



September 7, 2019

OCAN Comments to the BPC Rural Health Task Force

The Obesity Care Advocacy Network (OCAN) appreciates the opportunity to offer policy solutions to the Bipartisan Policy Commission (BPC) regarding the commission's efforts to: shore up the current rural health care system; address barriers and opportunities for rural participation in new delivery models; and build on successful rural workforce and graduate medical education proposals.

OCAN is a diverse group of organizations that have come together with the purpose of changing how we perceive and approach the problem of obesity in this nation. As part of this effort, we strive to prevent disease progression, improve access to evidence-based treatments for obesity, improve standards of quality care in obesity management, eliminate weight bias, and foster innovation in future obesity treatments.

OCAN appreciates the volume of work that BPC has done to elevate greater public, policymaker and healthcare professional awareness regarding obesity issues such as the commission's collaborative efforts in developing the initial "Provider Competencies for the Prevention and Management of Obesity" and the "My Healthy Weight Pledge."

While obesity prevalence is significantly higher among adults living in rural counties (34.2 percent) than among those living in metropolitan counties (28.7 percent), many rural communities do not have the resources to address this critical health concern.ⁱ Rural healthcare facilities are less likely to have nutritionists, dietitians, or obesity medicine specialists available.

Following are policy initiatives that OCAN believes will strengthen rural healthcare and our country's healthcare system as a whole:

Comprehensive & Consistent Coverage of Obesity Treatment Services

- At the National level, passage of the Treat and Reduce Obesity Act (S. 595/HR 1530) will effectively treat and reduce obesity in older Americans by enhancing Medicare beneficiaries' access to healthcare providers that are best suited to provide intensive behavioral therapy (IBT) and by allowing Medicare Part D to cover FDA-approved obesity drugs. Medicare coverage of FDA-approved obesity drugs will have a profound impact on other public and private health plan coverage of this critical treatment avenue.
- State employee, Medicaid, State health exchange and employer health plans should cover the full spectrum of obesity care services according to evidence-based guidelines. While coverage has been improving in these plans as highlighted in the recent STOP Obesity Alliance "Coverage for Adult Obesity Treatment Services: Medicaid & State Employee Health Insurance Programs," there remain a number of areas for improvement.ⁱⁱ For

example, public and private health plans must allow flexible treatment options and multiple program attempts. Plans must clarify what constitutes appropriate and reimbursable care in plan descriptions and provider manuals and facilitate coordinated, interprofessional care for adults with obesity who seek treatment. Finally, health plans must develop and maintain referral networks of obesity care providers and collaborate with community providers to expand the reach of care.

Promoting Obesity Medicine Education & Training

- Support educational efforts such as the Obesity Medicine Education Collaborative (OMEC) - an intersociety initiative that was formed in 2016 with the purpose of promoting and disseminating comprehensive obesity medicine education across the continuum spanning undergraduate medical education (UGME), graduate medical education (GME), and fellowship training.
- Support community-based efforts for addressing obesity such as the Diabetes Prevention Program and encourage continuing education for non-physician providers such as the Obesity Medicine Association's NP and PA Certificate of Advanced Education in Obesity Medicine. This program offers nurse practitioners and physician assistants an opportunity to earn a certificate in obesity medicine and demonstrate to their patients an extensive knowledge of evidence-based obesity treatment approaches and an ongoing commitment to their health.

Again, we appreciate BPC's efforts to promote effective strategies to both prevent and treat obesity. OCAN looks forward to serving as a resource to the Task Force as it develops policy solutions for improving our country's rural healthcare system.

Should you have any questions or need additional information, please feel free to contact me via email at chris@potomaccurrents.com or telephone at 571-235-6475. Thank you.

Sincerely,

Chris Gallagher
OCAN Washington Coordinator

ⁱ 2016 CDC Behavioral Risk Factor Surveillance Survey (BRFSS)

ⁱⁱ <http://stop.publichealth.gwu.edu/research1>