



June 26, 2020

The Honorable A. Lamar Alexander, Jr.
Chairman
U.S. Senate Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

PandemicPreparedness@help.senate.gov

Re: Request for Comments on Preparing for the Next Pandemic

Dear Senator Alexander:

The Obesity Care Advocacy Network (OCAN) appreciates the opportunity to offer support for and comments on your White Paper and proposals for Preparing for the Next Pandemic.

OCAN is a diverse group of organizations that have come together with the purpose of changing how we perceive and approach the obesity epidemic 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.

For this reason, we urge the Committee to take steps to ensure that this pandemic, as well as the next one, do not disproportionately impact the nearly 40% of Americans that are affected by obesity. In light of evidence of poorer outcomes experienced by patients with obesity that contract COVID-19, as well as the ongoing challenges that obesity presents for the health care system, updating both public and private coverage policies to support the treatment of obesity should be part of a comprehensive response to COVID-19 and preparation for the next pandemic.

Pandemic Preparedness Efforts Must Prioritize Protection of Patients at Highest Risk

The White Paper wisely notes that “infectious diseases can affect certain populations differently,” and that “groups at higher risk for serious illness from COVID-19 have emerged, including those 65 and older and people with certain underlying medical conditions including diabetes, liver disease, chronic lung disease or moderate to severe asthma, heart conditions, etc.” We are deeply concerned that the White Paper fails to include any mention of obesity, which affects far more Americans and is a significant factor in all of the above enumerated conditions.

In fact, emerging data from the pandemic show that Americans with obesity are at high risk for complications of COVID-19 and are more likely to experience worse health outcomes—including increased rates of hospitalization and critical illness—than those with normal body weight. Half of adults with laboratory confirmed hospitalizations due to COVID-19 experienced

obesity as an underlying condition according to the US Centers for Disease Control and Prevention (CDC). Obesity-related illnesses have also been among the most frequently reported underlying conditions, with 58% of hospitalized adults experiencing hypertension, 41% diabetes, and 33% cardiovascular disease.¹ Moreover, a study of over 4,000 patients in New York found that a BMI greater than 40 was a key factor associated with hospitalization for patients who tested positive for COVID-19 and that obesity was the chronic condition with the strongest association with critical illness—even more so than pulmonary disease.²

The connection between obesity and poor outcomes from respiratory illnesses is not unique to COVID-19. Obesity has been a significant contributor to negative outcomes in previous viral outbreaks (such as the 2009 H1N1 outbreak) and will likely be so in future outbreaks given the numerous comorbidities, reduction in respiratory volume, and inflammation associated with obesity. Additionally, this crisis has magnified the health disparities experienced by minority communities. Early data have demonstrated that African Americans, in particular, are disproportionately affected by COVID-19. These disparities are further magnified in the many minority communities that experience substantially higher rates of obesity and diabetes due, in part, to reduced access to health care, healthful foods, and safe opportunities to be active.

Clearly, the prevalence of an underlying health condition such as obesity and its associated vulnerability to COVID-19 means our efforts at preparedness should focus on ways to protect and treat such patients. Because certain populations, including individuals with obesity, older adults, and people of color are at heightened risk from COVID-19, vaccine development and deployment should prioritize efficacy and availability for these groups. For example, during vaccine development, ensuring robust testing to ensure vaccines are effective on those most at-risk is essential. Similarly, deployment plans should account for differences in risk and include robust provisions for access for high-risk groups and outreach and education efforts aimed at those groups.

We strongly support the White Paper’s suggestion that response leaders ensure timely communication between health professionals and others on how emerging infectious diseases are affecting populations at higher risk for severe disease and death. And we urge the Committee to view its remaining suggestions through the lens of how each step can prioritize patients with underlying health conditions such as obesity, which COVID-19 has shown are often most in need of the protection from infectious disease.

Reduce the Impact of both This Pandemic and the Next by Improving Americans’ Overall Health

An important step that the Committee can take to reduce the impact of the next pandemic, as well as the likely subsequent waves of this one on patients with obesity, is to take immediate steps to treat and reduce the prevalence of obesity in our population overall.

We know that treating obesity can provide beneficial outcomes for so many other chronic conditions associated with this disease. Many federal and state policymakers assume that obesity

¹ US Centers for Disease Control and Prevention. COVID-19 laboratory-confirmed hospitalizations [Internet]. 2020 Apr 25 [cited 2020 Mar 6]. Available from: https://gis.cdc.gov/grasp/COVIDNet/COVID19_5.html

² Petrilli, CM, Jones, SA, Yang, J, Rajagopalan, H, O’Donnell, L, Chernyak, Y, et al. Factors associated with hospitalization and critical illness among 4,103 patients with COVID-19 disease in New York City. *medRxiv Preprint Server* [Internet]. 2020 Apr [cited 2020 Apr 23]. Available from: <https://www.medrxiv.org/content/10.1101/2020.04.08.20057794v1.full.pdf>

care and weight loss treatments are covered services under most health insurance plans and that such services are widely available. The unfortunate reality is that coverage for counseling, medications and surgery for obesity is either outright excluded or dramatically limited due to discriminatory benefit design and providers may not provide such services due to such coverage issues. Patients often face arbitrary hurdles to care such as waiting periods, higher copays and separate deductibles that increase their share of the treatment cost or discourage utilization.

One simple step that Congress should do is to pass the Treat and Reduce Obesity Act (TROA). This legislation has had demonstrated strong bipartisan support for nearly a decade and will enhance Medicare beneficiaries' access to the healthcare providers that are best suited to provide intensive behavioral therapy and allow Medicare Part D to cover FDA-approved anti-obesity medications. Updating this Medicare coverage will ensure beneficiary access to additional obesity treatment options and pave the way for other health plans to follow suit.

Passage of TROA will also improve the health of Americans overall. And those improvements have the potential to improve health care quality and reduce costs to our health care system. In fact, a recent cost analysis (mirroring the Congressional Budget Office's scoring methodology) of the Treat and Reduce Obesity Act, which implements these suggestions, estimated that during the first 10 years, Medicare will *save* roughly \$25 million, freeing up resources for other preparedness priorities.

Thank you again for your consideration of these comments. should you have any questions, please contact OCAN Washington Coordinator Chris Gallagher at 571-235-6475 or via email at chris@potomaccurrents.com.

Sincerely,

OCAN Co-Chair Joe Nadglowski

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