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April 7, 2015

The Honorable Jose Medina
Chair, Assembly Committee on Higher Education
State Capitol
P.O. Box 942849
Sacramento, CA 94249-0061

Dear Chairman Medina,

On behalf of the more than 50,000 members of the Obesity Action Coalition (OAC), a National non-profit organization dedicated to helping individuals affected by the disease of obesity, the OAC is pleased to support Assembly Bill (AB) 859, which would require the California Department of Health Care Services (DHCS) to create an Obesity Treatment Action Plan to diagnose, treat and reduce the incidence of adult obesity within the Medi-Cal program. If enacted, this legislation will provide for a thorough review of current coverage policies surrounding evidence-based obesity treatment avenues and highlight gaps in treatment avenues that should be addressed.

Addressing one's obesity is not an easy task – a point clearly illustrated by the 93 million Americans currently affected by this complex and chronic disease. This is especially true for low-income individuals, who often lack the economic means or spare time, to afford healthy food choices, exercise regularly, or access current evidence-based obesity treatment avenues that many state Medicaid plans still fail to cover, such as FDA-approved obesity drugs or robust intensive behavioral therapy.

Obesity is a complex chronic disease that deserves to be treated seriously -- in the same fashion as diabetes, heart disease or cancer. Those affected by obesity should have access to the same medically necessary and covered treatment avenues afforded to all others who suffer from chronic disease and receive their care through public or private health plans. In the case of obesity, Medicaid programs should cover intensive behavioral therapy, pharmacotherapy, and surgical intervention.

For these reasons, the OAC is pleased that your legislation will allow DHCS, working closely with the leading scientific and clinical obesity organizations in the country, to review evidence-based principles and treatment guidelines regarding obesity -- in the hope that this evaluation will lead to more comprehensive coverage of obesity treatment services under the Medi-Cal program. It is critical that DHCS address the disease of obesity from all angles including nutritional, exercise, intensive behavioral therapy, pharmacotherapy and surgical.

Thank you again for your leadership on obesity prevention and treatment issues. We look forward to working with you this year to secure passage of AB 859. Should you have any questions, please feel free to contact me at (800) 717-3117.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Nadglowski".

Joe Nadglowski
President & CEO



OBESITY ACTION COALITION'S POLICY PLATFORM: BELIEFS AND EFFORTS SUPPORTED BY THE OAC

The OAC is the leading non-profit organization representing those affected by the chronic disease of obesity. The OAC provides educational and advocacy information to individuals throughout the United States who are seeking to educate themselves on the disease of obesity, the negative stigma associated with it, its health risks and much more. The OAC encourages individuals affected by obesity, their family members, healthcare professionals and all who are concerned to advocate for access to safe and effective care. With this in mind, the OAC has developed the following beliefs and supported efforts to structuralize, address and identify a multitude of obesity-related issues within the healthcare community.

UNDERSTANDING OBESITY

- Obesity is a chronic condition that continues to have a growing impact on our society. **Therefore, action must be taken to address this epidemic at all levels — individual, family, community, government, healthcare and insurance.**
- Obesity is a complex, multifactorial, and chronic disease, which requires a comprehensive approach to both prevent and treat. Obesity is a major contributor to a vast number of preventable deaths in the United States and it usually carries with it a large number of related conditions such as diabetes, hypertension, heart disease, certain cancers, sleep apnea, and arthritis. **Therefore, care should not be seen as simply having the goal of reducing body weight, but should additionally be focused on improving overall health and quality of life.**
- Obesity is too often misconstrued as a cosmetic problem and/or a personal failure. However, many individuals affected by obesity often deal with physical, emotional and social issues that can hinder them from addressing their weight issues. **Obesity is not a condition of personal choice.**

OBESITY DISCRIMINATION

- Individuals affected by obesity frequently struggle with not only the health and physical consequences of their disease but also with workplace and other social consequences. Discrimination against individuals affected by obesity occurs in schools, workplaces, doctors' offices and more. **No person should be discriminated against based on their size or weight.**

TREATING OBESITY IS DIFFICULT BUT NECESSARY

- **Treating or addressing obesity among those already affected by obesity is difficult.** This is clearly demonstrated by the more than 34% of Americans who are currently affected by obesity. However challenging though, efforts must be made to both prevent and treat obesity at all stages and in all age groups. Treatment approaches should include: school and community-based programs; lifestyle interventions; educational programs; drug, diet and physician-supervised programs; and surgery. The goals laid out for those who have chosen to address their obesity should focus less on total weight-loss and more on health improvement. We believe such an approach may encourage more consistent and continued individual participation in programs to address obesity – highlighting realistic outcomes and expectations for those affected by obesity.

INSURERS AND OBESITY COVERAGE

- **Health insurance should provide care for obesity as a standard benefit – establishing coverage for the most appropriate and proven prevention and treatment methods to address the given stage of overweight or obesity.** Recognizing obesity as a chronic disease, insurance should also cover necessary long-term follow-up care for obesity treatment. Patients must have access to this comprehensive treatment approach through reasonable means and this access to care should not be hindered by undue tests or prerequisites on the part of the patient.

EMPLOYERS AND OBESITY

- Employers are impacted by obesity because of increased healthcare costs, absenteeism and workers compensation, which can often be associated with obesity. **Companies should provide comprehensive obesity prevention and treatment programs for their employees and employ incentive programs (such as discounted health club memberships, availability of healthier food choices at work, etc.) where possible.**
- **While incentive programs should be encouraged, we believe that punitive measures (higher premiums, penalties for non-participation, etc.) should not be utilized as a catalyst for individuals to address their obesity.** Further stigmatization and penalization of this population often elicits a response counter to the goal of the original penalty.

GOVERNMENT AND OBESITY

- **Government should take the same serious action regarding obesity as it does with other disease states.** Government needs to tap into existing resources, organizations and individuals affected in order to gain a clear understanding of obesity and proven prevention and treatment methods.
- **Government must improve funding for research on obesity as well as the outcomes of any prevention and/or treatment programs attempted.** In addition, as obesity is recognized as a significant health epidemic, the National Institutes of Health should form a National Institute of Obesity. In addition, policymakers should develop dynamic new collaborations and collective actions across federal and state agencies, between private and public entities and industries, individuals and communities, which the Institute of Medicine recommends as essential to successfully addressing our country's obesity epidemic.
- **Government can improve access to healthy foods by incentivizing/subsidizing high quality foods, making such foods more widely available and requiring the purchase of nutritious foods in government assistance programs.**

INDIVIDUALS AND OBESITY

- **Individuals need to be encouraged to discuss their weight and its impact on their health with their healthcare providers.** In turn, healthcare providers need adequate training, support, reimbursement and pathways to track, discuss and address weight issues with their patients. Addressing obesity takes a partnership between the individual affected and their healthcare team.
- **Individuals, through increased messaging about the health impact of obesity and the incentives/opportunities listed above, need to make healthy food choices and increase physical activity.**

- Obesity is often misunderstood, which contributes to both discrimination and barriers to care. It is important to educate the public, health professionals, and policymakers about obesity as a chronic disease – highlighting the issues impacting individuals affected by obesity and the methods available to help. **Individuals affected by obesity must also take the responsibility to begin changing public perception of individuals affected by obesity through the media.** Negative stigma-building ads, stories or articles displaying individuals affected by obesity in a poor light need to be addressed immediately and combated with a realistic viewpoint explaining the negativity of the situation (ad, story, article).

SCHOOLS AND OBESITY

- **School nutrition standards need to be strengthened at the local, state and federal levels.**
- Physical education requirements also need to be strengthened. Adequate time for school physical activity must be required and appropriate funding provided for PE teachers, equipment and facilities. **Physical activity in school should function as a primer for children at a young age to get them interested in physical activity and introduce them to sports. It should not be looked at as a weight-loss method.**

COMMUNITIES AND OBESITY

- **Communities should be encouraged to provide safe and inviting parks, sidewalks, bike paths, etc. to encourage physical activity.**

MARKETING AND OBESITY

- **The marketing of foods to children as well as the marketing of so-called weight-loss supplements need additional regulation.** In addition, food-labeling laws that require restaurants and other marketers of food to post calorie counts on their food items can help individuals make better food choices.

The above represent the core beliefs and policy positions of the OAC. From standing-up for access to safe and effective care for the more than 93 million Americans affected by obesity to ensuring that individuals, healthcare providers, the public and policymakers have access to balanced and objective education regarding the impact of this chronic disease, the OAC stands firm that we as a Coalition must unite together and voice our beliefs, concerns and needs to the public. No one item above will solve the obesity epidemic as a wide variety of actions will be necessary to address the complex and chronic disease of obesity.



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