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3 Title: Evidence-Based Anti-Obesity Medication as a Covered Benefit
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5 Introduced by: Stephanie Clemens, MD, for the Oakland County Delegation
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7 Original Author: Stephanie Clemens, MD
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9 Referred To: Reference Committee A
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11 House Action: **APPROVED**
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14 Whereas, obesity is a complex, multifactorial, common, serious, relapsing, and costly chronic
15 disease that serves as a major risk factor for developing conditions such as heart disease, stroke,
16 type 2 diabetes, renal disease, non-alcoholic steatohepatitis, and certain types of cancer, and
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18 Whereas, health care costs are 34 percent higher for people with obesity, with the total cost
19 of obesity in the U.S. being \$1.7 trillion, and
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21 Whereas, weight bias negatively impacts those affected financially, mentally, socially, and
22 physically, and
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24 Whereas, Michigan currently ranks 21st in states impacted by obesity, with 68.5 percent of
25 adult Michiganders being classified as overweight or obese, and
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27 Whereas, health care coverage for obesity and weight management is inadequate and
28 insufficient, and varies significantly by each health plan, with millions of Americans being denied
29 access to evidence-based treatments to help them address this disease and the numerous
30 comorbidities that accompany obesity; for example, a majority of state employee health plans fail
31 to cover FDA-approved obesity drugs and 27 state health exchanges exclude coverage for
32 metabolic and bariatric surgery, and
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34 Whereas, people who are affected by obesity deserve access to affordable, individualized
35 medical coverage for science-based treatments in the same way as other chronic diseases are
36 managed; therefore be it
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38 RESOLVED: That MSMS support and advocate that health care plans cover evidence-based,
39 medically necessary treatments for obesity, and that access to care should not be hindered by
40 undue prerequisites on the part of the patient; and be it further
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42 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
43 our AMA to advocate for adequate coverage of FDA approved anti-obesity medications and to not
44 exclude anti-obesity medications from coverage based on a benefit exclusion or a carve-out.
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47 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$16,000-\$32,000

Relevant MSMS Policy:

Childhood Obesity as a Covered Benefit

MSMS supports the treatment of childhood obesity a benefit covered by health insurance plans.

Relevant AMA Policy:

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.