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May 17, 2024

Ms. Sarah Aker & DUR Committee Members  
Medical Services Division  
North Dakota Department of Health and Human Services  
600 E Boulevard Ave Dept 325  
Bismarck, ND 58505-0250

Re: Support for North Dakota Medicaid Coverage of Obesity Medications to Reduce the Risk of Major Adverse Cardiovascular Events

Dear Executive Director Aker and DUR Committee Members,

The Obesity Action Coalition (OAC) supports North Dakota Medicaid's decision to provide coverage for obesity medications indicated to reduce the risk of major adverse cardiovascular events. While the coverage update is consistent with recent advancements in science and the Food and Drug Administration (FDA) approval, we appreciate the opportunity to provide evidence to suggest updates to the proposed initial prior authorization criteria.

Throughout the past decades, the prevalence of obesity has skyrocketed across our country and in North Dakota – with 35 percent of adults and more than 13 percent of children (ages 10- 17) in the state currently affected by obesity.<sup>1</sup> The OAC is the leading national non-profit dedicated to serving people living with obesity through awareness, support, education, and advocacy. Our vision is to create a society where all individuals are treated with respect and without discrimination or bias regardless of their size or weight. We strive for those affected by the disease of obesity to have the right to access safe and effective treatment options. OAC has a strong and growing membership of more than 80,000 individuals across the United States and 215 members in North Dakota.

We applaud North Dakota Medicaid's decision to add coverage for obesity medications indicated for reduction of major adverse cardiovascular events and we recommend adjustments to the prior authorization criteria. First, we suggest removing the upper limit on age set at <75 years and allow all older Medicaid beneficiaries access to life saving treatment. The SELECT Trial did not include an age cap. In the clinical trial, eight percent (8%) of study participants were over the age of 75.<sup>2</sup>

Next, we recommend changing the body mass index (BMI) parameters to include Medicaid members with a BMI  $\geq 35$  kg/m<sup>2</sup>. The SELECT Trial included, in the supplemental information, 29% of study participants with a BMI  $\geq 35$  who benefited from positive health outcomes and cardiovascular risk reduction.<sup>3</sup> It would be unethical to not allow this group of Medicaid members access to life saving treatment.

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<sup>1</sup> Trust for America's Health 2023 State of Obesity Report

<sup>2</sup> Lincoff AM, Brown-Frandsen K, Colhoun HM, Deanfield J, Emerson SS, Esbjerg S, Hardt-Lindberg S, Hovingh GK, Kahn SE, Kushner RF, Lingvay I, Oral TK, Michelsen MM, Plutzky J, Tornøe CW, Ryan DH; SELECT Trial Investigators. Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes. *N Engl J Med.* 2023 Dec 14;389(24):2221-2232. doi: 10.1056/NEJMoa2307563.

<sup>3</sup> *Id.*



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Further, the prior authorization requirement criteria to have a member concurrently taking a lipid-lowering agent is not supported by clinical standards or guidelines. Several medical societies such as the American Association of Clinical Endocrinologists, American Gastroenterological Association, American Diabetes Association, and the Endocrine Society have published clinical standards or guidelines and none of them require the use of a lipid-lowering agent. It may not be clinically appropriate for some patients. This requirement is also rooted in bias. Other chronic diseases like hypertension, diabetes, or hypercholesterolemia do not require the use of another disease state medication before allowing access to a needed treatment.

Last, we recommend ND Medicaid add coverage for all FDA-approved obesity medications. Obesity is driven by strong biology, not by choice and it is often the root cause and driver of other health complications. Obesity serves as a major risk factor for developing conditions such as heart disease, stroke, type 2 diabetes, renal disease, non-alcoholic steatohepatitis, and 13 types of cancer (which make up 40 percent of all cancers diagnosed).<sup>4</sup> There are safe and effective treatment options for obesity available. Obesity requires treatment and management just like other chronic diseases.

Despite these facts, many policymakers continue to view obesity as a lifestyle choice or personal failing. These perceptions, attitudes, and policy actions are the expression of bias and stigma and have resulted in health insurance plans placing exclusions and limitations on what and how obesity treatment services are covered. It's time for health plans (public and private) to adopt a comprehensive benefit approach toward treating obesity.

Our country must acknowledge obesity for the chronic disease that it is and take steps to treat it in the same serious fashion as other chronic disease states. We would be happy to meet and share further information and perspectives of people living with obesity. Should you have questions or need additional information, please reach out to our Policy Advisor, Chris Gallagher at [chris@potomaccurrents.com](mailto:chris@potomaccurrents.com). Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Nadglowski".

Joseph Nadglowski, Jr.  
OAC President and CEO

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<sup>4</sup> Centers for Disease Control and Prevention. <https://www.cdc.gov/cancer/obesity/index>.