Whereas, Childhood obesity is a major public health problem, and the United States faces a
childhood obesity epidemic that disproportionately affects minority groups; and

Whereas, Obesity is now recognized as a disease of the metabolism whereby the body stores
excess fat and can develop metabolic health problems including resistance to insulin; and

Whereas, Obesity in children leads to severe health complications, including but not limited to
type 2 diabetes, hypertension, hepatic steatosis, obstructive sleep apnea, gastroesophageal
reflux disease, various orthopedic disorders, and polycystic ovarian syndrome; and

Whereas, Many of these comorbidities can be prevented, alleviated, or resolved by a
combination of behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions
to treat obesity; and

Whereas, Mild obesity of class I may be preventable and treatable with lifestyle and medical
interventions and the treatment of higher classes of obesity includes bariatric surgery; and

Whereas, Current evidence shows bariatric surgery to be the most effective and the only
durable treatment for severe obesity of class II and III in adults and in children; and

Whereas, The American Academy of Pediatrics, in a position statement that is co-endorsed by
several surgical organizations, including the Society of American Gastrointestinal and
Endoscopic Surgeons, states that bariatric surgery should be used in the treatment of children
with obesity meeting specific, objective criteria, including body mass index (BMI) at 140% of the
95th percentile of the growth curve or at 120% of the 95th percentile of the growth curve in the
presence of a comorbidity such as hypertension; and

Whereas, Significant barriers to the treatment of childhood obesity persist, such as insurance
coverage denials and the use of outdated eligibility criteria to access care; and

Whereas, these barriers delay treatment of obesity and prevention of further comorbidity
development, which results in worse patient outcomes; and

Whereas, The negative consequences of delayed treatment extend to adulthood for patients,
families, communities, and impact our health as a nation; therefore be it

RESOLVED, That our American Medical Association actively support the education of
physicians on the morbidity of childhood obesity, the existence of effective treatment for this
condition, and the importance of patients obtaining bariatric care as early as possible (Directive
to Take Action); and be it further
RESOLVED, That our AMA support the development of multidisciplinary care programs for children with obesity, inclusive of bariatric surgery care, access to medications, nutrition, and mental health support (Directive to Take Action); and be it further

RESOLVED, That our AMA actively work to remove barriers to bariatric surgery, access to medications, nutrition, and mental health support for the treatment of obesity in children. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: xx/xx/22

Citations

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; Reaffirmed: Res. 201, A-18

Obesity as a Major Health Concern H-440.902
The AMA: (1) recognizes obesity in children and adults as a major public health problem; (2) will study the medical, psychological and socioeconomic issues associated with obesity, including reimbursement for evaluation and management of patients with obesity; (3) will work with other professional medical organizations, and other public and private organizations to develop evidence-based recommendations regarding education, prevention, and treatment of obesity; (4) recognizes that racial and ethnic disparities exist in the prevalence of obesity and diet-related diseases such as coronary heart disease, cancer, stroke, and diabetes and recommends that physicians use culturally responsive care to improve the treatment and management of obesity and diet-related diseases in minority populations; and (5) supports the use of cultural and socioeconomic considerations in all nutritional and dietary research and guidelines in order to treat patients affected by obesity.

Citation: Res. 423, A-98; Reaffirmed and Appended: BOT Rep. 6, A-04; Reaffirmation A-10; Reaffirmed in lieu of Res. 434, A-12; Reaffirmation A-13; Modified: Res. 402, A-17
Obesity as a Major Public Health Problem H-150.953

Our AMA will: (1) urge physicians as well as managed care organizations and other third party payers to recognize obesity as a complex disorder involving appetite regulation and energy metabolism that is associated with a variety of comorbid conditions; (2) work with appropriate federal agencies, medical specialty societies, and public health organizations to educate physicians about the prevention and management of overweight and obesity in children and adults, including education in basic principles and practices of physical activity and nutrition counseling; such training should be included in undergraduate and graduate medical education and through accredited continuing medical education programs; (3) urge federal support of research to determine: (a) the causes and mechanisms of overweight and obesity, including biological, social, and epidemiological influences on weight gain, weight loss, and weight maintenance; (b) the long-term safety and efficacy of voluntary weight maintenance and weight loss practices and therapies, including surgery; (c) effective interventions to prevent obesity in children and adults; and (d) the effectiveness of weight loss counseling by physicians; (4) encourage national efforts to educate the public about the health risks of being overweight and obese and provide information about how to achieve and maintain a preferred healthy weight; (5) urge physicians to assess their patients for overweight and obesity during routine medical examinations and discuss with at-risk patients the health consequences of further weight gain; if treatment is indicated, physicians should encourage and facilitate weight maintenance or reduction efforts in their patients or refer them to a physician with special interest and expertise in the clinical management of obesity; (6) urge all physicians and patients to maintain a desired weight and prevent inappropriate weight gain; (7) encourage physicians to become knowledgeable of community resources and referral services that can assist with the management of overweight and obese patients; and (8) urge the appropriate federal agencies to work with organized medicine and the health insurance industry to develop coding and payment mechanisms for the evaluation and management of obesity.

Citation: CSA Rep. 6, A-99; Reaffirmation A-09; Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmation A-10; Reaffirmation I-10; Reaffirmation A-12; Reaffirmed in lieu of Res. 434, A-12; Reaffirmation A-13; Reaffirmed: CSAPH Rep. 3, A-13; Reaffirmation: A-19