Whereas, Obesity is the most common chronic disease in adulthood; and
Whereas, Untreated adult obesity leads to significant morbidity, premature mortality, and an enormous financial burden to society from health care costs and lost productivity; and
Whereas, Effective treatment of the disease obesity requires a comprehensive multi-disciplinary approach delivered chronically including lifestyle therapy, anti-obesity medications, and metabolic and bariatric surgery; and
Whereas, In 1991, the National Institutes of Health (NIH) convened a Consensus Development Conference that established the baseline criteria for the indications for the practice of bariatric surgery based on the available scientific evidence of that time period; and
Whereas, Since this Consensus Development Conference, providers, hospitals, policy makers and insurers have used these guidelines as a universal threshold for access to metabolic and bariatric surgery services, regardless of individualized patient concerns; and
Whereas, Since the publication of the 1991 NIH Guidelines, hundreds of scientific papers have been published that challenge the absolute weight-based restrictions that have prevented patients with the disease of obesity and associated comorbidity from obtaining life-altering metabolic surgery services. In addition, the NIH itself indicated in 1996 that the Guidelines should no longer be used for policy decisions; and
Whereas, The American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) published a new consensus document that provides updates and replaces the 1991 NIH Guidelines. These updates include revising and broadening the indications for surgery based upon the most current scientific evidence; and
Whereas, The new ASMBS and IFSO indications for surgery is highlighted by the indication of metabolic and bariatric surgery (MBS) for individuals with a body mass index (BMI) of ≥ 35, regardless of the presence of comorbidities related to obesity; for individuals with metabolic disease with a BMI between 30-35; and for individuals in the Asian population with a BMI ≥ 27.5; and
Whereas, The 2022 ASMBS and IFSO: Indications for Metabolic and Bariatric Surgery have been approved by the governing boards of both organizations and were released to the public on October 21, 2022; and
Whereas, Many health insurance plans, public and private, continue to utilize the outdated and
now obsolete 1991 NIH guidelines for surgery and this presents a significant barrier to patients
seeking definitive surgical care for the disease of obesity, resulting in progressive weight gain,
worsening obesity, and weight-related co-morbidities; and

Whereas, Recent American Medical Association 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; therefore be it

RESOLVED, That our American Medical Association acknowledge and accept the new
American Society for Metabolic and Bariatric Surgery and International Federation for the
Surgery of Obesity and Metabolic Disorders indications for metabolic and bariatric surgery (New
HOD Policy); and be it further

RESOLVED That our AMA immediately call for full acceptance of these guidelines by insurance
providers, hospital systems, policy makers, and government healthcare delivery entities
(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 to ensure alignment with
these new guidelines. (Directive to Take Action)

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

Received: 11/03/22

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