



**House Bill 33
Proponent Testimony**

Gary Dougherty
Director, State Government Affairs
American Diabetes Association®
Senate Finance Committee
May 25, 2023

Chairman Dolan and Members of the Senate Finance Committee:

My name is Gary Dougherty and I am the Director of State Government Affairs for the American Diabetes Association® (ADA), the nation's leading voluntary health organization fighting to bend the curve on the diabetes epidemic. Founded in 1940, the ADA is comprised of people with diabetes, healthcare professionals, research scientists, and other concerned individuals. The ADA's mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

An estimated 37 million Americans and more than [1.1 million Ohioans](#), or 12.3% of the adult population, have diagnosed diabetes, a chronic illness that requires continuing medical care and ongoing patient self-management to prevent acute complications and reduce the risk of long-term complications. Ensuring all people with and at risk for diabetes have access to adequate and affordable health care is among ADA's principal policy priorities.

I regret that I am unable to join you today; however, I wanted to share with you ADA's support for language in the House-passed budget bill to require the Ohio Department of Medicaid to cover obesity, including prevention and wellness services, nutrition counseling, intensive behavioral therapy, bariatric surgery and follow-up services, and FDA-approved prescription drugs to treat overweight and obesity.

Obesity is both a health equity issue and an economic issue.

For Ohio adults, males and African American females are at highest risk. Lower educational attainment, lower income, and having Medicaid insurance each increase the risk of obesity.¹

Obesity is a complex, multifactorial, common, serious, relapsing, and costly chronic disease that serves as a major risk factor for developing conditions such as heart disease, stroke, type 2 diabetes, renal disease, non-alcoholic steatohepatitis, and 13 types of cancer (which make up 40% of all cancers diagnosed).²

¹ Cutler, Leona, MD, et.al., Ohio Family Health Survey: Obesity in Children and Families Across Ohio, 2008.

<https://grc.osu.edu/sites/default/files/inline-files/Obesity%20in%20Children%20and%20Families%20Across%20Ohio%20Report.pdf>

²Centers for Disease Control and Prevention. <https://www.cdc.gov/cancer/obesity/index>. Accessed April 26, 2023

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Additionally, obesity contributes to many chronic and costly conditions including sleep apnea and increases the rate of physical injury (including falls, sprains/strains, lower extremity fractures, and joint dislocations) by 48%.³

In Ohio, more than 12% of adults have diagnosed diabetes and nearly 34% have prediabetes (higher than normal blood glucose levels).⁴ In fact, obesity accounts for up to 53% of new cases of diabetes each year in the United States.⁵ Throughout the past decades, the prevalence of obesity has skyrocketed across our country and in Ohio – with [more than 71% of Ohio adults](#) experiencing overweight or obesity.

There is strong and consistent evidence that obesity management can delay the progression from prediabetes to type 2 diabetes and is highly beneficial in treating type 2 diabetes.⁶ In people with type 2 diabetes who also have overweight or obesity, modest weight loss clinically improves health including glycemia as well as reduces the need for glucose-lowering medications.⁷ Larger weight loss substantially reduces A1C and fasting glucose and has been shown to promote sustained diabetes remission through at least 2 years.⁸

There are economic implications to be considered as well.

Obesity in Ohio, which is most prevalent among those between 25-44 years of age (39.2%) and 45-64 years of age (43.7%),⁹ can lead people to miss work, work fewer hours, and be less productive while on the job.

In its report [“Obesity’s Impact on Ohio’s Workforce,”](#) the Buckeye Institute concludes that those experiencing obesity file twice as many workers’ compensation claims, impose medical costs seven times higher, and missed 13 times more workdays due to injury or illness. Furthermore, a diagnosis of obesity is associated with higher rates of disability claims.¹⁰

The Buckeye Institute’s [economic analysis](#) of Ohio data reveals that obesity keeps more than 32,000 Ohioans unemployed, reducing potential state income tax revenues by nearly \$20 million annually, as well as an average loss of wages of \$114,626 over a person’s lifetime due to lost productivity.

There is significant data to support coverage of obesity in Medicaid, including a study conducted by the Cleveland Clinic which demonstrated that participants from the Clinic’s Employee Health Plan were more likely to achieve over 7% weight loss when they received both the employer-based intensive behavioral therapy and anti-obesity medications (AOMs).¹¹

³Finkelstein EA, Chen H, Prabhu M, Trogon JG, Corso PS. The relationship between obesity and injuries among U.S. adults. *Am J Health Promot.* 2007 May-Jun;21(5):460-8. doi: 10.4278/0890-1171-21.5.460. PMID: 17515011.

⁴ https://diabetes.org/sites/default/files/2023-03/ADV_2023_State_Fact_sheets_all_rev_OH.pdf

⁵ Journal of the American Heart Association. Vol 10, Issue 4 February 2021. “Quantifying the Sex-Race/Ethnicity-Specific Burden of Obesity on Incident Diabetes Mellitus in the United States, 2001 to 2016: MESA and NHANES”. <https://www.ahajournals.org/doi/full/10.1161/JAHA.120.018799>

⁶ American Diabetes Association: Standards of Medical Care in Diabetes 2023, *Diabetes Care* 46: Supp. 1, p S128, (January 2023).

⁷ *Diabetes Care* 2023;46(Supplement_1):S128–S139. <https://doi.org/10.2337/dc23-S008>

⁸ *Diabetes Care* 2023;46(Supplement_1):S128–S139. <https://doi.org/10.2337/dc23-S008>

⁹ <https://www.obesityaction.org/wp-content/uploads/Ohio2023.pdf>

¹⁰ Henriksson P, Henriksson H, Tynelius P, et al. Fitness and body mass index during adolescence and disability later in life: a cohort study. *Ann Intern Med.* 2019;170(4):230-239. doi:10.7326/m18-1861

¹¹ Pantalone KM, Smolarz BG, Ramasamy A, et al. Effectiveness of Combining Antiobesity Medication With an Employer-Based Weight Management Program for Treatment of Obesity: A Randomized Clinical Trial. *JAMA Netw Open.* 2021;4(7):e2116595. doi:10.1001/jamanetworkopen.2021.16595



For an individual, who sustained weight loss of 5% or 12% over two years is estimated to result in direct medical savings of \$15,800 or \$26,400, respectively, per patient over 15 years.¹² At the population level, the adoption of available AOMs among eligible adults was estimated to reduce total medical spending by \$139.2 billion (2018 USD).¹³

[At least 16 state Medicaid programs](#) cover anti-obesity medications, including our neighbors in [Michigan](#) and [Pennsylvania](#). Ohio's own state employee health plan began covering obesity care medications (with prior authorization) in [July, 2022](#).

The evidence is clear. Medicaid coverage for obesity, including prevention and wellness services, nutrition counseling, intensive behavioral therapy, bariatric surgery and follow-up services, and FDA-approved prescription drugs to treat overweight and obesity will have a positive impact on the health of Ohioans and their ability to contribute productively to the workforce.

As you continue to deliberate on the budget process, please support the retention of this provision in the House-passed budget bill.

Thank you very much for your attention. If you have any questions, please direct them to me at gdougherty@diabetes.org and I will do my best to answer them for you.

¹² Su W, Chen F, Dall TM, Zvenyach T, Kyle TK, Perreault L. Where can obesity management policy make the largest impact? Evaluating sub-populations through a microsimulation approach. *J Med Econ*. 2018;21(9):936-43

¹³ Kabiri M, Sexton Ward A, Ramasamy A, et al. The societal value of broader access to antiobesity medications. *Obesity (Silver Spring)*. 2020;28(2):429-36

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