

2023 Obesity Policy Talking Points / Call to Action

Obesity Overview & Impact

- Obesity is a complex - - and treatable - - **chronic disease affecting ~42% of U.S. adults**
- Projections estimate **1 in 2 adults** will be living with obesity **by 2030**
- Obesity is now the **second leading cause of death** in the U.S.
- The disease of obesity is **associated with over 200 conditions** and is a driver of health care costs and poor health outcomes for patients with heart disease, Alzheimer's, diabetes, cancer, and many other diseases
- **Prevention does not help** Americans who are already living with the disease of obesity
- People living with obesity need access to the **full continuum of care** including lifestyle management, pharmacotherapy, and bariatric surgery
- Despite guidelines from major medical associations calling for expansive coverage of obesity, the growing epidemic has been exacerbated by **insufficient insurance coverage** and outdated Medicare and Medicaid policies

Issues and Coverage Gaps

- An outdated statutory restriction in Medicare policy fails to recognize obesity as a chronic disease and the scientific advancements to address the disease - actively preventing thousands of Americans that are impacted by obesity and dependent on Medicare from accessing anti-obesity medications (AOMs) and full treatment options
- Additionally, coverage of AOMs is only offered in 19 state Medicaid programs and is frequently excluded from Affordable Care Act Marketplace plans

Call to Action

- Urge **Congressional leaders** to make the treatable chronic disease of obesity a priority, and ask that language is inserted into any moving vehicle that would ensure access to treatments for obesity in Part D by clarifying that an agent for "weight loss" does not include an FDA-approved anti-obesity agent as classified by the United States Pharmacopeia Drug Classification system
 - *Changing Medicare Part D's policy on coverage of anti-obesity medications, consistent with the **Treat and Reduce Obesity Act**, would ensure seniors have access to the full continuum of obesity treatments and send a strong signal to states and other payers to also cover these medicines*

- **Centers for Medicare & Medicaid Services (CMS)** must update its coverage policies for pharmacotherapy and permit coverage of FDA-approved therapies for treating obesity instead of restricting them as weight loss medications
- CMS has previously used its authority to interpret the statute to include drugs under Part D that might otherwise have been excluded on several occasions

- Urge **State Policymakers** to implement the following policy changes to ensure all of their citizens impacted by obesity can access the **full continuum of care**
 - **State Medicaid Directors** should provide coverage of obesity care benefits, including anti-obesity medications, surgery, lifestyle obesity behavioral counseling, and medical nutrition therapy, to beneficiaries through the State Plan Amendment process
 - **State Employee Health Plan Administrators** should ensure that beneficiaries have access to all obesity services through at least one health plan
 - **State Insurance Commissioners** should update their Essential Health Benefits benchmark plan to cover all obesity services, including anti-obesity medications