

NATIONAL CONFERENCE OF INSURANCE LEGISLATORS (NCOIL)

Resolution in Support of Efforts to Reduce the Incidence of Obesity and Chronic Disease

Sponsored by Representative Marcus Hunter

WHEREAS, more than one-third of US adults (34.9 percent), or approximately 111 million Americans, are obese; and

WHEREAS, minorities are disproportionately affected by obesity, with 38.8 percent of African-Americans, 31 percent of Hispanics, and 35.8percent of Native Americans suffering from obesity, while 26.1 percent of Caucasians are considered obese; and

WHEREAS, those without economic means are disproportionately affected by obesity, with 31percent of those with incomes of \$25,000 per year or less are obese, compared with 25.4 percent of those who make at least \$50,000 per year; and

WHEREAS, obesity has been linked to many comorbidities and chronic diseases, with the six most common and most costly being Type 2 diabetes, cardiovascular disease, hypertension, stroke, arthritis and certain types of cancer; and

WHEREAS, obesity is one of the largest drivers of health care costs, with estimates ranging from \$147 billion to \$210 billion in annual medically related costs as of 2012; and

WHEREAS, the estimated medically related costs of adult obesity are expected to rise to \$620 billion annually by 2030; and

WHEREAS, obesity-related job absenteeism costs U.S. employers at least \$4.3 billion annually, taking a toll on the economy; and

WHEREAS, screening for and treating obesity to reduce Body Mass Index (BMI) by just 5 percent will result in significant cost savings of approximately \$29.8 billion in five years, \$158 billion in ten years, and \$611 billion in 20 years for states, employers, and the health care community as a whole; and

WHEREAS, almost every state that demonstrates a 5percent decrease in average BMI will experience an approximate 6.5 percent to 7.9 percent reduction in overall health care costs over the next five to ten years; and

WHEREAS, Medicaid, state health program, and private health insurance coverage of obesity treatment is inconsistent and rarely covers the entire spectrum of treatment options, such as nutritional counseling and wellness programs, pharmacotherapy, and bariatric surgery; and

WHEREAS, *Affordable Care Act* essential health benefit requirements that include “wellness” and “preventive” measures and “chronic disease management” do not necessarily require treatment, and few benchmark plans selected for state health exchanges include coverage for the full spectrum of obesity treatment or require chronic disease management programs (CDMPs) of specific diseases such as obesity; and

WHEREAS, significant innovations in treatment and medical interventions, including pharmacotherapy and other medical interventions such as new bariatric surgical procedures, have been approved for the medical community in recent years; and

WHEREAS, pharmacotherapy and bariatric surgery have both been proven to be effective for chronic weight management when combined with lifestyle interventions; and

WHEREAS, the American Medical Association (AMA) has now recognized obesity as a disease requiring a range of medical interventions to advance obesity treatment and prevention, and health professionals from a large and growing number of other professional medical societies have signaled their support for AMA's decision to recognize obesity as a disease; and

WHEREAS, obesity is a preventable and treatable disease and CDMPs that address obesity, as well as its prevention, diagnosis, and treatment will not only improve the quality of life for a significant number of adults and children in the United States, but also will reduce overall public and private health care costs and the drain on the economy;

BE IT NOW THEREFORE RESOLVED, that the National Conference of Insurance Legislators (NCOIL) urges the 50 state legislatures, health departments, and other state agencies and institutions to make the prevention and treatment of obesity a high priority and to work to ameliorate obesity-related problems such as worker productivity and absenteeism, as well as medically related costs, while improving the health and wellness of all persons through the following measures:

- Encourage states that operate their own exchanges or those with federal-state partnership exchanges to consider the selection of benchmark plans that allow for access to the entire range of treatment options for wellness and preventive policies, including treatments for obesity such as pharmacotherapy and bariatric surgery;
- Encourage the implementation of CDMPs in state Medicaid and other state health programs, or to seek out other sources of program funding for CDMPs, such as grants or other public or private funding programs, that emphasize the management of obesity, including coverage of the full range of obesity treatments, particularly new innovative treatments such as pharmacotherapy and bariatric surgery;
- Encourage state exchanges to incentivize Qualified Health Plans to include coverage of the full spectrum of obesity treatments or to implement CDMPs that include the full range of obesity treatments, including new innovative measures such as pharmacotherapy and bariatric surgery.