

**FOR IMMEDIATE RELEASE**

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## **On Visit to D.C., Nurses Obesity Network Calls on Lawmakers to Cover Full Continuum of Care and to Take Immediate Action to Address Obesity Epidemic**

*The Nurses Obesity Network calls on Congress to support comprehensive efforts to reduce obesity and its devastating effects on thousands of Americans, including on Nurses*

**WASHINGTON, D.C.** — Today, following a trip to Washington, D.C. where representatives from the [Nurses Obesity Network](#) met with multiple Congressional offices, the organization officially called for the full continuum of care and coverage for those living with obesity. This kind of comprehensive care includes lifestyle obesity behavioral counseling, medical nutrition therapy, anti-obesity medications (AOM), and bariatric surgery when recommended by an appropriate licensed healthcare professional. The Nurses Obesity Network’s [position statement](#), excerpt below, highlights how despite guidelines from major healthcare professional associations calling for expansive coverage of obesity, the growing epidemic has been exacerbated by limited access to a full continuum of care.

"During this National Nurses Month, nurses from across the country have come together to do what we do we do best: fight for our patients, including those with obesity. Removing barriers to obesity care must be a priority. Members of the Nurses Obesity Network have used our collective voices to educate members of Congress about priorities that will allow people with obesity access to the full range of treatment," said Loretta T. Lee, PhD, CRNP, FNP-BC, CNE of the National Black Nurses Association, Inc. and the Nurses Obesity Network, a diverse group of nursing organizations committed to changing the way we view, treat, and advance care for people living with obesity.

"In 2013, the American Medical Association defined obesity as a disease. Like all diseases, our patients need access to all of the clinically relevant methods to treat obesity. The fact that all people do not have access to the full range of care prevents nurses from holistically treating our patients. We urge lawmakers in Washington D.C. to support all medically-backed treatments for obesity, a chronic disease," Lee continued.

Below is the Nurses Obesity Network’s statement on access to obesity care:

**OBESITY IS A COMPLEX DISEASE AND A GROWING EPIDEMIC, BUT THOSE IMPACTED ARE DENIED TREATMENT**

The complex disease is the second leading cause of death in the U.S. and now impacts [42% of the U.S. adult population](#), with [nearly 1 in 2 adults](#) expected to be living with obesity by 2030. And, it's a health equity crisis disproportionately impacting communities of color. [Nearly half](#) of non-Hispanic Black Americans live with obesity, followed by nearly 45 percent of Hispanic Americans. Without urgent action, communities of color will continue to bear much of the burden of the obesity epidemic - [projections for 2030](#) expect that severe obesity will be the most common BMI category in the U.S. among non-Hispanic Black adults.

Yet an outdated statutory restriction in Medicare policy fails to recognize obesity as a chronic disease and the scientific advancements to address the disease - actively preventing thousands of Americans that are impacted by obesity and dependent on Medicare from accessing AOMs and full treatment. In addition, coverage for AOMs is only offered in 19 state Medicaid programs and is frequently excluded from Affordable Care Act Marketplace plans.

Prior to when the American Medical Association declared obesity a disease in 2013, most of the public and healthcare community incorrectly viewed obesity as a result of personal lifestyle choices. The underlying causes of obesity are complex and often include factors completely out of the patient's control, such as genetics and socio-economic status. While attitudes have shifted to understand that obesity is a disease and must be treated as such, most people living with obesity still lack access to the full continuum of care.

#### **URGENT RECOMMENDATIONS FOR POLICYMAKERS:**

The Nurses Obesity Network urges state and federal policymakers to implement the following policy changes to ensure those impacted by obesity can access the full continuum of care.

1. *Centers for Medicare & Medicaid Services (CMS) must clarify that anti-obesity medications are Part D covered drugs and that medical nutrition therapy services are covered, regardless of diagnosis, when the patient is diagnosed with obesity and their healthcare provider recommends it.*
  - a. CMS must update its coverage policies for pharmacotherapy and permit coverage of FDA-approved therapies for treating obesity instead of restricting them as weight loss medications. CMS has previously used its authority to interpret the statute to include drugs under Part D that might otherwise have been excluded on several occasions.
2. *State policymakers must ensure access to the full continuum of obesity care for all of their citizens.*
  - a. Medicaid Directors should provide coverage of obesity care benefits, including anti-obesity medications, surgery, lifestyle obesity behavioral counseling, and medical nutrition therapy, to beneficiaries through the State Plan Amendment process.
  - b. State Employee Health Plan Administrators should ensure that beneficiaries have access to all obesity services through at least one health plan.
  - c. State Insurance Commissioners should update their Essential Health Benefits benchmark plan to cover all obesity services, including anti-obesity medications.

For more information on their efforts, or to join the Nurses Obesity Network, please visit [nursesobesitynetwork.org](https://nursesobesitynetwork.org).

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*The Nurses Obesity Network is a diverse group of nursing organizations committed to changing the way we view, treat, and advance care for people living with obesity—including members of our nursing profession. There is more to weight than what we see. Obesity is a chronic disease that requires more than one approach to weight management and treatment. More than 2 in 5 Americans are living with obesity today, with disproportionate prevalence in communities of color, yet people living with obesity often lack the medical care they deserve. Collectively, we will become role models for well-being, champions for change, and advocates for better obesity care and treatment.*