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May 22, 2017

The Honorable Matthew Baker
Chair, Health Committee
Pennsylvania House of Representatives
213 Ryan Office Building
PO Box 202068
Harrisburg, PA 17120-2068

&
The Honorable Florindo Fabrizio
Democratic Chair, Health Committee
Pennsylvania House of Representatives
200 Irvis Office Building
PO Box 202002
Harrisburg, PA 17120-2002

Dear Chairmen Baker and Fabrizio,

As a citizen of Pennsylvania and a member of the OAC Board of Directors, I vigorously support committee approval and final passage of House Bill 899 (HB 899), which would make drugs that treat obesity allowable for coverage under the state's Medicaid program if managed care organizations decide coverage for these drugs is medically necessary. Specifically, the legislation states that "an anti-obesity drug approved by the Food and Drug Administration of the Department of Health and Human Services of the United States shall be considered a compensable item under the medical assistance program."

Obesity is a complex, chronic disease that requires serious interventions for both prevention and treatment. Untreated obesity leads to a whole range of other chronic diseases that includes type 2 diabetes, hypertension, heart disease, lipid disorders, liver disease, cancer, sleep apnea, arthritis and mental illness. Therefore, evidence-based obesity care is essential for improving overall health and quality of life. Good care for obesity prevents chronic diseases that become costly and lead to premature deaths.

Five years ago, my father died from complications of obesity. He was never offered any treatment other than dietary counseling. My mother is living with complications of obesity – most notably heart disease and joint disease. These complications have led to her needing intensive medical care and accepting severe limitations that prevent her from living a full and active life.

Too often, for too long, private and public health plans have excluded coverage for obesity treatment services -- partly due to short-sighted cost cutting and partly due to false assumptions. Some providers have mistakenly thought that these services are either not medically necessary, or not in line with generally accepted standards of medical care despite scientific evidence to the contrary. These bad assumptions have brought us and epidemic of chronic diseases that result from untreated obesity.

Discriminatory coverage practices, combined with the growing scientific evidence surrounding obesity, led the American Medical Association (AMA) to declare obesity as a disease in 2013. Subsequently, the AMA adopted a formal policy supporting "patient access to the full continuum of care of evidence-based obesity treatment modalities such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions." Numerous other healthcare professional and patient organizations support the AMA policy. They recognize that obesity leads to more than 30 other chronic medical conditions including cardiovascular disease, diabetes, and cancer.

The last 10 years have brought significant medical advances in obesity care, along with new obesity drugs. With new treatments for this epidemic of severe obesity, health plans that continue to exclude coverage for FDA-approved obesity drugs are out of date and out of touch with the current scientific evidence for obesity treatment. In recent years, FDA has approved four obesity drugs (Belviq, Contrave, Qsymia and Saxenda), and several other promising drugs are quickly progressing through the agency's approval process.



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Pennsylvania currently has the 24th highest obesity rate in the country with more than 30 percent of its citizens affected by obesity. It is imperative that the legislature approve HB 899 so that Pennsylvania Medicaid beneficiaries may have access to all evidence-based obesity treatment avenues.

A handwritten signature in black ink that reads "Theodore K. Kyle". The signature is written in a cursive style with a prominent initial "T".

Theodore K. Kyle, RPh, MBA
OAC Board of Directors
Cc: The Honorable Donna Oberlander