Whereas, Obesity is the most common chronic disease in childhood; and

Whereas, Untreated pediatric obesity leads to significant morbidity, premature mortality, and an enormous financial burden to society from health care costs and lost productivity; and

Whereas, Obesity in the pediatric population increases the risk of obesity in adulthood; and

Whereas, Effective treatment of pediatric obesity requires a comprehensive multi-pronged approach delivered chronically including lifestyle therapy, anti-obesity medications, and metabolic and bariatric surgery; and

Whereas, Several anti-obesity medications have now been approved by the FDA for use in the pediatric population, thus substantially expanding the options for safe and effective pharmacological options for pediatric obesity treatment; and

Whereas, Many health insurance plans, public and private, do not adequately cover lifestyle therapy, anti-obesity medications, and metabolic and bariatric surgery, resulting in progressive weight gain, worsening obesity, and weight-related co-morbidities; and

Whereas, Recent AMA policy D-440.954, Addressing Obesity, establishes the AMA as working to improve national understanding of the obesity epidemic and address gaps in medical obesity education and health disparities, and the lack of insurance coverage for obesity treatment; and

Whereas, Currently 38% of children in the US are insured by Medicaid and other public health insurance plans; therefore be it

RESOLVED, That our American Medical Association immediately call for full public health insurance coverage of pediatric evidence-based anti-obesity treatment, including comprehensive life-style therapy, anti-obesity medications and metabolic and bariatric surgery (Directive to Take Action); and be it further

RESOLVED, That our AMA work with all interested parties to lobby the legislative and executive branches of government to affect public health insurance coverage and payment for the full spectrum of evidence-based pediatric anti-obesity therapy. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/13/22
RELEVANT AMA POLICY

Addressing 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: (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.

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