Obesity, a complex health issue often influenced by a combination of genetic, environmental, and behavioral factors, is a significant health crisis affecting more than 123 million adults and children/adolescents in the U.S.\textsuperscript{x} Despite mounting evidence that obesity leads to multiple comorbidities, including type 2 diabetes, cardiovascular disease, and chronic kidney disease, coverage for weight management is commonly limited to counseling in primary care settings only and weight-loss surgery for people with severe obesity.

While lifestyle modifications such as diet and exercise are essential components of obesity management, they may not be sufficient for everyone as meta-analysis reflects that over half of weight lost was regained within two years.\textsuperscript{xi}

Addressing the obesity epidemic therefore requires a multifaceted policy approach that shifts the focus from short-term interventions to long-term, sustainable solutions, beginning with coverage of all obesity treatments, both behavioral and pharmacological. Such access better aligns caring for people with obesity to other chronic diseases, promoting a broader spectrum of care and management to control and mitigate its effects.
We urge consideration of timely prevention and early intervention, offered through Medicaid programs like the Diabetes Prevention Program (DPP) and clinical lifestyle approaches such as intensive behavioral therapy (IBT) and medical nutritional therapy (MNT), which provide medically proven treatment options to aid in weight loss, helping individuals achieve better long-term health outcomes and avoid the onset of obesity-related comorbidities.

Incorporating coverage for anti-obesity medications (AOMs) offers improved outcomes, with enhanced treatment adherence leading to more effective weight management and decreased healthcare costs associated with treating secondary health issues. To date, AOM coverage significantly lags behind more-costly treatments like bariatric surgery which AOMs are designed to prevent.

Legislators may go further and address the unwelcome impact of obesity stigma, negative attitudes undermining the level of support and care received which consequently lead individuals to experience poorer mental health, poor quality of life, disordered eating behaviors, excessive alcohol use, and weight gain.

Understanding the myriad of factors associated with obesity care coverage, DPAC offers such solutions as a means for lawmakers to look further upstream when considering what they can do to help the diabetes community in their districts. Presently, there exists no legislative model to enhance access and awareness to treat and prevent obesity – we look forward to continued engagement on this subject and the creation of such policy.
Appendix

The following offers an overview of patient-centered policies, both referenced models and new, which DPAC endorses and monitors nationwide. Track your state’s progress at diabetespac.org/HANDBOOK

**Rebate Pass-Through:** Requires pharmacy benefit managers (PBMs) to pass through a portion of drug rebates to patients at the point of sale, lowering to lower the cost of prescription drugs.

- **Model Legislation:** Indiana Senate Bill 8 – Enacted 5/4/23

**Comprehensive Medicaid Coverage for CGMs:** Ensures that beneficiaries with diabetes have access to Continuous Glucose Monitors (CGM) and related supplies as part of their healthcare benefits.

- **Model Legislation:** Arkansas Senate Bill 521 – Enacted 4/13/21

**Insulin Copay Caps:** Limits the amount individuals with diabetes have to pay out-of-pocket for insulin by imposing a maximum limit on patient cost-sharing.

- **Model Legislation:** West Virginia Senate Bill 577 – Enacted 5/1/23

**Diabetes Supply Copay Caps:** Set a maximum limit on out-of-pocket costs for various diabetes supplies, such as glucose test strips, lancets, insulin pumps, and continuous glucose monitors (CGMs).

- **Model Legislation:** West Virginia Senate Bill 577 – Enacted 5/1/23

**Copay Accumulator Adjustment Program Bans:** Prohibit health insurers and PBMs from applying copay accumulator programs which prevent third-party copay assistance from counting toward a patient's deductible or out-of-pocket maximum

- **Model Legislation:** Virginia House Bill 2515 – Enacted 3/21/19
Appendix

**Emergency Access to Insulin:** Permits pharmacists to dispense a 30-day supply of insulin in emergency situations where the prescriber isn’t available.

- **Model Legislation:** Kentucky House Bill 64 – Enacted 3/26/19

**First Dollar Coverage for Diabetes Care:** Patient cost-sharing benefits begin without requiring the insured individual to pay a deductible or other out-of-pocket expenses first, ensuring that essential diabetes-related services, treatments, and medications are covered immediately, minimizing financial barriers for patients.

**Diabetes Action Plans:** Strategic frameworks developed by state entities that include specific goals, strategies, and initiatives aimed at prevention, early detection, better management, and improved healthcare services for individuals living with and at risk for diabetes.

**Legislative Caucuses Focused on Diabetes:** Legislative caucuses focused on diabetes are groups of lawmakers who come together to address issues related to diabetes, such as raising awareness, advancing diabetes-related legislation, and promoting policies that improve diabetes care and management.


Endnotes


