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Title: Insurance Coverage for Out-of-Office Nutrition Education
Introduced by: Charles J. Barone, II, MD, for the Wayne County Delegation
Original Author: Michael Moentmann
Referred to: Reference Committee A
House Action: **APPROVED AS AMENDED**

Whereas, our American Medical Association (AMA) recognizes obesity as a major public health issue (H-150.953), and

Whereas obesity raises annual medical costs by \$2741.00¹, and

Whereas, a one percent reduction from the current obesity trend would result in an \$84.9 billion reduction in obesity-attributable medical expenditures by 2030², and

Whereas chronic disease accounts for nearly half of the United States health burden, and improvements in population health in the United States have not kept pace with advances in population health in other wealthy nations³, and

Whereas, primary prevention of chronic disease through lifestyle intervention, such as nutrition education, increases longevity, improves quality of life, and reduces health care costs⁴, and

Whereas, the average time providers spend face-to-face with a patient during an outpatient office visit is 16.5 minutes⁵, and

Whereas, the median number of topics covered in an outpatient office visit is six, with the largest topic receiving only five minutes of discussion time⁶, and

Whereas, the greatest barriers to providing nutritional counseling, as expressed by physicians, are insufficient time and compensation to provide adequate nutritional advice^{7,8}, and

Whereas, nutritional education is an underutilized clinical method for preventing and managing chronic illness; with only an estimated 25-45 percent of office visits including time for nutritional counseling⁹, and

Whereas, providing sufficiently detailed nutrition advice that is relevant to a patient's health goals, useful for the patient, and results in measurable changes is not common in primary care practice settings⁸, and

Whereas, many patients who have an increased need for nutritional counseling are not receiving such counseling from their physicians, as exhibited by less than 50 percent of obese patients being counseled on losing weight¹⁰, and

Whereas, patients expressed a lack of referrals from their physicians and financial difficulties as significant barriers to obtaining nutritional counseling outside of their primary care provider's office¹¹, and

Whereas, increasing and maintaining healthful behaviors requires consistent, long-term support^{8,12}, and

55 Whereas, basic knowledge of the key principles of healthy eating does not necessarily translate into
56 culinary competencies required to acquire or prepare healthy food¹³, and
57

58 Whereas, our AMA supports nutrition counseling referrals for special demographic groups, such as
59 pregnant and post-partum women, as well as the expansion of health insurance coverage to cover the costs
60 of such counseling (H-420.955); therefore be it
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62 RESOLVED: That MSMS: 1) affirm the potential for lasting behavior change through integrative
63 nutrition education programs which consider the socioeconomic situation, health goals, culinary
64 knowledge, and time/lifestyle constraints of its participants; (2) encourage the use of integrative nutrition
65 education programs which consider the socioeconomic situation, health goals, culinary knowledge, and
66 time/lifestyle constraints of its participants by all patients to prevent and manage illness; and (3) advocate
67 for the extension of health insurance coverage to improve access to and encourage patient participation in
68 integrative nutrition education programs which consider the socioeconomic situation, health goals, culinary
69 knowledge, and time/lifestyle constraints of its participants.
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71
72 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000 or more for costs related to the adoption of new or
73 revised MSMS or AMA policy.

Relevant MSMS Policy:

Support of Healthy Lifestyle

MSMS supports a healthy lifestyle related to nutrition and exercise and the avoidance of alcohol and tobacco. (Res36-93A)

– Reaffirmed (Res34-14)

Childhood Obesity as a Covered Benefit

MSMS supports the treatment of childhood obesity a benefit covered by health insurance plans. (Res88-10A)

Relevant AMA Policy:

Relevant Policy Basic Courses in Nutrition H-150.995

Our AMA encourages effective education in nutrition at the undergraduate, graduate, and postgraduate levels.

Healthy Lifestyles H-425.972

1. Our AMA: (A) recognizes the 15 competencies of lifestyle medicine as defined by a blue ribbon panel of experts convened in 2009 whose consensus statement was published in the Journal of the American Medical Association in 2010; (B) will urge physicians to acquire and apply the 15 clinical competencies of lifestyle medicine, and offer evidence-based lifestyle interventions as the first and primary mode of preventing and, when appropriate, treating chronic disease within clinical medicine; and (C) will work with appropriate federal agencies, medical specialty societies, and public health organizations to educate and assist physicians to routinely address physical activity and nutrition, tobacco cessation and other lifestyle factors with their patients as the primary strategy for chronic disease prevention and management.

2. Our AMA supports policies and mechanisms that incentivize and/or provide funding for the inclusion of lifestyle medicine education and social determinants of health in undergraduate, graduate and continuing medical education.

Nutrition Counseling for Pregnant and Recent Post-Partum Patients H-420.955

Our AMA: 1) supports physician referrals of pregnant and post-partum patients for nutrition counseling, and 2) will advocate for the extension of health insurance coverage for nutrition counseling for all pregnant and recent post-partum patients.

Obesity as a Major Public Health Problem H-150.953

Our AMA will: (1) urge physicians as well as managed care organizations and other third party payers to recognize obesity as a complex disorder involving appetite regulation and energy metabolism that is associated with a variety of comorbid conditions; (2) work with appropriate federal agencies, medical specialty societies, and public health organizations to educate physicians about the prevention and management of overweight and obesity in children and

adults, including education in basic principles and practices of physical activity and nutrition counseling; such training should be included in undergraduate and graduate medical education and through accredited continuing medical education programs; (3) urge federal support of research to determine: (a) the causes and mechanisms of overweight and obesity, including biological, social, and epidemiological influences on weight gain, weight loss, and weight maintenance; (b) the long-term safety and efficacy of voluntary weight maintenance and weight loss practices and therapies, including surgery; (c) effective interventions to prevent obesity in children and adults; and (d) the effectiveness of weight loss counseling by physicians; (4) encourage national efforts to educate the public about the health risks of being overweight and obese and provide information about how to achieve and maintain a preferred healthy weight; (5) urge physicians to assess their patients for overweight and obesity during routine medical examinations and discuss with at-risk patients the health consequences of further weight gain; if treatment is indicated, physicians should encourage and facilitate weight maintenance or reduction efforts in their patients or refer them to a physician with special interest and expertise in the clinical management of obesity; (6) urge all physicians and patients to maintain a desired weight and prevent inappropriate weight gain; (7) encourage physicians to become knowledgeable of community resources and referral services that can assist with the management of overweight and obese patients; and (8) urge the appropriate federal agencies to work with organized medicine and the health insurance industry to develop coding and payment mechanisms for the evaluation and management of obesity.

¹ Cawley J and Meyerhoefer C. The medical care costs of obesity: an instrumental variables approach. *Journal of Health Economics*. 2012;31(1): 219-230. doi:10.1016/j.jhealeco.2011.10.003

² Finkelstein A, Khavjou A, Thompson H, et al. Obesity and severe obesity forecasts through 2030. *Am. J. of Preven. Med.* 2012;42(6):A3. doi:10.1016/s0749-3797(12)00266-8

³ US Burden of Disease Collaborators. The state of US health, 1990-2010: burden of diseases, injuries, and risk factors. *JAMA*. 2013;310(6):591-606. doi:10.1001/jama.2013.13805

⁴ Slawson D, Fitzgerald N, Morgan K. Position of the academy of nutrition and dietetics: the role of nutrition in health promotion and chronic disease prevention. *J Acad. Nutr. Dietn.* 2013;113(7):972-979. doi:10.1016/j.jand.2013.05.005

⁵ Young RA, Burge SK, Kumar KA, Wilson JM, Ortiz DF. A time-motion study of primary care physicians' work in the electronic health record era. *Fam Med*. 2018;50(2):91-99. doi: 10.22454/FamMed.2018.184803.

⁶ Tai-Seale M, McGuire TG, Zhang W. Time allocation in primary care office visits. *Health Serv Res*. 2007;42(5):1871-94. doi:10.1111/j.1475-6773.2006.00689.x

⁷ Kolas, K.M, Rickett K. (2010). Barriers to providing nutritional counselling cited by physicians: a survey of primary care practitioners. *Nutr Clin Pract*. 2010;25(5):502-509. doi:10.1177/0884533610380057

⁸ Adamski M, Gibson S, Leech, M. Are doctors nutritionists? What is the role of doctors in providing nutrition advice? *Nutrition Bulletin*, 2018;43(2):147-152. doi:10.1111/nbu.12320

⁹ Galuska DA, Will JC, Serdula MK, Ford ES. Are health care professionals advising obese patients to lose weight? *JAMA*. 1999;282(16):1576-1578. doi:10.1001/jama.282.16.1576

¹⁰ Gans, K.M. et al. REAP and WAVE: New tools to rapidly assess/discuss nutrition with patients. *J of Nutr*. 2003;133(2):556-562. doi: 10.1093/jn/133.2.556S

¹¹ Alameddine M, Nasreddine L, Hwalla N, et al. Factors associated with consulting a dietitian for diabetes management: a cross-sectional study. *BMC Health Serv Res*. 2013;13:504. doi:10.1186/1472-6963-13-504

¹² Bull E, McCleary, N, et al. Activity and smoking in low-income groups: a systematic review with meta-analysis of behavior change techniques and delivery/context. *Int.J. Behav. Med.*, 2018;25(6):605-616. doi:10.1007/s12529-018-9734-z

¹³ Murray W, Mahadevan M, Gatto K, et al. Culinary efficacy: an exploratory study of skills, confidence, and healthy cooking competencies among university students. *Perspectives in Public Health*. 2016;136(3):143-151. doi:10.1177/1757913915600195