



June 29, 2023

To Whom it May Concern,

We appreciate the opportunity to comment on Chapter 5160-9 of the Ohio Administrative Code. Specifically, in section 5160-9-03, we request the removal of language that precludes coverage of “drugs for the treatment of obesity.” Further, we request to add coverage for anti-obesity medications (AOMs) in the Ohio Medicaid Pharmacy Program under “covered prescribed drugs.”

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 2,279 members living in Ohio. As you may know, Ohio ranks 9th in the nation for states impacted by obesity with 38% of the population living with the disease and another 33% with overweight, which may develop into obesity. All together, that’s 71% of people living in Ohio who experience overweight or obesity.

Obesity is a serious chronic disease that 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.¹ The same assumption can be applied to Medicaid programs.

Recent clinical guidelines recommend the use of AOMs. The American Diabetes Association’s 2023 Standards of Care² 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.³

The Buckeye Institute’s economic analysis of Ohio’s workforce reveals that obesity keeps more than 32,000 Ohioans unemployed, reducing potential state income tax revenues by nearly \$20 million annually, as well as an average loss of wages of \$114,626 over a person’s lifetime due to lost productivity.⁴

¹ 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.

² American Diabetes Association. *Diabetes Care* 2022;45(Supplement_1):S113–S124. <https://doi.org/10.2337/dc22-S008>

³ 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)

⁴ <https://www.buckeyeinstitute.org/library/docLib/2023-03-30-Obesity-s-Impact-on-Ohio-s-Workforce-policy-report.pdf>



The evidence is clear and strong for Medicaid to update coverage of anti-obesity medications. We request the removal of language that precludes coverage of “drugs for the treatment of obesity.” Further, we request to add coverage for anti-obesity medications (AOMs) in the Ohio Medicaid Pharmacy Program under “covered prescribed drugs.” These changes will have lasting improvement on the health and well-being of Ohioans and the economic competitiveness of the state.

For questions or requests for additional information, please contact our Director or Policy Strategy & Alliances, Dr. Tracy Zvenyach, PhD, MS, RN, at tzvenyach@obesityaction.org. Thank you.

Sincerely,

Joe Nadglowski
President and CEO
Obesity Action Coalition