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September 27, 2023

Commonwealth of Virginia  
Department of Medical Assistance Services  
600 E Broad St  
Richmond, VA 23219

*Via Electronic Submission*

RE: Service Authorization Form for Weight Loss Management

Dear Board of Medical Assistance Services,

On behalf of the Obesity Action Coalition (OAC), we are pleased to provide comments to the Virginia Board of Medical Assistance Services (DMAS) in line with our organization's strong support for coverage of comprehensive person-centered obesity care. Specifically, we urge DMAS to continue providing coverage for anti-obesity medications (AOMs) for Medicaid beneficiaries according to current clinical guidelines and Food and Drug Administration approved indications. 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. OAC is 80,000 members strong and has 1,887 members living in Virginia.

We all know that obesity is a serious chronic disease that requires treatment and management just like diabetes, cancer, or high blood pressure. Obesity has been recognized as a disease by major medical organizations such as the American Medical Association, American Academy of Family Physicians, American Association of Clinical Endocrinologists, American Heart Association, National Institutes of Health, and the World Health Organization.<sup>1</sup> Nevertheless, millions of Americans continue to battle the stigma associated with obesity, disputing notions that it is a lifestyle choice. Obesity is driven by powerful biology, not choice.

Recent clinical guidelines recommend the comprehensive access to obesity treatment including the use of AOMs, such as the American Diabetes Association's 2023 Standards of Care,<sup>2</sup> the American Gastroenterological Association's obesity management guidelines for adults,<sup>3</sup> and the American Academy of Pediatrics new "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity."<sup>4</sup>

In 2022, the adult obesity rate was at or above 35 percent in 22 states with Georgia, Virginia, and Wisconsin joining this group for the first time. Virginia now ranks 21<sup>st</sup> highest of states affected by obesity – with 67.3% of the population living

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<sup>1</sup> Jastreboff A. et.al. "Obesity as a Disease: The Obesity Society 2018 Position Statement." *Obesity*. Jan 2019

<https://onlinelibrary.wiley.com/doi/10.1002/oby.22378>.

<sup>2</sup> American Diabetes Association. *Diabetes Care* 2022;45(Supplement\_1):S113–S124. <https://doi.org/10.2337/dc22-S008>.

<sup>3</sup> American Gastroenterological Association. [https://www.gastrojournal.org/article/S0016-5085\(22\)01026-5/fulltext](https://www.gastrojournal.org/article/S0016-5085(22)01026-5/fulltext)

<sup>4</sup> American Academy of Pediatrics. <https://www.aap.org/en/news-room/news-releases/aap/2023/american-academy-of-pediatrics-issues-its-first-comprehensive-guideline-on-evaluating-treating-children-and-adolescents-with-obesity/>.

with overweight (32.1%) or obesity (35.2%).<sup>5</sup> Obesity is often the root cause and driver of other health complications – with a recent report finding 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>6</sup> The same assumption may be applied to Medicaid programs.

Given the growing obesity rate in the Commonwealth and its disparate impact on minority populations, with nearly 47 percent of black Virginians affected by obesity, we find it troubling that DMAS is proposing to make it harder for patients to access the full range of FDA-approved AOMs. We strongly urge DMAS to review the comprehensive comments from Virginia healthcare professionals who are expressing deep concern about how these proposed new hurdles to care will hinder their ability to treat patients on Medicaid effectively and efficiently.

We recognize the program’s concern over the high cost of these new medications and understand some of the steps that DMAS is taking to control costs. While we would prefer to see the DMAS Service Authorization Form for Weight-Loss Management follow clinical guidelines and FDA-approved medication indications, we do appreciate that coverage policy does exist for anti-obesity medications. We agree that step therapy is better than stopping therapy for patients needing treatment for their obesity.

The Obesity Action Coalition has worked tirelessly to improve the world for people with obesity since its founding in 2005. OAC believes that all individuals should be treated with respect regardless of their weight or size, that those affected by the disease of obesity should have access to safe and effective treatment options in the same way that we treat other chronic diseases. We also believe that clinical care decisions should be made between the healthcare provider and the patient, without restrictions on coverage policies.

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](mailto:chris@potomaccurrents.com). Thank you.

Sincerely,



Joseph Nadglowski, Jr.  
OAC President and CEO

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<sup>5</sup> Obesity Action Coalition, Virginia State Fact Sheet, 2022. <https://www.obesityaction.org/wp-content/uploads/Virginia2023-1.pdf>

<sup>6</sup> Sexton Ward, A. et.al. “Benefits of Medicare Coverage for Weight Loss Drugs.” USC Schaeffer, April 2023.

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