Whereas, obesity is a complex, multifactorial, common, serious, relapsing, and costly chronic disease that serves as a major risk factor for developing conditions such as heart disease, stroke, type 2 diabetes, renal disease, non-alcoholic steatohepatitis, and certain types of cancer; and

Whereas, health care costs are 34 percent higher for people with obesity, with the total cost of obesity in the U.S. being $1.7 trillion; and

Whereas, weight bias negatively impacts those affected financially, mentally, socially, and physically; and

Whereas, the National Health and Nutrition Examination Survey data shows that from 1999–2000 through 2017–March 2020, U.S. obesity prevalence increased from 30.5% to 41.9%. During the same time, the prevalence of severe obesity increased from 4.7% to 9.2%; and

Whereas, health care coverage for obesity and weight management is inadequate and insufficient, and varies significantly by each health plan, with millions of Americans being denied access to evidence-based treatments to help them address this disease and the numerous comorbidities that accompany obesity; for example, a majority of state employee health plans fail to cover FDA-approved obesity drugs and 27 state health exchanges exclude coverage for metabolic and bariatric surgery; and

Whereas, people who are affected by obesity deserve access to affordable, individualized medical coverage for science-based treatments in the same way as other chronic diseases are managed; therefore be it

RESOLVED, that our American Medical Association amend Policy H-150.953, "Obesity as a Major Public Health Problem," by addition as follows:

9. Urge national payors to ensure coverage parity for FDA-approved anti-obesity medications without exclusions or additional carve-outs. (Modify Current HOD Policy)

Fiscal Note: Minimal - less than $1,000

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RELEVANT AMA POLICY

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.

[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]