Testimony of Dr. Scott Butsch, M.D. MSc.

Director of Obesity Medicine at the Bariatric and Metabolic Institute, Cleveland Clinic

Substitute House Bill 33
Senate Medicaid Committee
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TO MEMBERS OF THE SENATE MEDICAID COMMITTEE
Thank you for the opportunity to testify on proposed OHIO SUBSTITUTE HOUSE BILL 33.

I had planned to be there in person today, however I contracted COVID-19 this week.

I am the Director of Obesity Medicine in the Bariatric and Metabolic Institute at the Cleveland Clinic, and my professional career has focused on the care of patients who have obesity. I was the first physician in the United States to complete a subspeciality in obesity medicine in 2008 and have dedicated my career to advocating on behalf on my patients. I stand here before you today to testify in strong favor of this proposed bill, that requires the Ohio Department of Medicaid to cover treatment of obesity.

I want to make three points today.

1. **Obesity is a heterogeneous chronic disease that requires long term treatment.**

2. **Obesity is prevalent in Ohio and disproportionally affects minority populations.**

3. **Coverage should reflect our current knowledge of the complexity of obesity.**

- **Obesity is a heterogeneous chronic disease that requires long term treatment.**

First and foremost, I want to emphasize that obesity is a chronic disease associated with more than 200 other medical comorbidities including type 2 diabetes, fatty liver disease, sleep apnea, heart disease, and 13 types of cancer. The prevalence of obesity is adolescents is increasing, nearly 20% in the United States and it's projected that 1 out of 2 adult Americans will have obesity at the end of this decade.

Historically, the disease of obesity was thought to be a lifestyle choice, a behavior problem that exists in weak individuals who don't have the coping mechanisms or willpower to resist high calorie foods and are too lazy to pursue routine exercise. It made sense at that time for health care providers to recommend that everyone "restrict" food intake and to treat "overeating" with behavioral counseling. The belief was that patients should be able to lose weight and keep it off with behavioral changes. However, in the scientific world, this belief is not commonly accepted. We understand the disease of obesity as the failure of normal weight and energy regulatory mechanisms. We know it is difficult to maintain weight loss with lifestyle intervention alone, and many regain their lost weight, in part due to adaptive physiologic responses (e.g. a decrease in metabolism and an increased appetite) that occur with weight loss.

In addition, we need to recognize that obesity is not one disease. There are actually many types of obesity, including more than 10 genetic obesity subtypes. We understand the heterogeneity of diabetes, where some individuals may require insulin to control their blood sugars, while others may do well with lifestyle changes. We should understand obesity in

the same manner. We need to acknowledge that the science of obesity has taught us that obesity is an extremely complex disease that requires a multitude of treatment options.

Therefore, adopting language supporting comprehensive coverage of obesity, from nutrition counseling to anti-obesity medications to bariatric surgery is essential for Medicaid recipients.

- **Obesity is prevalent in Ohio and disproportionally affects minority populations.**

One of the five strategic priorities for Ohio in the proposed budget for state fiscal year 2024-2024 is to ensure "eligible Ohioans have continuous access to high-quality health care". Unfortunately, this has not occurred with 38% of Ohioans who have obesity, which disproportionately impacts racial and ethnic minority groups.

I see patients with obesity who receive Medicaid coverage every day. I'm challenged to provide them high quality care because of the current coverage limitations. We need to recognize that obesity is not a lifestyle choice or a character flaw. We need adequate treatments available for those individuals who need it the most. Adopting this proposed language, will provide more equitable and appropriate coverage for those with obesity.

- **Coverage should reflect our current knowledge of the complexity of obesity.**

Obesity is a disease. We no longer have a "one size fits all" treatment approach as we understand that all individuals with obesity are the same. While we can appreciate some individuals respond well to lifestyle changes, many in my practice require additional therapies. With the understanding of the complex, recurring disease process of obesity, combination therapies are commonly used in practice today. Anti-obesity medications, once thought as dangerous diet pills, target areas of the brain and gut to correct the abnormal balance of weight in individuals with obesity. Safe, highly effective medications are being developed and approved to treat obesity. Bariatric surgery continues to be a highly effective intervention that works well beyond, what we previously thought, simply limiting the intake of calories.

It is therefore critical that language in the Ohio Department of Medicaid Coverage for the treatment of Obesity include comprehensive coverage, from nutrition counseling to prescription drugs to bariatric and metabolic surgery. It is important to know without this new language, you are preventing appropriate treatment of obesity. We need to start treating people with obesity appropriately and with respect. That begins now, with the Department of Medicaid.

Thank you for the opportunity to testify before your committee.

Sincerely,

W. Scott Butsch, MD, MSc.

References

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2. Obesity as a Disease: A White Paper on Evidence and Arguments Commissioned by the Council of The Obesity Society. Obesity, 2008:16:1161.
3. Sumithran P et al. Long term persistence of hormal adaptions to weight loss. New England Journal of Medicine 2011; 365:1597-604.