



What Are We Learning? What's Working? What's Challenging?

Christopher Gallagher
President, Potomac Currents

Washington Policy Consultant
ASMBS, OAC, OMA and TOS





Making Theoretical Progress: National Support for Treating Obesity

2013: AMA Recognizes Obesity as a Disease and...

2014: AMA "supports patient access to the full continuum of care of evidence-based obesity treatment modalities such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions" and...

2017: AMA "encourages the use of person-first language and discourage the use of stigmatizing terms including obese, morbidly obese, and fat; and (3) will educate health care providers on the importance of person-first language for treating patients with obesity; equipping their health care facilities with proper sized furniture, medical equipment and gowns for patients with obesity; and having patients weighed respectfully" and...

2018: AMA "will work with state and specialty societies to identify states in which physicians are restricted from providing the current standard of care with regards to obesity treatment; and (b) work with interested state medical societies and other stakeholders to remove out-of-date restrictions."





Making Theoretical Progress: National Support for Treating Obesity



Office of Personnel Management

2014: Federal Office of Personnel Management (OPM) issues specific guidance to both Multi-State Health Plans and Federal Employee Health Benefit Program carriers regarding obesity treatment services – stating that the agency will no longer tolerate plans excluding obesity treatment coverage on the basis that obesity is a "lifestyle" condition or that treatment is "cosmetic." If plans choose to continue to exclude coverage for these services, plans must provide a clinical rationale for non-coverage.



National Council of Insurance Legislators

2015: National Council of Insurance Legislators (NCOIL) adopted policy -- "encouraging states to update their state employee, state Medicaid and state health exchange plans to improve access to, and coverage of the entire range of treatment options for wellness and preventive policies, including treatments for obesity such as pharmacotherapy and bariatric surgery."



National Lieutenant Governors Association

2018: National Lieutenant Governors Association (NLGA) approved policy to help: reduce obesity stigma; establish statewide obesity councils and taskforces; support additional training for current and future healthcare professionals; and support access to obesity treatment options for state employees and in other publicly funded healthcare programs.



Making Tangible Progress: National Support for Treating Obesity *Bariatric Surgery*

Softening/Eliminating Pre-Op Medical Weight Loss Requirements

Cigna: A statement from a physician/physician's assistant/nurse practitioner/registered dietician (i.e., other than the requesting surgeon) that the individual has failed previous attempts to achieve and maintain weight loss by medical management.

Emblem Health: Removed pre-surgical dieting prerequisite and statement that member must not have a life-threatening condition

Health Care Services Corporation (BCBS of Illinois, Texas, Montana, New Mexico, Oklahoma): HCSC is changing its Bariatric Surgery Medical Policy no. SURG716.003 effective February 1, 2019 to eliminate any formal requirement that patients engage in supervised weight loss for a particular time frame (e.g. 3, 6, 12 months, etc.) prior to surgery.

Expanding coverage for Metabolic Surgery

Dean Health – BMI of 30.1 – 34.9 with Type 2 diabetes mellitus and inadequately controlled hyperglycemia, as demonstrated by an inability to maintain a hemoglobin A1c below 8% despite optimal medical treatment (such as oral medication and/or insulin).





Making Tangible Progress: National Support for Treating Obesity *FDA-Approved Obesity Drugs*



FDA Drug Review & Approval Process

Obesity professionals, patients, and GWU School of Public Health facilitated a nine-month consensus process back in 2011 where FDA was an active observer. FDA was encouraged to evaluate both risks *and* benefits of new obesity treatments and refocus on obesity care, not simply weight loss.



United States Pharmacopeia New Drug Class for Obesity Drugs

USP-DC — an independent drug classification system, which USP designed to address stakeholder needs emerging from the extended use of the USP Medicare Model Guidelines beyond the Medicare Program. The obesity community requested and was extremely pleased that the final version of the USP-DC included a new class for anti-obesity agents as well as recognition of new combination agents.



Making Tangible Progress: National Support for Treating Obesity *Obesity Screening and Intensive Behavioral Therapy*

OCAN Study of 2017 State Health Exchange Benchmark Plans

24 states (AK, AR, CO, DE, FL, HI, IA, ID, KS, KY, LA, ME, MS, MT, NE, NJ, NV, NY, OR, SC, SD, WI, WV and WY) exclude coverage for weight/obesity management services and made NO MENTION of obesity screening and counseling services under the USPSTF covered preventive services section of the document.

Bipartisan Policy Center's *My Healthy Weight Pledge*

- At least 12 visits for adults with a BMI \geq 30
- At least 6 contact hours for adults with a BMI \geq 25 and one or more risk factors for cardiovascular disease
- At least 12 visits for children ages 3 years or older with a BMI \geq 95th percentile
- At least 8 visits for children ages 3 years or older with a BMI 85th – 95th percentile
- Members will implement and/or cover one or more community-based program(s) for adults and/or children

State of Alaska Department of Health and Social Services, Blue Cross and Blue Shield of Kansas City
Blue Cross and Blue Shield of North Carolina, Blue Shield of California, Capital District Physicians' Health Plan
Connecticut Department of Social Services, Delaware Division of Medicaid and Medical Assistance, Nestlé,
Novo Nordisk Inc., South Carolina Department of Health and Human Services, Texas Health Aetna



How'd We Make All this Happen?

Open a Dialogue!

Start a Relationship and Grow it!

Build your Base!

Grow your Membership and Train your Advocates

Start a Band!

Build and Join Broad Coalitions



Build Your Base!

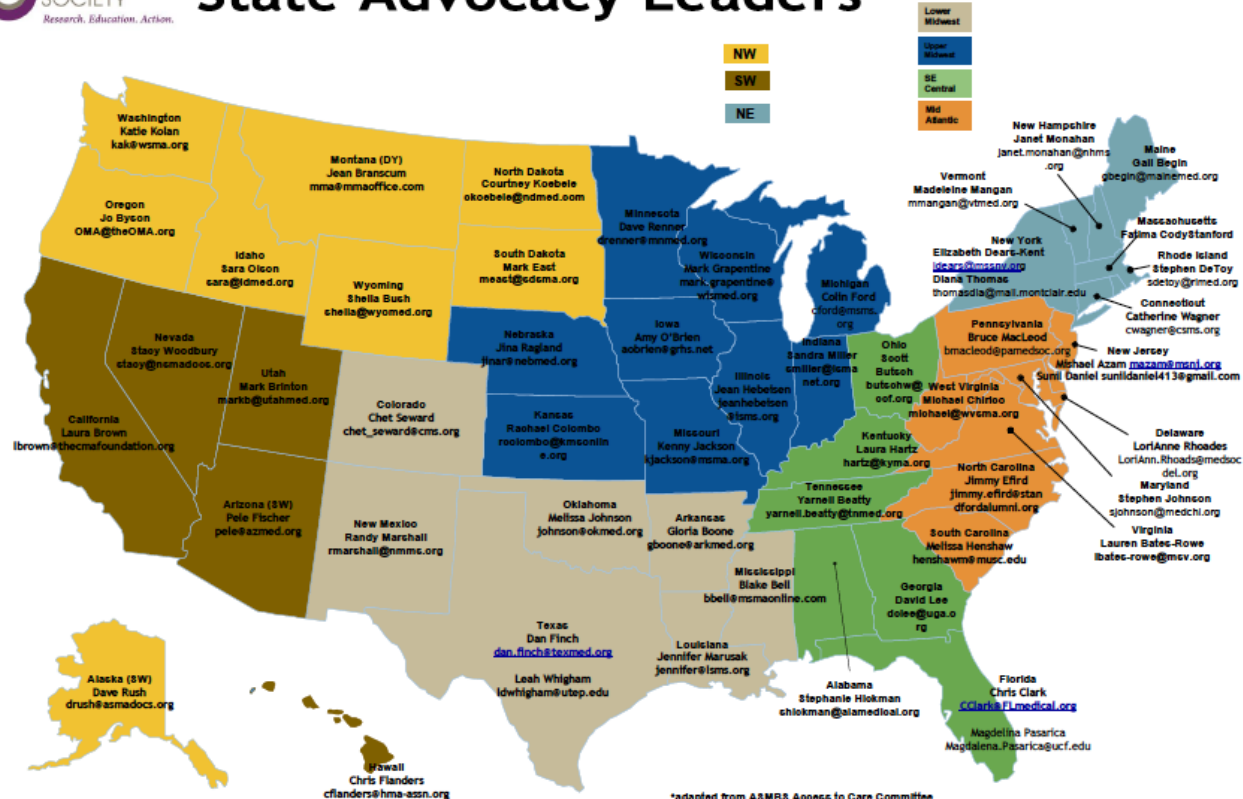




Obesity Care Continuum State Advocacy Representative (STAR) Program



State Advocacy Leaders*



*adapted from ASBMS Access to Care Committee

mission

to unite and align key obesity stakeholders and the broader obesity community around key obesity-related education, policy and legislative efforts in order to elevate obesity on the national agenda

partners



2018 Advocacy Efforts

	Q1	Q2	Q3	Q4
screening	 <p>U.S. Preventive Services TASK FORCE</p> <p>Comment letter on obesity recommendation</p>	 <p>OCAN members participated in National Academies' Q2 Roundtable on Obesity Solutions with focus on military</p>	 <p>OCAN members participated in National Academies' & BPC "My Healthy Weight" webinar</p>	
access	 <p>OCAN Advocacy Day</p>	 <p>Comment letter on proposed regulations on Short-Term, Limited-Duration Insurance plans</p>	 <p>OCAN Advocacy Day</p>	 <p>Comment letter on HHS/Treasury Guidance surrounding State Relief and Empowerment Waivers</p>
quality	 <p>OCMC measure development in progress</p>	 <p>Letter supporting 13 nominees to the National Clinical Care Commission</p>	 <p>3rd Developing a Standard of Care for Adult Obesity Treatment roundtable</p>	
stigma	 <p>OCAN members participated in National Academies' Q1 Roundtable on Obesity Solutions</p>	 <p>Developing a Standard of Care for Adult Obesity Treatment roundtable</p>	 <p>Comment letter on proposed CY 2019 Physician Fee Schedule</p>	



STAND UP!

