

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 224  
(A-23)

Introduced by: American Society for Metabolic and Bariatric Surgery  
Society of American Gastrointestinal and Endoscopic Surgeons

Subject: Advocacy Against Obesity-Related Bias by Insurance Providers

Referred to: Reference Committee B

---

1 Whereas, Our American Medical Association has recognized obesity as a disease; and  
2  
3 Whereas, Obesity is the most common chronic disease in adulthood; and  
4  
5 Whereas, Untreated obesity leads to significant morbidity, premature mortality, and an enormous  
6 financial burden to society from health care costs and lost productivity; and  
7  
8 Whereas, Our AMA is committed to promoting the highest standards of medical care and  
9 improving public health; and  
10  
11 Whereas, Effective treatment of the disease obesity requires a comprehensive multi-disciplinary  
12 approach delivered lifelong, including lifestyle therapy, anti-obesity medications, and metabolic  
13 and bariatric surgery, either sequentially or in an adjuvant fashion; and  
14  
15 Whereas, Our AMA recognizes the importance of bariatric surgery as an effective treatment for  
16 obesity and related comorbidities; and  
17  
18 Whereas, Metabolic Bariatric Surgery in the United States is associated with consistently low  
19 mortality and morbidity rates, and  
20  
21 Whereas, The practice of Metabolic Bariatric Surgery in the United States is overwhelmingly  
22 subjected to accreditation and oversight by the American College of Surgeons and the Society  
23 for Metabolic and Bariatric Surgeons; and  
24  
25 Whereas, Studies have shown that access to bariatric surgery reduces healthcare costs and  
26 improves patient outcomes; and  
27  
28 Whereas, Studies have shown that Metabolic Bariatric Surgery results in a reduction on the  
29 incidence of several cancers and improves survivorship in patients with cancer; and  
30  
31 Whereas, In 2022, the American Society of Metabolic and Bariatric Surgery established baseline  
32 criteria for the indications for the practice of metabolic surgery based on the available scientific  
33 evidence; and  
34  
35 Whereas, Despite ample evidence to the contrary, many public and private insurance providers  
36 currently impose arbitrary restrictions and discriminatory practices that limit or deny coverage for  
37 metabolic surgery, such as mandatory preoperative weight management programs and time-  
38 based delays. Such tactics discourage patients from completing preoperative programs and  
39 lead to continued comorbidity related to the disease of obesity; and

1 Whereas, Recent AMA policy D-440.954, “Addressing Adult and Pediatric Obesity,” establishes  
2 the AMA as working to improve national understanding of the obesity epidemic and address gaps  
3 in medical obesity education and health disparities, and the lack of insurance coverage for  
4 obesity treatment; therefore be it  
5

6 RESOLVED, That our American Medical Association urge individual state delegations to directly  
7 advocate for their state insurance agencies and insurance providers in their jurisdiction to  
8

- 9 1. Revise their policies to ensure that bariatric surgery are covered for patients  
10 who meet the appropriate medical criteria.
- 11 2. Eliminate criteria that place unnecessary time-based mandates that are not  
12 clinically supported nor directed by the patient’s medical provider
- 13 3. Ensure that insurance policies in their states do not discriminate against  
14 potential metabolic surgery patients based on age, gender, race, ethnicity,  
15 socioeconomic status.
- 16 4. Advocate for the cost-effectiveness of all obesity treatment modalities in  
17 reducing healthcare costs and improving patient outcomes (Directive to Take  
18 Action); and be it further  
19

20 RESOLVED, That the AMA support and provide resources to state delegations in their efforts to  
21 advocate for the reduction of bias against patients that suffer from obesity for the actions listed.  
22 (Directive to Take Action)

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 5/2/23

#### RELEVANT AMA POLICY

##### Addressing Adult and Pediatric Obesity D-440.954

1. Our AMA will: (a) assume a leadership role in collaborating with other interested organizations, including national medical specialty societies, the American Public Health Association, the Center for Science in the Public Interest, and the AMA Alliance, to discuss ways to finance a comprehensive national program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations; (b) encourage state medical societies to collaborate with interested state and local organizations to discuss ways to finance a comprehensive program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations; and (c) continue to monitor and support state and national policies and regulations that encourage healthy lifestyles and promote obesity prevention.
2. Our AMA, consistent with H-440.842, Recognition of Obesity as a Disease, will work with national specialty and state medical societies to advocate for patient access to and physician payment for the full continuum of evidence-based obesity treatment modalities (such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions).
3. Our AMA will work with interested national medical specialty societies and state medical associations to increase public insurance coverage of and payment for the full spectrum of evidence-based adult and pediatric obesity treatment.
4. Our AMA will: (a) 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 at the state and federal level prohibiting healthcare providers from providing the current standard of care to patients affected by obesity.
5. Our AMA will leverage existing channels within AMA that could advance the following priorities:
  - Promotion of awareness amongst practicing physicians and trainees that obesity is a treatable chronic disease along with evidence-based treatment options.

- Advocacy efforts at the state and federal level to impact the disease obesity.
- Health disparities, stigma and bias affecting people with obesity.
- Lack of insurance coverage for evidence-based treatments including intensive lifestyle intervention, anti-obesity pharmacotherapy and bariatric and metabolic surgery.
- Increasing obesity rates in children, adolescents and adults.
- Drivers of obesity including lack of healthful food choices, over-exposure to obesogenic foods and food marketing practices.

6. Our AMA will conduct a landscape assessment that includes national level obesity prevention and treatment initiatives, and medical education at all levels of training to identify gaps and opportunities where AMA could demonstrate increased impact.

7. Our AMA will convene an expert advisory panel once, and again if needed, to counsel AMA on how best to leverage its voice, influence and current resources to address the priorities listed in item 5. above.

Citation: BOT Rep. 11, I-06; Reaffirmation A-13; Appended: Sub. Res. 111, A-14; Modified: Sub. Res. 811, I-14; Appended: Res. 201, A-18; BOT Action in response to referred for decision: Res. 415, A-22; Modified: Res. 818, I-22;

DRAFT