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Representative Omeria Scott
P. O. Box 1018
Jackson, MS 39215

Dear Representative Scott,

On behalf of the more than 50,000 members of the Obesity Action Coalition (OAC), a National non-profit organization dedicated to helping individuals affected by the disease of obesity, I want to let you know of our deep concern regarding your legislation (House Bill 330) that would penalize Medicaid beneficiaries affected by obesity.

While the OAC agrees that providing individuals affected by obesity with the educational tools to better inform them regarding evidence-based prevention and treatment strategies that they could employ in their everyday life, we question the belief that beneficiaries who fail to take advantage of these tools should be forced to pay higher patient cost-sharing especially considering Mississippi Medicaid does not cover evidence-based obesity treatments. To the best of our knowledge, there is no evidence that penalizing individuals with obesity encourages improved health or cost savings. In fact, it is our strong belief that such penalties will further stigmatize those with obesity discouraging long-term successful weight-loss.

Addressing one's obesity is not an easy task – a point clearly illustrated by the 93 million Americans currently affected by this complex and chronic disease. This is especially true for low-income individuals, who often lack the economic means or spare time, to afford healthy food choices, exercise regularly, or access current evidence-based obesity treatment avenues that many state Medicaid plans still fail to cover such as FDA-approved obesity drugs or robust intensive behavioral therapy.

Obesity is a complex chronic disease that deserves to be treated seriously -- in the same fashion as diabetes, heart disease or cancer. Those affected by obesity need to have access to the same medically necessary and covered treatment avenues afforded to all others who suffer from chronic disease and receive their care through public or private health plans. In the case of obesity, Medicaid programs should cover intensive behavioral therapy, pharmacotherapy, and surgical intervention. Unfortunately, such services are not routinely covered in Mississippi.

The OAC is hopeful that you will amend your legislation to expand the obesity treatment options available to Medicaid recipients and eliminate the penalties for non-participation. We believe strongly that before we begin penalizing Medicaid recipients, we should first offer them the opportunity to enroll voluntarily in robust obesity treatment programs. An online program might be a useful tool in encouraging participation, but in the absence of robust treatment coverage (behavioral intervention, pharmacotherapy and surgical intervention), it is doomed to fail. We appreciate your interest in addressing obesity among Medicaid beneficiaries and would welcome the opportunity to work with you and your staff on crafting legislation that would better serve low-income individuals with obesity in Mississippi.

Joseph Nadglowski, Jr.
President/CEO