF recommendations for IBT.**

- 2) **Anti-Obesity Pharmacotherapy (AOM).** Currently Medicaid FFS and MCOs do not cover current FDA approved medications for obesity. There is significant clinical and scientific evidence supporting the effectiveness of these medications.
- 3) **Bariatric/Metabolic Surgery.** Medicaid FFS covers bariatric surgery on a case-by-case basis.

We believe it is critical that Medicaid beneficiaries in Massachusetts have access to all evidence-based treatment tools for obesity including prevention and wellness services, nutrition counseling, intensive behavioral therapy, bariatric surgery and follow-up services, and FDA-approved prescription drugs to treat obesity. Improving access to treatment for the chronic disease of obesity could improve the health of many thousands of people in Massachusetts.

Should you have any questions or need additional information, please feel free to contact OAC Public Policy Consultant Chris Gallagher at chris@potomaccurrents.com or ADA Vice President of State Government Affairs Stephen Habbe at SHabbe@diabetes.org.

¹⁴U.S. Preventive Services Task Force, "Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions." September 2018. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions>