Testimony of Tim Clark in Support of Anti ObesityAgents

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Hello, my name is Tim Clark, Senior Director, Government Affairs and Corporate Advocacy at Eisai Inc. Eisai is a *human health care (hhc)* company that discovers, develops, and manufactures bio-pharmaceutical products for patients in the metabolic, neurology, and oncology fields, including the anti-obesity agent Belviq®. Today I'm here in to speak in support of anti-obesity agents inclusion in the Pennsylvania Medicaid program in general and in particular in support of Rep Oberlander's bill HB 899 which allows anti-obesity agents to be a compensable item in the Medicaid program. This simple change will allow Pennsylvanians access to full complement of treatments to treat their obesity.

As you may know, current federal law allows states to determine whether or not to cover drugs for weight loss or weight gain in the Medicaid program. Pennsylvania is one of the states that opted not to cover these drugs. This decision has taken an important health care intervention out of the hands of physicians as they work to alleviate this growing health care problem.

Obesity is a growing health crisis and we cannot afford to sit on the sidelines hoping the problem will go away. The nation's obesity rates hovers around one-third, while approximately two-thirds of the nation is considered overweight or obese. The State of Pennsylvania's obesity rate is 30%[1] while its overweight population is at 66%.[2] The Latino and African-American minority populations in Pennsylvania are disproportionately affected at 39.1% and 35.7% respectively.[3] Obesity is one of the biggest drivers of preventable chronic disease and healthcare costs in the United States.

In 2010, the State of Pennsylvania had approximately 1.135 million diabetes patients (10%), 2.752 million hypertension (32.5%) cases, 892,000 heart disease patients, 2.691 million arthritis patients, 228,000 obesity-related cancer cases[4], all of which are predicted to grow substantially by 2030. Overweight/obesity contributes to at least 2.8 million adult deaths each year worldwide and is the second leading cause of preventable death in the United States.[5]

In addition to the impact on the quality of health care and quality of life of the patients we serve, there is a grave impact on the economy because of state of obesity. Obesity-related medical treatment costs are estimated upwards to $210 billion a year[6], and total costs, direct and indirect, may exceed $275 billion annually. Cumulative obesity-related costs among full-time employees are estimated at $73.1 billion per year.[7] Health care spending for obese adults exceeded spending for adults of normal weight by approximately 42%.[8]

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[1] http://stateofobesity.org/states/pa/
[2] http://files.kff.org/attachment/fact-sheet-medicaid-state-PA
[3] http://stateofobesity.org/states/pa/
[4] http://stateofobesity.org/states/pa/
[5] Seger JC, Horn DB, Westman EC, et al. Obesity Algorithm, presented by the American Society of Bariatric Physicians. www.obesityalgorithm.org. Accessed April 21, 2014, and World Health Organization. Obesity and overweight Fact Sheet. March 2013. http://www.who.int/mediacentre/factsheets/fs311/en/, and Blackburn GL. "Medicalizing obesity: individual, economic, and medical consequences." Virtual Mentor. 2011 Dec;13(12):890-895.
[6] Cawley J, Meyerhoefer C. "The medical care costs of obesity: an instrumental variables approach." J Health Econ 2012;31(1):219–30.
[7] Finkelstein EA, DiBonaventura M, Burgess SM, et al. "The costs of obesity in the workplace." J Occup Environ Med 2010;52(10):971–6., as referenced in: Spieker, Elena, Ph.D., and Natasha Pyzocha, D.O, "Economic of Obesity," *Primary Care Clinics in Office Practice*, January 2016. https://www.ncbi.nlm.nih.gov/pubmed/26896202
[8] Withrow D, Alter DA. The economic burden of obesity worldwide: a systematic review of the direct costs of obesity. Obes Rev 2011;12:131–41.

Obese individuals create an estimated excess between $1429 and $2741 in medical costs annually.[9] Obesity exceeds smoking as the most expensive preventable disease. Morbid obesity increases medical costs more than two times (50%) the amount attributable to smoking (20%).[10]

Fortunately, like smoking, this trend is reversible. Research shows that even modest weight loss, 5% or more, can produce meaningful health benefits such as improvements in blood pressure, cholesterol, and blood sugar levels.[11] It also can achieve significant savings for the health care system. According to the Robert Woods Johnson Foundation and the Trust for America's Health in 2012, a reduction in the average Body Mass Index (BMI) for adults by 5% can achieve savings for the State of Pennsylvania of $8 billion over 10 years.[12]

Medicaid Pharmacotherapy Coverage

The current strategies to reduce the incidence are not working. A major contributor to this is the fact that patients and prescribers do not have accessible coverage to the entire continuum of patient care. Over recent years, there have been several safe, innovative treatments approved by the U.S. Food and Drug Administration (FDA). These drugs are safe and effective, and when combined with lifestyle changes, can help patients achieve their weight-loss and maintenance goals. These medications are approved for use at a BMI of 27 or greater. However, since they are not available, a patient who has tried and failed to control his or her own weight through lifestyle changes only other option is to wait until they are considered morbidly obese with a BMI of 40 or above, and qualify for expensive bariatric surgery. These patients suffer from obesity when they have a BMI of 30 or above. Pennsylvania denies additional treatment while these patients continue to gain weight and their BMI increases 10 points, until they qualify for more expensive therapy. This defies logic when there is treatment available.

According to a study in the Journal of the American Medical Association (JAMA), which studied the effectiveness of all the major medications used for weight loss, said that all the medications achieved at least a 5% - 10% average weight loss among obese and overweight individuals, some much more, when used appropriately.[13] A 5% reduction in BMI is all the state needs to do to produce savings in health care spending and improve the quality of life of thousands in the process. Progress towards this goal can be made by addressing the gaps within state health programs, such as Medicaid. When the current methods are not working and the State of Pennsylvania has options to change its approach that have proven results. It is only logical for the state to make the necessary changes. When treating obesity, patients and prescribers should have access to the entire continuum of care. This means diet and exercise lifestyle changes, nutritional and behavioral counseling, pharmacotherapy, and bariatric surgery.

In conclusion, I urge you to support the addition of anti-obesity medicines to the state Medicaid system by supporting HB 899.

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[9] Cawley J, Meyerhoefer C. The medical care costs of obesity: an instrumental variables approach. J Health Econ 2012;31(1):219–30. As referenced in: Spieker, Economic Impact, 2016.

[10] Moriarty JP, Branda ME, Olsen KD, et al. The effects of incremental costs of smoking and obesity on health care costs among adults: a 7-year longitudinal study. J Occup Environ Med 2012;54(3):286–91. As referenced in: Spieker, Economic Impact, 2016.

[11] Jensen MD, Ryan DH, Apovian CM, et al. 2013 AHA/ACC/TOS guidelines for the management of overweight and obesity in adults [published online Nov 2013]. J Am Coll Cardiol. doi: 10.1016/j.jacc.2013.11.004.

[12] TAHF, 2012 State Obesity Briefs, http://healthyamericans.org/assets/files/TFAHSept2012_ALL_ObesityBriefs.pdf

[13] Rohan Khera, MD; Mohammad Hassan Murad, MD, MPH; Apoorva K. Chandar, MBBS, MPH; Parambir S. Dulai, MD; ZhenWang, PhD; Larry J. Prokop, MLS; Rohit Loomba, MD, MHSc; Michael Camilleri, MD; Siddharth Singh, MD,MS, "Association of Pharmacological Treatments for Obesity With Weight Loss and Adverse Events, A Systematic Review and Meta-analysis," JAMA, 2016;315(22):2424-2434.