

Obesity Public Payer Task Force Proposed Pledge

Physical inactivity, poor nutrition, obesity, and related chronic diseases, such as diabetes, cancer, and hypertension, constitute some of the most challenging and costly public health threats facing America today. Obesity rates in the United States have doubled among adults over the past 20 years and have tripled among children in a generation. More than one-third of U.S. adults have obesity; and while there have been recent declines in the prevalence of obesity among children, childhood obesity is still too high with nearly one-out-of-every five kids having obesity. In 2008, the estimated annual medical cost of obesity in the U.S. totaled \$147 billion.

It is in recognition of this grave public health challenge that private and public payers came together throughout a series of convenings focused on payer strategies to counter this national epidemic. In order to improve the quality, accessibility and utilization of preventive and treatment services for obesity among both children and adults, participating payers have agreed that collective action to is warranted on a national scale. The following pledges that our signatories commit to are a critical first step in addressing this care gap. Our signatories recognize that simply offering coverage does not mean that care will be received and thus, our signatories also commit to working with providers and beneficiaries to increase utilization of these newly standardized benefits and to request the collection of obesity metrics.

With this pledge, beginning on January 1, 2019, the undersigned commit to build on their governmental entity's efforts to fight obesity by implementing the following:

- I. SC DHHS pledges to offer intensive behavioral interventions every plan year (12 months) for members with a qualifying diagnosis:
 - a. At least 12 visits for adults with a BMI \geq 30
 - b. At least 6 contact hours for adults with a BMI \geq 25 and one or more risk factors for cardiovascular disease
 - c. At least 12 visits for children ages 3 years or older with a BMI \geq 95th percentile
 - d. At least 8 visits for children ages 3 years or older with a BMI 85th - 95th percentile
- II. SC DHHS pledges to implement and/or cover one or more community-based program(s) focused on weight loss in adults and/or BMI percentile decrease in children.
 - a. Adult-focused programs: Qualifying programs should have a previously demonstrated ability to achieve at least a five percent weight loss in adult participants.
 - b. Child-focused programs: Qualifying programs should have a previously demonstrated ability to achieve a BMI percentile decrease in child participants.
- III. SC DHHS pledges to include obesity measures in any existing or future outcomes-based payment models, where appropriate, and to request that providers collect BMI data and code obesity or overweight diagnoses as per ICD-10.
- IV. SC DHHS pledges to create a plan to engage their members and in-network providers on the existence of the covered benefits in this agreement.

Optional Pledges

Some signatories will also voluntarily implement additional optional pledges including but not limited to¹:

- V. _____ pledges to offer at least 1 counseling visit (in person or tele-health) for nutrition and physical activity every 1 year for all members with or without a qualifying diagnosis, if recommended by the member's primary-care physician.
- VI. _____ pledges to utilize outcomes-based payments for weight management using outcomes measures such as (but not limited to):
- a. Reduction in obesity prevalence
 - b. Reduction in obesity incidence
 - c. ___% weight loss in members with obesity
 - d. ___% of members who shift to a healthier BMI category

Signed,

SC Department of Health and Human Services
[Government entity's name] (SC DHHS)

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[Signature of representative]

¹ Insert organization's name only if agreeing to optional pledge(s)