



Joint Comment Relative to Adoption of Amendments to 130 CMR 406.000: Pharmacy Services

On behalf of the Obesity Action Coalition (OAC) and the American Diabetes Association (ADA), we applaud the Massachusetts Division of Medical Assistance for proposing to “allow MassHealth to pay for drugs used for the treatment of obesity” as part of the proposed amendments to 130 CMR 406.000 for the MassHealth pharmacy program for the 2024 plan year.

The ADA is a nationwide, nonprofit, voluntary health organization made up of persons with diabetes, healthcare professionals who treat persons with diabetes, research scientists, and other concerned individuals. The ADA’s mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. The 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 1524 members living in Massachusetts.

Obesity is a growing chronic disease in Massachusetts with more than 27% of the population living with the disease and another 33% with overweight. Altogether, that’s more than 60% of people living in Commonwealth who experience overweight or obesity. ⁱ

Obesity is a serious, multifactorial, 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).ⁱⁱ And as such, this disease requires treatment and management just like diabetes, cancer, or high blood pressure.

Obesity is not a matter of personal choice or moral deficiency. Obesity is often the root cause and driver of other health complications. 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.ⁱⁱⁱ The same assumption may be applied to Medicaid programs.

OAC and ADA are pleased that MassHealth will be removing the exclusionary language surrounding AOMs so that the Medicaid program will allow for treatment that follows recent clinical guidelines as outlined by the American Diabetes Association’s 2023 Standards of Care^{iv}, the American Gastroenterological Association’s obesity management guidelines for adults^v, and the American Academy of Pediatrics new “Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity.”^{vi}

In addition to removing the exclusion for drugs used for the treatment of obesity, we would encourage the Division of Medical Assistance to also issue guidance that mirrors the 2022 carrier letter from the federal Office of Personnel Management (OPM), which sets policy for federal employees' health benefit (FEHB) plans – which states that health plan carriers are not allowed to exclude anti-obesity medications from coverage “based on a benefit exclusion or a carve out.” OPM issued these carrier instructions nearly 10 years after it prohibited health plans from excluding coverage for obesity care based on non-clinical reasoning such as that obesity is a lifestyle condition or that treatment is cosmetic in nature. Simply removing the exclusion for obesity treatment will not ensure that all or any plans choose to provide this coverage.

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.

Similarly, the American Diabetes Association, recognizes the strong link between obesity and type 2 diabetes. To help prevent diabetes, we need to treat obesity. ADA strongly supports increasing access to the services and medication health care providers deem necessary for disease prevention and management among their patients.

For questions or requests for additional information, please contact OAC's Director of Policy Strategy & Alliances, Dr. Tracy Zvenyach, PhD, MS, RN, at tzvenyach@obesityaction.org. For ADA, please contact, Stephen Habbe, Vice President of State Government Affairs, at shabbe@diabetes.org.

ⁱ <https://www.obesityaction.org/wp-content/uploads/Massachusetts2023.pdf>

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

ⁱⁱⁱ Benefits of Medicare Coverage for Weight Loss Drugs. By Alison Sexton Ward, PhD, Bryan Tysinger, PhD, PhuongGiang Nguyen, Dana Goldman, PhD and Darius Lakdawalla, PhD. USC Schaeffer, 2023.

^{iv} American Diabetes Association. *Diabetes Care* 2022;45(Supplement_1):S113–S124.

<https://doi.org/10.2337/dc22-S008>

^v 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)

^{vi} <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/>