



**Title:** Advocate for Evidence-based Treatment of Obesity as a Chronic Disease

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- 1 **WHEREAS**, obesity is defined as “a chronic, progressive, relapsing, and treatable multi-factorial, neurobehavioral  
2 disease, wherein an increase in the body fat promotes adipose tissue dysfunction and abnormal fat mass physical  
3 forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences,”<sup>1</sup> and
- 4 **WHEREAS**, obesity is the most common chronic disease in the United States, affecting 42% of adult Americans in  
5 2017-2018, and is a common underlying cause of type 2 diabetes, hypertension, heart disease, stroke, sleep apnea,  
6 arthritis, and premature disability and death with medical costs of \$210 billion per year, or 21% of national healthcare  
7 spending,<sup>2 3</sup> and
- 8 **WHEREAS**, the American Medical Association recognizes obesity as a chronic medical disease and recommends  
9 that third-party payers provide appropriate payment for obesity treatment,<sup>4</sup> and
- 10 **WHEREAS**, intensive behavioral treatment of obesity with a reduced calorie diet, increased exercise, and cognitive  
11 therapy can lead to 5%-10% reduction in body weight, anti-obesity medication can lead to 5%-10% reduction in body  
12 weight, and common anti-obesity surgeries can lead to 10%-30% reduction in body weight, with improvements in  
13 metabolic health and remission or prevention of comorbidities such as type 2 diabetes, fatty liver, and hypertension,<sup>1</sup>  
14 and
- 15 **WHEREAS**, to be eligible for anti-obesity surgery, many Michigan Medicaid plans require 12 consistent months of  
16 weight loss including documentation of intensive behavioral therapy, but the Michigan Medicaid program’s shared  
17 formulary does not cover anti-obesity medications as a class, creating a disparity for physicians treating people with  
18 obesity insured by Medicaid, and

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<sup>1</sup> Bays, H. E., et al. "Obesity algorithm eBook, presented by the Obesity Medicine Association." (2021).

<sup>2</sup> CDC. "Adult Obesity Facts". [www.cdc.gov/obesity/data/adult.html](http://www.cdc.gov/obesity/data/adult.html). (2021). Accessed May 23, 2021

<sup>3</sup> Academy of Nutrition and Dietetics (2019b). Treat and Reduce Obesity Act (S.595/H.R. 1530) [Issue Brief]. <https://www.eatrightpro.org/-/media/eatrightpro-files/advocacy/traissuebrief-2019.pdf>

<sup>4</sup> Fryhofer S et al. "Is Obesity a Disease? (Resolution 115-A-12)" Report of the Council on Science and Public Health. <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/about-ama/Councils/Council%20Reports/council-on-science-public-health/a13csaph3.pdf>. (2016) Accessed May 23, 2021.

19 **WHEREAS**, when the Medicare Part D drug benefit was enacted, there were no long-term FDA-approved  
20 medications for obesity, and the Part D statute is out of date with current scientific evidence supporting anti-obesity  
21 medications <sup>5</sup>; now, therefore, be it

22 **RESOLVED**, that Michigan Academy of Family Physicians advocate for inclusion of FDA-approved anti-obesity  
23 medications by the Michigan Medicaid program's shared formulary and with commercial insurers, and to expand  
24 covered access to intensive behavioral therapy for obesity; and be it further

25 **RESOLVED**, that Michigan Academy of Family Physicians request American Academy of Family Physicians to  
26 promote and support the inclusion of anti-obesity medications in state Medicaid Tier 1 formularies for state chapters;  
27 and be it further

28 **RESOLVED**, that Michigan Academy of Family Physicians request American Academy of Family Physicians to  
29 advocate for Medicare, Medicaid, and expand access to include coverage of FDA-approved medications for obesity  
30 and expand covered access to intensive behavioral therapy for obesity.

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<sup>5</sup> Obesity Action Center. <https://www.obesityaction.org/troa/>