

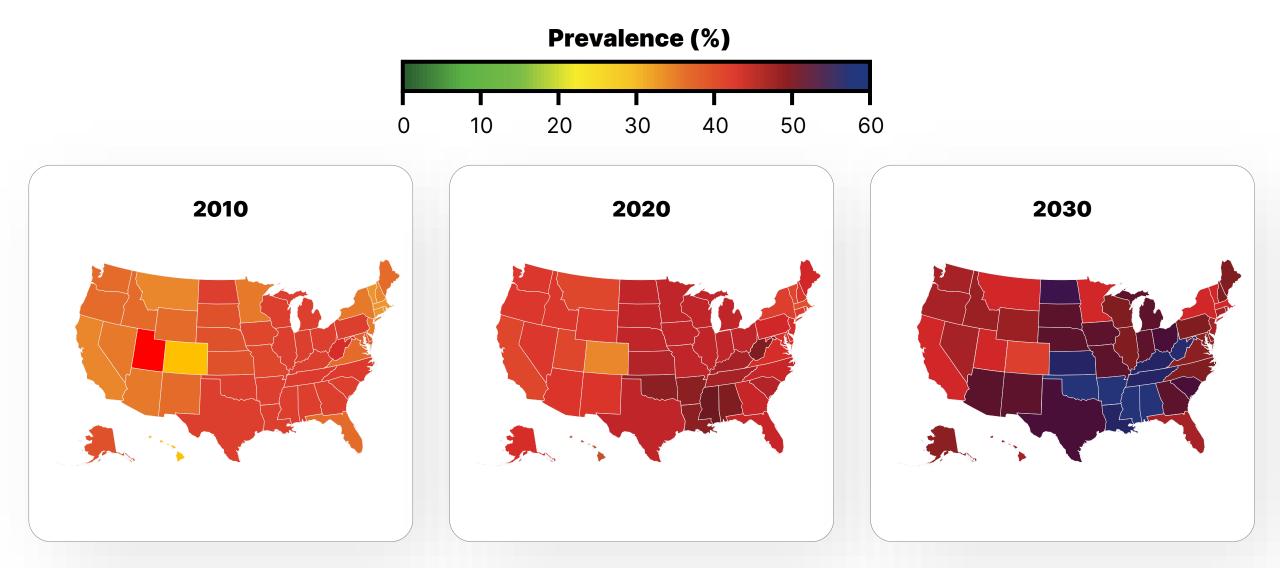
Broadening Coverage for Obesity Treatment: A Toolkit for State Innovation

NCOIL Summer Meeting 2022



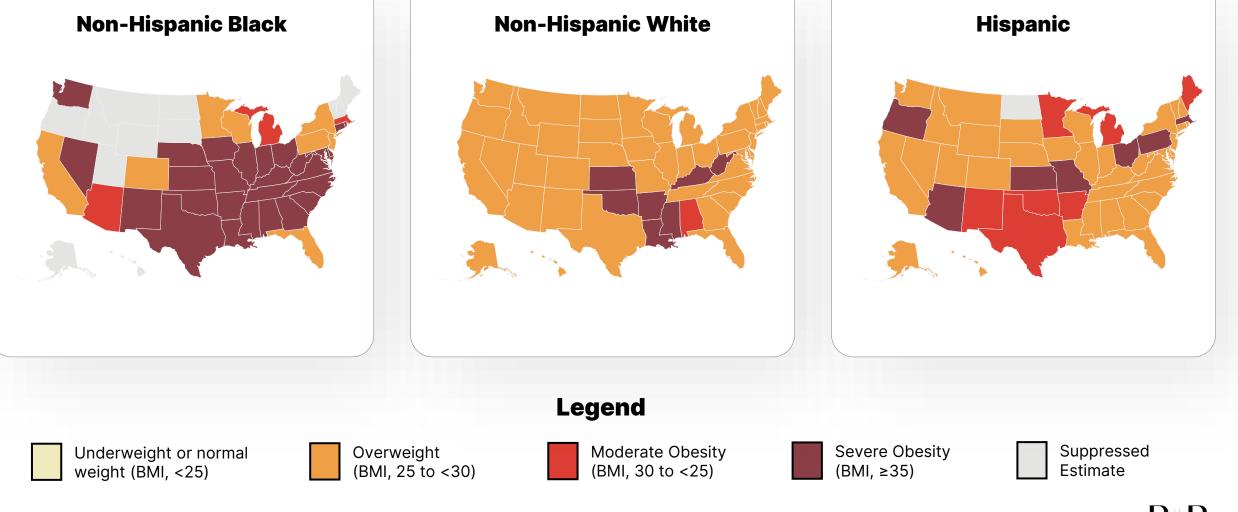
This slide presentation and the accompanying toolkit was commissioned by Novo Nordisk, which also partnered with Randolph Pate Advisors LLC in developing the ideas summarized herein. Randolph Pate Advisors accepted edits and suggestions, but maintained full editorial control over the content.

General Population Prevalence and Projection





Most Common BMI Group by State: 2030 Projections Based on Race/Ethnicity



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Most Common BMI Group by State: 2030 Projections Based on Income Legend

Underweight or normal weight (BMI, <25)

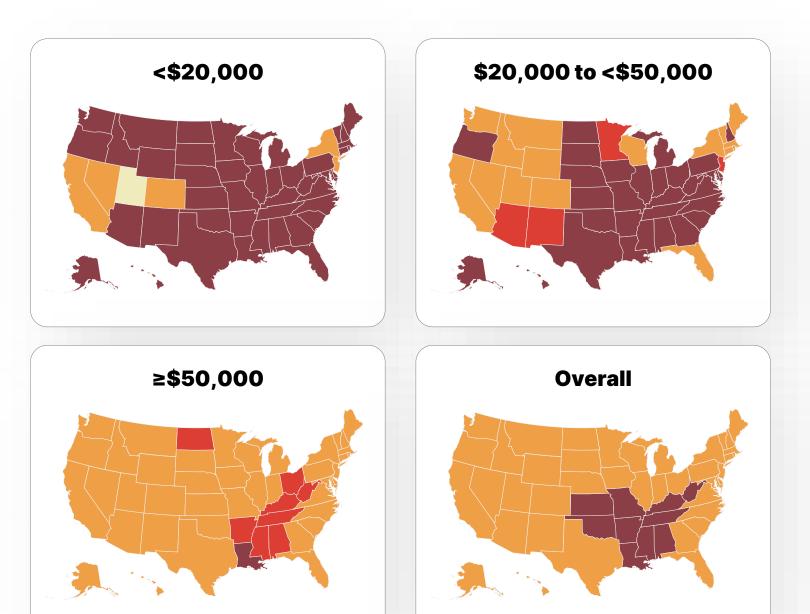
Overweight (BMI, 25 to <30)



Moderate Obesity (BMI, 30 to <25)

Severe Obesity (BMI, \geq 35)

Suppressed Estimate





Costs of Obesity



\$1.72 Trillion Total Cost of Obesity



\$61.8 Billion

Medicare & Medicaid Spending on Obesity

0.17%

\$2.9 Billion

Direct Costs of Childhood Obesity

27.86%

\$480 Billion

Direct Healthcare Costs of Obesity

71.97%

\$1.24 Trillion

Indirect Costs of Obesity



<u>OLD VIEW</u> = Obesity seen primarily as a lack of willpower

Diet & exercise, surgery are only effective treatments; few seek medical help; over-reliance on selfhelp, fad diets, etc Moving towards a new view of obesity <u>NEW VIEW</u> = Obesity is a chronic disease

Reduced stigma; more seek medical help; new, more effective therapies available (e.g., AOMs) to support traditional approaches

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Obesity Continuum of Care

- Obesity treatment requires a continuum of care, including behavioral counseling, primary and specialist care, anti-obesity medications (AOMs), and bariatric surgery.
- New and more effective AOMs are bridging the gap in obesity treatment options between behavioral interventions and more invasive options like bariatric surgery.



Barriers to Treatment

- Partial coverage/lack of coverage for obesity continuum of care
- Lack of access to/coverage for AOMs
- Providers lack time to dedicate to obesity treatment as well as knowledge and training needed for successful treatment
- Misinformation, cost considerations, environmental/social factors, geographic barriers to care





Policymakers Taking Action to Fight the Obesity Crisis



The State of New Mexico

Plan Year 2022: Updated Essential Health Benefits (EHB) benchmark plan to extend coverage for "weight loss drugs and programs"

The US Office of Personnel Management

February 2022: Required insurers participating in the Federal Employee Health Benefits Program (FEHBP) to provide "adequate coverage" of FDA-approved anti-obesity medications on formulary





Methods to Allow Coverage



Toolkit Goals

- Lay out a range of policy options state policymakers (including legislators and executive branch officials) can use to increase coverage for the range of obesity treatments
- Options include both legislative and administrative pathways such as EHB benchmark changes, waivers, public programs, and state employee benefits
- Discuss best practices and recommendations for each option/lever
- Provide guidance and practical considerations (recognizing trade offs, cost concerns, etc)
- Recommendations are adaptable for each state's needs (every state is different)





Balancing Cost and Access

The toolkit will also discuss state options for addressing cost and utilization concerns associated with expanding benefits, including examining state approaches and highlighting best practices



How much will coverage cost?



What treatment limitations will there be to manage costs?



Toolkit Contents

- Problem: What is the problem we are trying to solve
- Background: Background and description of each option
- Options: feasible, achievable, realistic
- Who Can Act
- Next Steps





State Options

- State Employee Benefit Plans
- Essential Health Benefit (EHB) Benchmark
 Plan Amendments
- Section 1332 State Innovation Waivers
- Medicaid State Plan Amendments
- Risk Adjustment





Questions

