

## THE HEALTH AND ECONOMIC BENEFITS OF IMPROVING ACCESS TO OBESITY TREATMENTS

By David Charles, MD and Mary Ann Chapman, PhD

In the United States, a staggering 36% of adults and 18% of children and adolescents aged 6-19 are obese.<sup>1</sup> Obesity is a pervasive condition that negatively impacts physical and mental health, as well as overall well-being. Obesity also increases the risk of type 2 diabetes, heart disease, stroke, and certain types of cancer—some of the leading causes of preventable death.<sup>2</sup> The costs of obesity are likewise enormous. In 2008, the medical costs of obesity in the US were \$147 billion, with the cost for each obese person \$1,429 higher than for each normal-weight person.<sup>2</sup>

### MEDICAL COSTS OF OBESITY IN THE UNITED STATES

Year	Cost
2008	\$147 billion <sup>3</sup>
2030*	>\$200 billion*

*\*Medical costs of obesity projected to increase by \$48-\$66 billion by 2030<sup>4</sup>; estimate of >\$200 billion calculated by adding these numbers to \$147 billion.*

Given the personal, social, and economic impact of obesity, it is critical that individuals have access to effective treatments. For most people, this access is determined by whether the treatments are covered by insurance. As one of the nation's largest health plans, Medicaid insures a significant portion of obese individuals. Moreover, those with Medicaid have higher rates of obesity than those with private insurance or Medicare, as well as those who are uninsured.<sup>5</sup> Thus, Medicaid coverage policies may have a substantial impact on access to obesity treatments in this country.

Unfortunately, Medicaid programs do not consistently cover the available effective treatments for obesity. An article published in 2010 found that Medicaid programs in

only eight of 50 states covered three of the main evidence-based obesity treatments: nutrition counseling, drug therapy, and weight loss (bariatric) surgery.<sup>5</sup> This is clearly inadequate given that any single treatment will not be effective for all obese individuals, and a multidisciplinary approach has been



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recommended by the American College of Physicians and the National Heart, Lung, and Blood Institute.<sup>6,7</sup>

### UNDERSTANDING OBESITY

Although most people have a general perception of what it means to be obese, the term has a precise medical definition. Obesity is expressed in terms of body mass index (BMI), a person's weight in kilograms divided by the square of their height in meters. BMI can be easily calculated by entering weight in pounds and height in feet and inches into an online BMI calculator. A person is classified as obese if his or her BMI is 30 or greater.

A variety of factors can contribute to weight gain that, over time, causes a person to become overweight or obese. The most basic of these is a lack of energy balance in which a person takes in more energy (in the form of food and calories) than he or she expends. Contributing factors include an inactive lifestyle, environmental constraints such

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## STATE MEDICAID COVERAGE OF OBESITY TREATMENTS<sup>5</sup>

Obesity Treatment	States With Medicaid Coverage
Drug therapy	10 states*
Nutritional counseling	25 states+
Bariatric surgery	45 states*+
All 3 treatments	8 states*+

\* Some states require preauthorization  
+ Various restrictions apply in some states  
Based on fee schedules from 2008<sup>5</sup>

as long work hours or lack of access to healthy foods, genes and family history, medical conditions such as an underactive thyroid, certain medicines, emotional factors such as stress or boredom, smoking, increasing age, and lack of sleep.<sup>8</sup>

## THE COSTS OF OBESITY

Obesity is a costly condition on multiple fronts. Individual costs include depression, disability, substantially reduced quality of life, and stigmatization from family members, physicians, and co-workers.<sup>9-11</sup> Obese children may experience reduced self-worth and problems with peer relationships.<sup>12</sup>

In the workplace, obesity is associated with health-related limitations such as time needed to complete tasks and ability to perform physical job demands.<sup>13</sup> Overweight or obese employees also use more sick and disability leave time, have more workplace injuries, and have higher health costs.<sup>14</sup> In fact, obesity is associated with an increase in medical expenditures and reduced productivity totaling \$73 billion in the US annually.<sup>15</sup> These workplace costs increase with weight, such that individuals with BMIs 35 or higher (obese) cost 20 times as much as those with BMIs of 25-29.9 (overweight).<sup>15</sup>

The costs of obesity to physical health are enormous. Obesity increases a person's risk of diabetes by more than 40 times and high blood pressure by nearly 3 times.<sup>16</sup> The risks of cardiovascular disease, stroke, sleep apnea, gallbladder disease, gout, and osteoarthritis are likewise increased.<sup>17</sup> Obesity is further associated with colorectal and prostate cancer in men and endometrial, breast, and gallbladder cancer in women, as well as an increase in the risk of death from all causes.<sup>17</sup>

Many of the complications associated with obesity are themselves dangerous and costly diseases. For example, type 2 diabetes can lead to glaucoma, kidney disease, painful nerve damage, and stroke.<sup>18</sup> Treatment of type 2 diabetes often

requires prescription medications, diabetic supplies, and physician office visits. However, the highest costs associated with diabetes are hospitalizations, with diabetics accounting for more than a quarter of all days spent in the hospital in the United States annually.<sup>20</sup>

## PATIENT ACCESS TO OBESITY THERAPIES

In order to reverse the alarming numbers, patients must have access to therapies designed to prevent and treat obesity. Currently, insurers cover treatments for the complications of obesity rather than treatments for obesity itself. However, it makes more sense to address obesity as the underlying cause of these conditions instead of waiting until someone develops diabetes or has a stroke as a result of his or her excessive weight.

An important step forward in this area would be for states to expand their Medicaid coverage of obesity treatments. Currently, Medicaid programs in the vast majority of states do not cover the recommended treatments for obesity, and treatments that are covered tend to be available only to a restricted population.<sup>5</sup> For instance, only 10 states cover drug therapies for obesity.<sup>5</sup> In the past, coverage of drug treatments for obesity has not been a critical issue because, historically, few such treatments have been available. However, in the last several years, two new medications have been approved for obesity by the US Food and Drug Administration—meaning that the drugs effectively reduce weight while showing an acceptable safety profile. Thus, an expansion of Medicaid coverage for obesity treatments is needed so that patients can access these medications.

Expanding insurance coverage for effective obesity treatments is likely to be cost effective in the long term because weight loss following drug treatment or weight loss (bariatric) surgery reduces risk factors associated with diabetes and heart disease.<sup>21-23</sup> Therefore, in many cases, insurers and patients would be better off paying for effective obesity treatment instead of the costly consequences of obesity such as type 2 diabetes and cardiovascular disease. Together, the humanistic and economic reasons to treat obesity provide a compelling rationale for expanding Medicaid and other insurance coverage of obesity treatments. Such coverage would be an important step in addressing the obesity epidemic.

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## CONCLUSION

Obesity affects more than a third of Americans and is a major cause of diabetes and heart disease. The annual medical costs of obesity in the US are \$147 billion, in addition to the hundreds of billions of dollars spent on complications such as diabetes. Given the large population of individuals covered under Medicaid, its policies have the potential to substantially impact the obesity

epidemic. Currently, Medicaid programs in most states fail to adequately cover effective obesity treatments, with drug treatments being especially poorly covered. Increasing Medicaid coverage of effective obesity treatments, and drug treatment in particular, may help reduce the rate of a stigmatizing and disabling disease, as well as the risk of other serious medical diseases for which obesity is the underlying cause.

### SELECTED MEDICAL COMPLICATIONS OF OBESITY AND THEIR POTENTIAL CONSEQUENCES<sup>18,19</sup>

Complication	Potential Consequences
Type 2 Diabetes	Skin conditions, foot ulcers possibly leading to amputation, glaucoma, cataracts, painful nerve damage, kidney disease, high blood pressure, stroke, diabetic coma
Cardiovascular Disease	Atherosclerosis, heart attack, heart failure, death
Stroke	Blood clots, muscle weakness or paralysis, difficulty swallowing, pneumonia, loss of bladder and bowel control, death
Sleep Apnea	Daytime sleepiness, accidents, stroke
Osteoarthritis	Pain, stiffness, swelling of the joints
Gout	Pain, swelling, redness, heat, joint stiffness

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