acofp AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 15
C-3/21

SUBJECT: Access to Medical Nutritional Therapy for Obese Patients

SUBMITTED BY: Michigan Association of Osteopathic Family Physicians (MAOFP) on behalf of Lissie Ardnt, OMS-III, PhD

REFERRED TO: 2021 American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates

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RESOLUTION NO. 15

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), in 2018 the prevalence of obesity in American men was 40.3% among those aged 20–39, 46.4% among those aged 40–59 and 42.2% among those aged 60 and over; and in American women was 39.7% among those aged 20–39, 43.3% among those aged 40–59 and 43.3% among those aged 60 and over; and (1)

WHEREAS, the CDC found the prevalence of severe obesity among U.S. adults to be 9.2% in 2018, with women having a higher prevalence (11.5%) than men (6.9%), and non-Hispanic Black adults having the highest prevalence of severe obesity (13.8%) among all races; and (1)

WHEREAS, from 2000 through 2018, the age-adjusted prevalence of obesity increased from 30.5% to 42.4%, and the prevalence of severe obesity increased from 4.7% to 9.2%; and (1)

WHEREAS, obesity in adults was defined as a body mass index (BMI) of greater than or equal to 30 and severe obesity as a BMI of greater than or equal to 40; and (1)

WHEREAS, the U.S. Preventive Services Task Force has established a Grade B recommendation that clinicians offer or refer adults with a BMI of 30 or higher to intensive, multicomponent behavioral interventions; and (3)

WHEREAS, obesity has been linked to comorbidities—such as type 2 diabetes, coronary artery disease, stroke, hypertension, hyperlipidemia, sleep apnea, many types of cancer, osteoarthritis and mental illness—and all cause mortality; and (4)

WHEREAS, obesity-related medical care cost the United States an estimated $147 billion in 2008 dollars, and annually obesity-related absenteeism costs the US between $3.38 billion ($79 per obese individual) and $6.38 billion ($132 per obese individual); and (4)

WHEREAS, behavior-based weight loss interventions were associated with more weight loss, less weight regain and a decreased risk of progressing from prediabetes to type 2 diabetes; and (3)

WHEREAS, most physicians receive limited education on nutrition in medical school, with only 25% of medical schools offering a dedicated nutrition course; and (2)

WHEREAS, U.S. physicians have limited time to counsel patients, with only 12% of office visits including counseling about diet and only 1 in 5 of the highest risk patients with CVD, diabetes or hyperlipidemia receiving nutrition counseling in 2017; and (2)

WHEREAS, Medicare pays for obesity counseling 20 times per year through the G0447 billing code, but only 1% of eligible Medicare beneficiaries receive this counseling due to limited knowledge or time for physicians to counsel patients; and (2)

WHEREAS, dietitian or nutritionist counseling services are excluded by Medicare, unless patients have the diagnosis of diabetes or renal disease; and (2)

WHEREAS, managing obesity can improve the health outcomes of many other diseases and the overall health of patients, decreasing costs on the healthcare system, patients and the insurance companies; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) advocate that the Centers for Medicare and Medicaid Services provides medical nutritional therapy by a dietician or nutritionist as a covered benefit for patients with the diagnosis of obesity or morbid obesity.

FINAL ACTION: APPROVED as of March 10, 2021

Resources:

1. Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity and severe obesity among adults: United States, 2017–2018. NCHS Data Brief, no 360. Hyattsville, MD: National Center for Health Statistics. 2020.

2. Kahan S, Manson JE. Nutrition Counseling in Clinical Practice How Clinicians Can Do Better: *J Am Med Assoc*, 7 September 2017. https://culinarymedicineuk.org/wp-content/uploads/2018/12/jama_Kahan_2017_vp_170116-1.pdf.

3. Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions. US Preventative Services Task Force. 18 September 2018. https://www.uspreventiveservicestaskforce.org/uspstf/document/evidence-summary/obesity-in-adults-interventions.

4. Adult Obesity Causes & Consequences. Centers for Disease Control and Prevention. 17 September 2020. https://www.cdc.gov/obesity/adult/causes.html.