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Honorable Kathy L. Rapp
Chair, Health Committee
Pennsylvania House of Representatives
213 Ryan Office Building
PO Box 202065
Harrisburg, PA 17120-2065

Honorable Dan Frankel
Democratic Chair, Health Committee
Pennsylvania House of Representatives
332 Main Capitol Building
PO Box 202023
Harrisburg, PA 17120-2023

Dear Chairmen Rapp and Frankel,

On behalf of the more than 75,000 members (and 2,559 Pennsylvania members) of the Obesity Action Coalition, I urge you to support committee approval and final passage of House Majority Whip Donna Oberlander's House Bill (HB) 293, which would make drugs that treat obesity allowed to be covered under the state's Medicaid program should managed care organizations decide coverage for these drugs is medically necessary.

OAC was pleased to support this exact same legislation in both the 2017-2018 and 2019-2020 sessions and applauded legislators on the House Health Committee and in the full House for unanimously approving the bill during both of these past sessions of the General Assembly. We are hopeful that this legislation will again be approved by the House and that the Senate will quickly follow suit.

Throughout the past decades, the prevalence of obesity has skyrocketed across our country – with more than 33% of Pennsylvanians now affected by obesity. Despite this fact, many policymakers continue to view obesity as a lifestyle choice or personal failing. Others acknowledge that obesity is a chronic and complex disease, but they believe that all that's needed is more robust prevention. These perceptions and attitudes, coupled with bias and stigma, have resulted in health insurance plans taking vastly different approaches in determining what and how obesity treatment services are covered for their members. It's time for a paradigm change and for health plans to adopt a comprehensive benefit approach toward treating obesity.

While there are evidence-based treatments for people with obesity that mitigate the impacts of the disease and improve health outcomes, the present landscape of obesity care coverage remains piecemeal and laden with arbitrary hurdles to comprehensive care. As a nation, we must move to eliminate these random and unscientific barriers to care – both for the long term and immediate health of those affected by obesity!

Since 2013, when the American Medical Association adopted formal policy declaring obesity as a complex and chronic disease and supporting patient access to the full continuum of evidence-based obesity care, numerous federal and state policy organizations have echoed the AMA's position.

- For example, in 2014, the federal Office of Personnel Management issued formal guidance prohibiting federal employee health plans from excluding obesity treatment coverage on the basis that obesity is a "lifestyle" condition or that treatment is "cosmetic."
- In 2015, the National Council of Insurance Legislators (NCOIL) adopted its first ever disease-specific policy statement – urging Medicaid, state employee and state health exchange plans to update their benefit structures “to improve access to, and coverage of treatments for obesity such as pharmacotherapy and bariatric surgery.”
- In 2018, the National Lieutenant Governors Association (NLGA) adopted formal policy supporting access to obesity treatment options for state employees and other publicly funded healthcare programs.
- And late last year, the national organizations representing the black and Hispanic caucuses of state legislators adopted formal policy recognizing that health inequities in communities of color have led to a disproportionate impact of COVID-19 and that states must address the high rates of obesity to improve the health of racial minorities and prepare for the next public health epidemic...and encourages legislators to take steps to address obesity in their own states by ensuring their constituents, including those using Medicaid, have access to the full continuum of treatment options for obesity, including FDA-approved anti-obesity medications.

The growing body of literature demonstrates a direct link between obesity and poor outcomes from this novel coronavirus. In the beginning months of the pandemic, we saw data from New York City that told us that those with obesity were going to pay a high price during the pandemic and since last summer those findings have only been reinforced.

Additionally, this pandemic has magnified the health inequities experienced by racial and ethnic minority communities. These same communities also experience high rates of obesity and diabetes. Meanwhile, people of color and low-income households are disproportionately living in communities with comparably less access to health care, healthy food, and opportunities to be active. Further complicating the risks, these individuals are more likely to hold “frontline” jobs that increase their risk of exposure to COVID-19.

Pennsylvania currently has the 22nd highest obesity rate in the country with more than 33% of its citizens affected by obesity. It is imperative that the legislature approve HB 293 so that Pennsylvania Medicaid beneficiaries may have access to all evidence-based obesity treatment avenues.

Sincerely,

Joseph Nadglowski, Jr., OAC President and CEO



Cc: The Honorable Donna Oberlander