1 2	VERMONT MEDICAL SOCIETY RESOLUTION
3 4	Support for Expanded Coverage for Obesity Treatment As Adopted by VMS Board April 10, 2024
5 6 7 8	WHEREAS , according to the Center for Disease Control (CDC), the U.S. adult obesity prevalence has increased by 37.3% over the last 20 years, with adult obesity rates going from 30.5% in 1999-2000, to 41.9% in 2017-March, 2020; and
9 10	WHEREAS, according to the 2021 Vermont Department of Health Behavioral Risk Survey 62% of Vermont adults live with overweight and obesity; ii and
11 12	WHEREAS, according to the 2021 Vermont Department of Health Youth Behavioral Risk Survey 14% of Vermont youth are overweight and 14% live with obesity; iii and
13 14 15	WHEREAS, according to the American Academy of Pediatrics, childhood obesity has become the most common pediatric chronic health disease in America, as more than 14.7 million children and adolescents (19.7%) are living with obesity today; iv and
16 17 18	WHEREAS obesity disproportionately impacts women, as well as individuals from marginalized racial, ethnic, and socioeconomic backgrounds including those with limited access to education and lower income; and
19 20	WHEREAS , in 2013 the American Medical Association, along with seven other medical societies, adopted a resolution designating obesity as a disease; vi and
21 22 23	WHEREAS over 200 comorbidities, including Type 2 diabetes, high blood pressure, heart disease, sleep apnea, asthma, fertility problems, mental health problems and 13 types of cancer are associated with overweight and obesity; vii and
24 25 26 27 28 29 30 31	WHEREAS obesity therapy has been shown to be safe and effective and to significantly reduce the risk of chronic disease and death, when benefits from a recent controlled trial of an obesity medication showed significantly greater weight reduction, which was accompanied by greater improvements in all measured cardiovascular and metabolic risk factors, including waist circumference, systolic and diastolic blood pressure, and fasting insulin, lipid, and aspartate aminotransferase levels; viii another recent study showed a decreased risk of major adverse cardiac events comprised of CV death, nonfatal myocardial infarction, and stroke compared with placebo; and
32 33 34 35	WHEREAS a 2021 double blind trial showed that 86% of patients with obesity who received a weekly dose of semaglutide lost 5% or more of baseline body weight, which was accompanied by improvements in reductions in waist circumference, blood pressure, glycated hemoglobin levels, and lipid levels; ^x and
36 37 38	WHEREAS, obesity is shown to cause life-impacting stigma, as it is seen as a consequence of personal choices, despite its complex, genetic, psychological, and environmental etiology; xi xii and

- 39 WHEREAS there are significant disparities with regards to access to obesity treatments, with
- 40 negative stereotypes about people with higher BMI often resulting in delays in prescribing
- 41 recommended medications; xiii and
- WHEREAS current insurance coverage for drugs prescribed for weight loss is very limited:
- 43 Medicaid coverage varies by state, employer-based and private insurance coverage are reportedly
- pulling back coverage due to cost, and Medicare does not cover obesity medication at all; xiv and
- WHEREAS some insurance policies currently include extraordinarily complex processes that
- 46 require the patient to try medications that are less effective or likely to cause side effects given
- 47 their current health issues; xv therefore be it
- 48 RESOLVED, the Vermont Medical Society will work with other medical societies and
- 49 health care partners to:

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- ensure that all patients have access to anti-obesity medication and treatment in line with evidence-based medical guidelines;
- ensure that all patients have access to effective lifestyle interventions for obesity that includes Intensive Behavioral Therapy and dietary and nutrition services;
- ensure Food and Drug Administration (FDA) approved anti-obesity medication(AOM) coverage is included in all insurance plans available to Vermont patients, including commercial plans, Vermont Medicaid, and Medicare;
- educate to bring awareness to weight-based disparities in health care and the lifeimpacting stigma patients with overweight and obesity face;
- expand/preserve access to surgery for the treatment of obesity; and
- ensure prior authorization or other preauthorization requirements including step therapy are aligned with evidence-based access to care and are not unnecessarily complex or designed to make it more difficult to obtain coverage for appropriate patients.

ⁱ https://www.cdc.gov/obesity/data/surveillance.html#NPAO

ii https://www.healthvermont.gov/sites/default/files/2023-02/HSI-BRFSS-2021-DataSummary.pdf

iii https://www.healthvermont.gov/sites/default/files/document/hsi-yrbs-2021-full-report.pdf

 $^{^{\}text{iv}}$ https://publications.aap.org/pediatrics/article/151/2/e2022060640/190443/Clinical-Practice-Guideline-for-the-Evaluation-and?autologincheck=redirected

v https://www.cdc.gov/nchs/products/databriefs/db360.html

vi https://media.npr.org/documents/2013/jun/ama-resolution-obesity.pdf

vii https://www.niddk.nih.gov/health-information/weight-management/adult-overweight-obesity/health-risks

viii https://www.nejm.org/doi/full/10.1056/NEJMoa2206038

ix https://www.acc.org/Latest-in-Cardiology/Clinical-Trials/2023/11/09/15/04/select

x https://www.nejm.org/doi/full/10.1056/NEJMoa2032183

xi https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10198472/

xii https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6985908/#R1

xiii https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10198472/

xiv https://www.kff.org/policy-watch/will-where-you-live-determine-access-coverage-emerging-anti-obesity-drugs/

xv https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10198472/