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Senator Michelle R. Benson  
Chair, Health and Human Services Finance and Policy  
3109 Minnesota Senate Bldg.  
St. Paul, MN 55155

Dear Chair Benson,

On behalf of the more than 75,000 members, including 966 Minnesota residents, of the Obesity Action Coalition, I urge you to support Medical Assistance coverage for FDA-approved anti-obesity medications (AOMs) as outlined in the House Health Finance Omnibus bill, HF2128.

Throughout the past decades, the prevalence of obesity skyrocketed across our country – with more than 30% of Minnesotans now affected by obesity. The medical costs of obesity in the US were estimated to be \$147 billion, and per person healthcare spending for adults with obesity is 56% higher than for normal weight adults. Patients affected by obesity incur 46% increased inpatient costs, 27% more physician visits and outpatient costs, and 80% increased spending on prescription drugs. Moreover, obesity-related job absenteeism costs US employers at least \$4.3 billion annually.

While these numbers are staggering, there is hope as significant medical advances have been made in the development of AOMs during the last 10 years. Since 2012, the FDA approved four new obesity drugs and several other promising drugs are quickly progressing through the agency's approval process. Health plans that continue to exclude coverage for FDA-approved obesity drugs are out of date and out of touch with the current scientific evidence surrounding these new pharmaceutical treatments. Just like so many other chronic disease states, those on Medical Assistance should have access to a pharmacotherapy avenue to help them better manage their obesity and return to work.

Despite these facts, 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.

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!

Minnesota currently has the 34<sup>th</sup> highest obesity rate in the country with more than 30% of its citizens affected by obesity. It is imperative that the legislature support Medical Assistance coverage for FDA-approved anti-obesity medications as outlined in the House Health Finance Omnibus bill, HF2128 so that beneficiaries may have access to all evidence-based obesity treatment avenues.

Sincerely



Joseph Nadglowski, Jr.  
OAC President and CEO