

# OMA Advocacy Toolkit



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## About the OMA Advocacy Kit

The OMA Advocacy Committee has compiled this toolkit to help the Obesity Medicine Association (OMA) members better communicate the advocacy priorities of the OMA at the local, state and national levels. Inside the toolkit, you will find information that will help you better understand the advocacy roles and avenues that you can navigate when advocating for improved patient care.



## Understanding Advocacy

Although it has been agreed that healthcare providers are in a unique position to negotiate for the improvement of health in the communities in which they serve, there has been some ambiguity in defining exactly what advocacy is. Ivy Oandasan proposed an operational definition of how healthcare providers can contribute to enacting change for the betterment of the health of the communities they serve. “Health advocacy may be defined as purposeful actions by health professionals to address determinants of health which negatively impact individuals or communities by either informing those who can enact change or by initiating, mobilizing and organizing activities to make change happen, with or on behalf of the individuals or communities with whom health professionals work”.

There is a role for advocacy at multiple levels. Healthcare providers advocate for individual patients on an almost daily basis when they petition insurance companies to provide coverage for medications, services, diagnostic tests and referrals to specialists. Health care providers can also communicate with and educate regulatory and administrative bodies and personnel - institutionally, locally, as well as at state and national levels to bring about actions that promote health and access to health care for at-risk populations.

## Highlighting the Role of Obesity Medicine Specialists

An obesity medicine specialist is a health care provider who is trained to provide comprehensive care to patients living with obesity. They are skilled in assessing the factors that contribute to obesity, as well as the evaluation and treatment of obesity and obesity-related diseases using individualized and evidence-based approaches. The cornerstones that the OMA uses for treatment follow their four pillars, which are nutrition, physical activity, behavior, and medication. Obesity medicine specialists also provide care to patients with both pre-and post-metabolic and bariatric surgery.

Certification of these healthcare providers by the [American Board of Obesity Medicine](#) (physicians) or the [Obesity Medicine Association NP/PA Certificate of Advanced Education](#) signifies a higher level of training and competency in obesity care. Obesity medicine specialists also serve as an important resource by providing education for patients and colleagues alike regarding obesity as a chronic disease and the treatments that are available.

## Understanding the OMA's Role in Organized Medicine

Organized medicine groups are groups of healthcare providers that come together to advocate collectively on behalf of various interests including but not limited to – patients' rights, physician-patient relationships, medicine as a whole, or a specific medical specialty. This gives healthcare providers a voice to advocate for the best quality of care for their patients and ensures healthcare providers are treated fairly on both state and national levels.

The OMA is the largest organization of physicians, nurse practitioners, physician assistants, and other health care providers working every day to improve the lives of patients affected by obesity. As such, the OMA is deeply involved in the deliberations of the American Medical Association's (AMA) **House of Delegates (HOD)**. The AMA HOD serves as a democratic forum, which represents the views and interests of a diverse group of member physicians from more than 170 societies. These delegates meet twice per year to establish policy on health, medical, professional and governance matters, as well as the principles within which the AMA's business activities are conducted. Dr. Ethan Lazarus serves as the OMA's Delegate to the AMA HOD.

## AMA HOD Obesity Caucus

In 2015, Dr. Lazarus and OMA Advocacy Committee Chair Dr. Carolynn Francavilla-Brown hosted the first-ever obesity caucus at the AMA's Annual Meeting. The Obesity Caucus brings together leaders from many organizations as well as AMA staffers involved in the AMA's efforts to improve health outcomes. Participants at the caucus work on developing collaborative initiatives to further improve the treatment and prevention of obesity, reduce weight bias, improve obesity education, and help reverse the obesity epidemic. The OMA's leadership — both prior to, and following the establishment of the Obesity Caucus, has resulted in major AMA policies related to obesity being enacted throughout the last decade:

**2013:** AMA recognizes obesity as a disease state with multiple pathophysiological aspects requiring a range of interventions to advance obesity treatment and prevention.

**2014:** AMA, consistent with H-440.842, Recognition of Obesity as a Disease, will work with national specialty and state medical societies to advocate for patient access to and physician payment for the full continuum of evidence-based obesity treatment modalities (such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions).

**2017:** AMA "(1) encourages the use of person-first language (patients with obesity, patients affected by obesity) in all discussions, resolutions and reports regarding obesity; (2) encourages the use of preferred terms in discussions, resolutions and reports regarding patients affected by obesity including weight and unhealthy weight, and discourage the use of stigmatizing terms including obese, morbidly obese, and fat; and (3) will educate health care providers on the importance of person-first language for treating patients with obesity; equipping their health care facilities with proper sized furniture, medical equipment and gowns for patients with obesity; and having patients weighed respectfully."

## AMA HOD Obesity Caucus

**2018:** AMA will: (a) work with state and specialty societies to identify states in which physicians are restricted from providing the current standard of care with regards to obesity treatment; and (b) work with interested state medical societies and other stakeholders to remove out-of-date restrictions at the state and federal level prohibiting healthcare providers from providing the current standard of care to patients affected by obesity.

**2022:** AMA “will: (a) assume a leadership role in collaborating with other interested organizations, including national medical specialty societies, the American Public Health Association, the Center for Science in the Public Interest, and the AMA Alliance, to discuss ways to finance a comprehensive national program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations; (b) encourage state medical societies to collaborate with interested state and local organizations to discuss ways to finance a comprehensive program for the study, prevention, and treatment of obesity, as well as public health and medical programs that serve vulnerable populations; and (c) continue to monitor and support state and national policies and regulations that encourage healthy lifestyles and promote obesity prevention.”

In addition to the above, AMA will also “leverage existing channels within AMA that could advance the following priorities:

- Promotion of awareness amongst practicing physicians and trainees that obesity is a treatable chronic disease along with evidence-based treatment options.
- Advocacy efforts at the state and federal level to impact the disease of obesity.
- Health disparities, stigma, and bias affecting people with obesity.
- Lack of insurance coverage for evidence-based treatments including intensive lifestyle intervention, anti-obesity pharmacotherapy, and bariatric and metabolic surgery.
- Increasing obesity rates in children, adolescents, and adults.
- Drivers of obesity include lack of healthful food choices, over-exposure to obesogenic foods, and food marketing practices.”

Finally, AMA “will conduct a landscape assessment that includes national level obesity prevention and treatment initiatives, and medical education at all levels of training to identify gaps and opportunities where AMA could demonstrate increased impact.”

## AMA Federation Directory

**This link** will take you to the home page for the AMA’s Federation Directory where you can search the Directory to find contact information for state, county and national medical specialty societies. Details are provided for each society including the executive director/CEO, important meeting dates, mailing addresses, email addresses, telephone numbers and website URLs.

## Advocating Before the State Medical Board

While each state medical board has a different process, in most cases one must file a Petition for Rule-Making in order to change medical board policies. Your state medical board's website should include information regarding the timeline and specific process for a Petition for Rule-Making. There will usually be a comment period, so at this time you will want to get support from local healthcare providers, local and state medical societies, and the OMA and other specialty societies to submit testimony for your proposed rule change. It may be a good idea to get this support and drafted testimony prior to a Petition for Rule-Making. [This link](#) will take you to an alphabetical listing of state medical boards where you will find key contact information and direct links to each medical board's home website.

## Connect with Key Policymakers in your State

### Governors

State Governors are one of the key targets when engaging in state advocacy. One of the best resources on Governors is the [National Governors Association \(NGA\)](#) where you can [access the profile](#) for your respective governor, including biographical information, links to their website and contact information for key staff — both in your state and Washington, DC.

### State Legislatures

Other key advocacy targets at the state level include legislators that chair either the Healthcare Committee or Insurance Committee in your state legislature. It's also important to maintain a close relationship with the legislator who serves as the "Ranking Member" — the most senior member of the minority party on these committees. The best resource on state legislatures is the [National Conference of State Legislatures \(NCSL\)](#), which maintains an excellent [interactive map](#) highlighting the legislative calendar for every legislature across the country. Another great website is [congress.gov](#), which features an [interactive map](#) with links to the home page for every state legislature.

## Framing your Arguments

So now that you have a meeting set up with a policymaker, what do you say? Well, it depends on your audience. For example, if you're meeting with a state legislator, you'll likely be talking about a state House or Senate bill. If you're sitting down with a Governor or State Insurance Commissioner, your focus is going to be on highlighting gaps in obesity treatment coverage and the societal and economic benefits of providing coverage for obesity treatment services. Either way, the OMA Advocacy Committee will help you frame your argument according to your audience!

For example, any draft talking points before a state policymaker could start with... As an obesity medicine specialist, I'm here today to ask you to support:

- *House/Senate Bill XXX, which would provide coverage for anti-obesity medications (AOMs)*
- *Access to care for intensive behavioral therapy and AOMs under the state employee health plan*
- *Efforts to break down bias and hurdles to obesity care*

*Obesity is a complex chronic disease that needs to be treated seriously. Today, millions of Americans are being denied access to evidence-based treatments to help them address this disease and the numerous co-morbidities that accompany obesity. For example, a majority of state employee health plans fail to cover FDA-approved obesity drugs and 27 state health exchanges exclude coverage for metabolic and bariatric surgery. I'm here today to ask you to treat obesity seriously — like every other chronic disease where patients have access to the full continuum of care.*

*During the past decade, we have seen organized medicine and federal and state policymakers support policies that encourage public and private health plans to recognize that obesity is a chronic disease and that medically necessary treatments should be afforded to those affected. For example, the American Medical Association adopted a formal policy in 2013 designating obesity as a disease and that patients must have access to the full continuum of care of evidence-based obesity treatment modalities such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions.*

*On the state level, the National Conference of Insurance Legislators (NCOIL) adopted a formal policy in 2015 to support efforts to reduce the incidence of obesity and chronic disease by “encouraging state policymakers to increase access to obesity pharmacotherapy and bariatric surgery in state health exchange benchmark plans, Medicaid and other state health programs.” In 2018, the National Lieutenant Governors Association (NLGA) adopted a formal policy designed to help: reduce obesity stigma; establish statewide obesity councils and taskforces; support additional training for current and future healthcare professionals; and support access to obesity treatment options for state employees and in other publicly funded healthcare programs. In 2020, the National Hispanic Caucus of State Legislators and National Black Caucus of State Legislators adopted a formal policy recognizing that “health inequities in communities of color have led to a disproportionate impact of COVID-19 and that states must address the high rates of obesity to improve the health of racial minorities and prepare for the next public health epidemic.....and ensure that their constituents, including those using Medicaid, have access to the full continuum of treatment options for obesity.”*

*On the federal level, the Office of Personnel Management (OPM) spelled out specific guidance in 2022 for health insurance carriers that administer Federal Employee Health Benefit (FEHB) plans — “clarifying that FEHB Carriers are not allowed to exclude anti-obesity medications from coverage based on a benefit exclusion or a carve-out”... and that “FEHB Carriers must have adequate coverage of FDA approved anti-obesity medications (AOMs) on the formulary to meet patient needs and must include their exception process within their proposal.” In rolling out this new guidance, OPM is quite clear — emphasizing that “obesity has long been recognized as a disease in the US that impacts children and adults”... and that “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 certain types of cancer.”*

*These actions by the medical community and federal and state policymakers demonstrate the need for clear coverage and strong guidance surrounding these services. Health plans must not be allowed to continue to perpetuate outdated and discriminatory coverage policies for obesity treatment in the wake of the growing evidence that these treatments are evidence-based and medically necessary.*



# OMA Participation in Coalition Efforts

## Obesity Care Continuum

In 2011, The Obesity Society (TOS), the American Society for Metabolic and Bariatric Surgery (ASMBS), Obesity Action Coalition (OAC), and the Obesity Medicine Association (OMA) joined forces with the Academy of Nutrition and Dietetics (AND) in founding the Obesity Care Continuum (OCC). With a combined membership of over 150,000 healthcare professionals, researchers, educators, and patient advocates, the OCC is dedicated to promoting access to, and coverage of the continuum of care surrounding the treatment of overweight and obesity.

## Obesity Care Advocacy Network

Despite making inroads on expanding obesity treatment coverage, OCC member groups recognized that they needed additional partners and a broader array of constituencies if they were going to have a profound impact on securing patient access to and coverage of comprehensive obesity care. In 2016, the OCC joined with The Endocrine Society, the American Association of Clinical Endocrinologists, and Novo Nordisk in founding the **Obesity Care Advocacy Network (OCAN)**. Today OCAN has grown to more than a 30-organization-strong coalition whose mission is to unite and align key obesity stakeholders -- and the larger obesity community -- around key education, policy, and legislative efforts in order to elevate obesity on the national agenda.

## Contact Us

For more information and to learn how to get involved, contact:

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