



7173 S. Havana St #600-130 Centennial, CO 80112 P: 303.770.2526 | F: 303.779.4834 obesitymedicine.org

11/10/2023

To: Grant Wallace, Arkansas State Employee Health Benefits Director

From: Dr. Angela Fitch, President, Obesity Medicine Association and Dr. Rebecca Andrick, Chair, OMA Advocacy Committee

Dear Mr. Wallace,

On behalf of the Obesity Medicine Association (OMA), we are pleased to provide the following comments regarding the Arkansas state employee health plan's (SEHP) implementation of the provisions of Act 109. OMA is a professional society representing more than 5,000 clinicians including physicians, nurse practitioners and physician assistants specializing in the care of patients with the chronic disease of obesity.

In 2022, the Arkansas State Legislature passed Act 109 – with the intent "to provide coverage for the diagnosis and treatment of morbid obesity." While the legislation focuses on coverage of bariatric surgery, we would encourage the state employee health plan (SEHP) to follow the intent of Act 109 to include coverage of all obesity treatment services, including FDA-approved anti-obesity medications (AOMs). Such an approach would reaffirm what was outlined to state employees regarding coverage updates in 2022 first quarter AR Benefits E-Newsletter, which explained that Act 109:

"establishes coverage for the diagnosis and treatment of morbid obesity. Previously, bariatric and other surgical procedures designed to treat morbid obesity were available only through a limited pilot project. Beginning January 1, 2023, the state will begin covering these therapies on an ongoing basis. Treatments will include bariatric surgery, as well as other therapies like pharmaceuticals."

Obesity is a multi-factorial chronic disease that cannot be adequately addressed through lifestyle changes alone. By the time patients with obesity seek our care, most have attempted weight loss multiple times and often with some success but then nearly always followed by weight regain due to the relapsing nature of the disease. Some of the tools we have available to assist these patients with treating this disease are AOMs that enhance the amount of weight lost, and more importantly, double to triple the odds of sustaining the weight lost. Like medications used for diabetes or high blood pressure, they reduce the burden of the disease for the patient, improve comorbidities, and improve quality of life.

However, unlike medications for hypertension and diabetes, most insurance companies deny coverage for this important class of medications, because they inaccurately classify the disease of obesity as a lifestyle choice. This is not consistent with current views of this important disease. It is no more a lifestyle choice than diabetes, hypertension, or mental illness like depression.

Obesity is the root cause of as many as 236 other diseases such as diabetes, hypertension, hyperlipidemia, and cardiovascular disease. It also increases the risk for 13 types of cancer, is a major cause of degenerative arthritis in joints and obstructive sleep apnea. Obesity and overweight affect 71% of Arkansans currently with numbers expected to increase significantly in the coming years.

The pandemic has shown us the vulnerability of patients with obesity to have more severe illness and death from COVID-19. State Employee Health benefits spending on treating these secondary diseases must be substantial.



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Obesity and its consequences are also major drivers of employee absenteeism and disability claims. The newest AOMs offer much promise and can help patients lose 16-18% of their body weight--allowing them to discontinue some of the chronic medications for obesity related co-morbidities, which can lower health care spending.

It is bewildering that we will pay for medications to treat all the diseases caused by obesity but fail to provide coverage for the root cause. We urge the SEHP to follow the intent of the legislature and provide coverage for the diagnosis and treatment of obesity through all treatment avenues--including FDA-approved AOMs. We appreciate your consideration of this request and look forward to hearing from you.

Sincerely,

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