



January 24, 2024

Dear Chair Cummings, Vice Chair MacDonald, and Honorable Members of the Senate Finance Committee:

The American Diabetes Association (ADA) supports **Senate Bill 164 – Coverage for Obesity Care - and we urge you to endorse SB 164, which would require broader health insurance coverage for people living with obesity, including FDA-approved anti-obesity medications (AOMs).**

ADA's mission is "to prevent and cure diabetes and to improve the lives of all people affected by diabetes." We lead the fight against the deadly consequences of diabetes and advocate for those affected by diabetes.

We are concerned about the significant increase of obesity and its impact on diabetes. Obesity accounts for up to 53 % of new cases of diabetes each year in the United States.¹ According to the National Institutes of Health (NIH), over 85 % of people with type 2 diabetes are overweight or obese.² Moreover, obesity is the **largest contributor** to the chronic disease burden in the United States.³ Obesity exacerbates or causes **over 200 medical disorders** resulting in declining physical, mental and emotional health and physical mobility.⁴

Mirroring trends across the U.S., in Vermont the percentage of adults with obesity has increased over time. Over 60% of Vermonters have overweight or obesity and as a result, are at an increased risk of premature death and conditions such as type 2 diabetes.⁵ This trend continues for youth with more than 15% of Vermont children (10-17 years old) having overweight or obesity, the highest amongst New England states.⁶ Even more staggering, these numbers don't reflect the added impact of the COVID-19 pandemic on the rising obesity crisis. The proportion of U.S. children who have overweight or obesity, has climbed steadily for years

¹ <https://www.ahajournals.org/doi/full/10.1161/JAHA.120.018799>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4887150/>

³ Milken Institute. America's obesity crisis: the health and economic cost of excess weight. Published October 2018. Accessed October 8, 2020. <https://milkeninstitute.org/sites/default/files/reports-pdf/Mi-Americas-ObesityCrisis-WEB.pdf>

⁴ Sarma S, Sockalingam S, Dash S. Obesity as a multisystem disease: trends in obesity rates and obesity-related complications. *Diabetes Obes Metab.* 2021;23(Suppl_1):3-16. doi:10.1111/dom.14290

⁵ https://www.healthvermont.gov/sites/default/files/documents/2016/12/brfss_data_brief_201511_percept_wgt.pdf

⁶ Obesity Rates: youth ages 10-17. <https://stateofchildhoodobesity.org/children1017/>. Published October 2019. Accessed December 11, 2019.

but surged to unprecedented levels during the pandemic, rising by 0.07% a month before the pandemic, but by 0.37% a month—five times faster—after the virus appeared.⁷

The financial burden of overweight and obesity is equally compelling in supporting comprehensive treatment. In 2016, the estimated economic burden attributable to overweight and obesity in the United States was **\$480.7 billion in direct health care costs** and **\$1.24 trillion in indirect costs** due to lost productivity.⁸ For people with obesity, **per-patient-per-year health care expenditures** are an estimated **\$4,217** (adjusted to 2019 U.S. dollars [USD]) greater than in those without obesity.⁹

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.¹⁰ **ADA's 2024 Standards of Care recognize that "obesity is a chronic and progressive disease with numerous medical, physical, and psychosocial complications, including a substantially increased risk for type 2 diabetes."**¹¹ In people with type 2 diabetes and who are overweight or have obesity, modest weight loss improves glycemia and reduces the need for glucose-lowering medications, and larger weight loss has been shown to promote sustained diabetes remission.¹² Preventing and reducing overweight and obesity can significantly decrease the onset of type 2 diabetes.¹³

ADA recommends comprehensive access to and coverage of person-centered obesity treatment and services to urgently address the obesity epidemic. As detailed in ADA's 2024 Standards of Care, this includes intensive behavioral and nutritional counseling, physical activity, access to FDA approved medications for both short and long-term weight management, as well as metabolic surgery when needed and prescribed. As such, we strongly encourage your support for SB 164.

Please reach out with any questions. Thank you.

Sincerely,



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⁷ Lange SJ, Kompaniyets L, Freedman DS, et al. Longitudinal trends in body mass index before and during the covid-19 pandemic among persons aged 2-19 years—United States, 2018-2020. CDC Morbidity and Mortality Weekly Report. 17 September 2021. www.cdc.gov/mmwr/volumes/70/wr/mm7037a3.htm

⁸ Milken Institute. America's obesity crisis: the health and economic cost of excess weight. Published October 2018. Accessed October 8, 2020. <https://milkeninstitute.org/sites/default/files/reports-pdf/Mi-Americas-ObesityCrisis-WEB.pdf>

⁹ Cawley, J., A. Biener, C. Meyerhoefer et al. (2021). Direct Medical Costs of Obesity in the United States and the Most Populous States. *Journal of Managed Care and Specialty Pharmacy*, 27 (3): 354-66.

¹⁰ American Diabetes Association: Standards of Medical Care in Diabetes 2024, *Diabetes Care* 47: Supp. 1, p S145, (January 2024).

¹¹ American Diabetes Association: Standards of Medical Care in Diabetes 2024, *Diabetes Care* 47: Supp. 1, p S145, (January 2024).

¹² American Diabetes Association: Standards of Medical Care in Diabetes 2024, *Diabetes Care* 47: Supp. 1, p S145, (January 2024).

¹³ American Diabetes Association: Standards of Medical Care in Diabetes 2024, *Diabetes Care* 47: Supp. 1, p S145, (January 2024).