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# OCC Advocacy News

June 2018 Newsletter of the Obesity Care Continuum

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## OMA Urges AMA to Adopt Policy to Break Down Barriers to Obesity Care

At the time of this report, the Obesity Medicine Association (OMA) was aggressively campaigning to secure support and passage for Resolution 201 (A-18), entitled "Removing Barriers to Obesity Treatment." To date, the OMA has lined up a number of supporting groups, including the Colorado delegation, the Minority Affairs Section, the American Association of Clinical Endocrinologists, American Society for Metabolic and Bariatric Surgery, the Endocrine Society, American College of Surgeons and the American Gastroenterological Association.

Resolution 201 (A-18) will be debated during the Annual Meeting of the American Medical Association's House of Delegates which will meet June 9-13, 2018. The resolution requests that "AMA 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 and that AMA actively lobby with state medical societies and other interested stakeholders to remove out-of-date restrictions at the state and federal level prohibiting healthcare providers from providing the current standard of care to patients affected by obesity."

## OCCAN Submits Nominees for National Clinical Care Commission

On May 25, 2018, the Obesity Care Advocacy Network submitted a slate of 13 individuals to serve on the National Clinical Care Commission (NCCC). The mission of the NCCC is to promote better coordination and leveraging of federal programs related to awareness and clinical care for complex metabolic or autoimmune diseases that result from issues related to insulin that represent a significant disease burden in the United States.

As outlined in the legislation and Federal Register notice, the individuals supported by OCCAN have expertise in prevention, care and epidemiology of diseases and complications described in the National Clinical Care Commission

Act. These individuals represent physician specialists, including clinical endocrinologists, primary care physicians, non-physician health care professionals, patient advocates, and national experts.

The Obesity Action Coalition (OAC) and OMA also nominated Mr. Reo Davis and Dr. Angela Fitch, respectively, to serve on the commission. The OAC nominated Mr. Davis because he has experienced first-hand the profound impact that metabolic/bariatric surgery, in conjunction with comprehensive after care, can have on the amelioration of so many obesity-related comorbidities such as type 2 diabetes, heart disease and sleep apnea. Dr. Fitch was chosen by the OMA because of leadership role in OMA and her upcoming new role as the Associate Director of the Massachusetts General Hospital Weight Center and Assistant Professor in Medicine at Harvard Medical School.

The Academy of Nutrition and Dietetics (AND) nominated Melinda Maryniuk, Med, RD, FADA, CDE – Director of Care Programs for the Joslin Innovations division within Joslin Diabetes Center and Anna Parker DCN, MS, RD, CDE, CCRC – a research dietitian with Anaheim Clinical Trials in Anaheim, California and Team leader for all clinical trials for patients with Type 1 or Type 2 Diabetes.

## Treat and Reduce Obesity Act Secures 150th House Cosponsor.

Cosponsorship of the Treat and Reduce Obesity Act (TROA) continues to grow and reached a significant milestone on June 5th when Representative Brian Fitzpatrick (R-PA) became the 150th House Member to cosponsor the bill. While this is promising news, OACAN continues to push hard for final passage of the legislation in both houses of Congress. Efforts also continue on reaching out to the Government Accountability Office (GAO) to engage GAO staff regarding the agency's pending study on obesity drugs – to better inform and steer GAO regarding best data sources and obesity experts, which should be accessed to ensure a fair and balanced study.

## OAC Comments on Draft WHO Commission Report on Non-Communicable Diseases

On May 16, 2018, the OAC submitted formal comments regarding the draft report of the World Health Organization (WHO) Independent High Level Commission on Non-Communicable Diseases (NCDs). In its comments, OAC expressed shock that the commission fails to include obesity in the list of NCDs that countries need to address – especially given its mission to intensify political action to prevent premature death from non-communicable diseases.

OAC continued that ... "The lack of recognition of obesity as a chronic disease in the recommendations from this commission will only further embolden Heads of State and Governments around the world to delay meaningful action toward achieving universal coverage of obesity treatment. However, recognizing obesity as a chronic disease by the commission would have a profound impact on governments across the world to help ensure: that more resources are dedicated to much needed research, prevention and treatment; that encouragement is given to healthcare professionals to recognize obesity treatment as a necessary and valued professional specialty; and that there is a reduction in the stigma and discrimination experienced by individuals living with this chronic disease."

OAC joined other groups such as the STOP Obesity Alliance and the Canadian Obesity Network in urging the Commission on Non-Communicable Diseases to recommend to Heads of State and Governments that they:

- Recognize obesity as a chronic disease and integrate obesity into Universal Health Coverage
- Reaffirm their commitment to reducing obesity in children, adolescents, and adults
- Prioritize policies that tackle the social and commercial determinants of obesity, including obesity stigma and weight-based discrimination.

## **OCAN Establishes Work Groups on Legislative and Regulatory Strategies for Improving Access to Care**

During June, three new OCAN work groups will begin holding conference calls to brainstorm regarding effective strategies to promote better patient access to, and insurance coverage of, evidence-based obesity treatment services. Areas of discussion will include: innovative legislative and administrative approaches toward implementing the goals of TROA; addressing access to care issues for members of the United States Armed Services and their families; and reforming the Congressional Budget Office's approach to financially scoring federal legislation.

## **Wisconsin Rejects State Employee Coverage for Bariatric Surgery**

On May 16th, the Wisconsin Department of Employee Trust Funds' (ETF) Group Insurance Board (GIB) announced that it will not add coverage for bariatric surgery under the state employee health plan. Clearly, this is disappointing news given the continuing advocacy efforts of the Wisconsin ASMBS State Chapter whose leaders have continually met with ETF staff and individual members of the Group Insurance Board to secure coverage for this

critical treatment avenue for state employees. At the time of this report, efforts were underway to present public comments during the next open meeting of the GIB, which will occur on Wednesday, August 22, 2018.