

March 17, 2021

Co-Chairs Senator Lesser, Representative Wood, Vice Chairs Senator Dr. Anwar, Representative Comey and honorable members of the Insurance and Real Estate Committee:

I am Christopher Gallagher, federal and state affairs consultant for the Obesity Action Coalition (OAC). On behalf of the more than 75,000 national members and 1,100 Connecticut-based members of the OAC, a National non-profit organization dedicated to giving a voice to the individual affected by the disease of obesity, **we urge you to support Senate Bill (SB) 1007, which would require broader health insurance coverage for bariatric and metabolic surgery and FDA-approved anti-obesity medications (AOMs).**

Throughout the past decades, the prevalence of obesity has skyrocketed across our country – with now nearly 30 percent of Connecticut citizens affected by obesity. Despite this fact, 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.

While there are evidence-based treatments for people with obesity that mitigate the impacts of the disease and improve health outcomes, the present landscape of obesity care coverage remains piecemeal and laden with arbitrary hurdles to comprehensive care. As a nation we must move to eliminate these random and unscientific barriers to care – both for the long term and immediate health of those affected by 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!

Additionally, this pandemic has magnified the health inequities experienced by racial and ethnic minority communities. These same communities also experience high rates of obesity and diabetes. Meanwhile, people of color and low-income households are disproportionately living in communities with comparably less access to health care, healthy food, and opportunities to be active. Further complicating the risks, these individuals are more likely to hold “frontline” jobs that increase their risk of exposure to COVID-19.

Our country must acknowledge obesity for the chronic disease that it is and take steps to treat it in the same serious fashion as other chronic disease states such as diabetes and hypertension. We urge you and your colleagues on the committee to support SB 1007 and stand up for coverage of all medically necessary obesity treatment avenues – including bariatric surgery and FDA-approved anti-obesity medications.

Respectfully,

Christopher Gallagher
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