



# OBESITY PLAYBOOK

AN EDUCATIONAL RESOURCE BOOK FOR  
CONGRESSIONAL STAFF ON OBESITY AND HEALTH

MARCH 2023

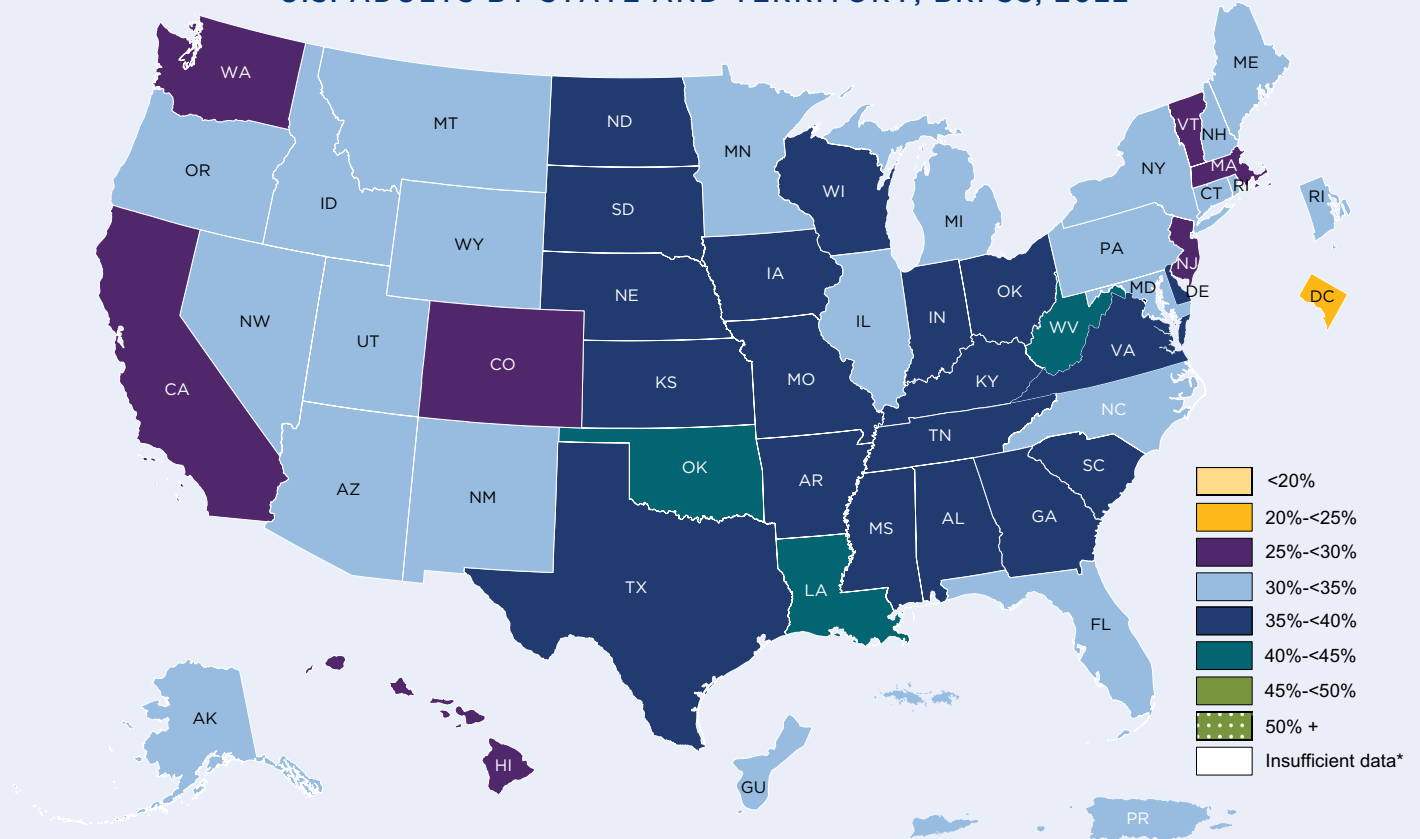
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# OBESITY

## FACTS AND FIGURES

### PREVALENCE OF SELF-REPORTED OBESITY AMONG U.S. ADULTS BY STATE AND TERRITORY, BRFSS, 2022<sup>1</sup>



Source: Behavioral Risk Factor Surveillance System

\*Sample size <50, the relative standard error (dividing the standard error by the prevalence) ≥30%, or no data in a specific year.

### PREVALENCE OF OBESITY

#### AMONG US ADULTS



2017-2018<sup>2</sup>

#### IN MEN VS. WOMEN<sup>2</sup>

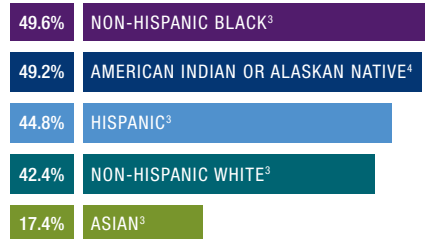


MEN 43%



WOMEN 41.9%

#### BY RACE AND ETHNICITY



<sup>1</sup> <https://www.cdc.gov/obesity/data/prevalence-maps.html>

<sup>2</sup> <https://www.cdc.gov/nchs/data/databriefs/db360-h.pdf>

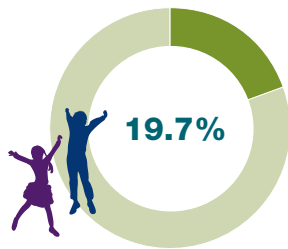
<sup>3</sup> <https://www.cdc.gov/nchs/products/databriefs/db360.htm>

<sup>4</sup> [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2017\\_SHS\\_Table\\_A-15.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2017_SHS_Table_A-15.pdf)

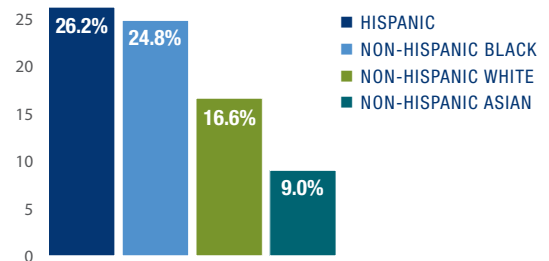
# OBESITY AMONG US CHILDREN AND ADOLESCENTS AGED 2-19<sup>5</sup>

2017-2020

## AMONG US CHILDREN



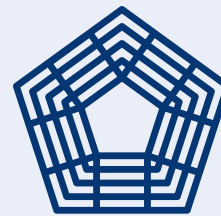
## BY RACE AND ETHNICITY



## PREVALENCE OF OBESITY IMPACTS NATIONAL SECURITY<sup>6</sup>



JUST OVER 1 IN 3 YOUNG ADULTS IS TOO HEAVY TO SERVE IN THE MILITARY.



THE DEPARTMENT OF DEFENSE SPENDS ABOUT

**\$1.5 BILLION**

ANNUALLY IN OBESITY RELATED HEALTH CARE COSTS FOR SERVICE MEMBERS AND THEIR FAMILIES.

## PREVALENCE OF OBESITY IMPACTS MEDICAL CARE COSTS

ANNUAL OBESITY-RELATED MEDICAL CARE COSTS IN THE UNITED STATES, IN 2019 DOLLARS, WERE ESTIMATED TO BE NEARLY

**\$173 BILLION**

WARD ZJ, BLEICH SN, LONG MW, GORTMAKER SL (2021) ASSOCIATION OF BODY MASS INDEX WITH HEALTH CARE EXPENDITURES IN THE UNITED STATES BY AGE AND SEX. PLOS ONE 16(3): E0247307.<sup>7</sup>

OBESITY IN CHILDREN AND ADULTS INCREASES THE RISK FOR THE FOLLOWING HEALTH CONDITIONS<sup>8</sup>

- High blood pressure and high cholesterol, which are risk factors for heart disease.
- Type 2 diabetes.
- Breathing problems, such as asthma and sleep apnea.
- Joint problems such as osteoarthritis and musculoskeletal discomfort.
- Gallstones and gallbladder disease.

<sup>5</sup> <https://www.cdc.gov/obesity/data/childhood.html>

<sup>6</sup> <https://www.cdc.gov/physicalactivity/resources/unfit-to-serve/index.html>

<sup>7</sup> <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0247307>

<sup>8</sup> <https://www.cdc.gov/obesity/basics/consequences.html#:~:text=Obesity%20in%20children%20and%20adults,for%20the%20following%20health%20conditions.&text=High%20blood%20pressure%20and%20high,as%20asthma%20and%20sleep%20apnea>

## Part One: Background

### What Is Obesity?

Obesity is a *chronic multifactorial disease* characterized by an individual having an excess of body fat or abnormal fat accumulation. People who have obesity are at an increased risk for other serious diseases and health conditions. Obesity is also associated with the leading causes of preventable death in the United States. Obesity is not just a simple problem of willpower or self-control, but rather a result of multiple environmental and developmental factors. Understanding obesity as a disease is critical to its management at both the individual and population levels.

Obesity is diagnosed using a measure called the body mass index (BMI). A person with a BMI over 30 kg/m<sup>2</sup> is considered a person with obesity.

### Obesity Prevalence

Obesity is extremely common in the United States. In the past two decades, obesity prevalence among adults has increased from 30.5% in 1999–2000 to 41.9% in 2017–March 2020, with the prevalence of severe obesity (defined as a BMI  $\geq$  40 kg/m<sup>2</sup>) increasing from 4.7% to 9.2% during the same time<sup>1</sup>.

Obesity also affects some groups more than others. There are notable differences in obesity prevalence by race and ethnicity. Non-Hispanic Black adults (49.9%) had the highest age-adjusted prevalence of obesity, followed by Hispanic adults (45.6%), non-Hispanic White adults (41.4%) and non-Hispanic Asian adults (16.1%).<sup>2</sup> Prevalence also differs by income and education level. Men and women with less education had higher rates of obesity compared to men and women with college degrees.<sup>3</sup>

#### Additional Resources:

- [Adult Obesity Maps](#) – The CDC released 2022 Adult Obesity Prevalence Maps for all 50 states, the District of Columbia, and 3 US territories. The maps show self-reported adult obesity prevalence by race, ethnicity, and location. The data comes from the Behavioral Risk Factor Surveillance System.
- [National Center for Health Statistic data brief](#) – Published in 2020, this data brief from the CDC provides the most recent national data for 2017–2018 on obesity and severe obesity prevalence among adults by sex, age, and race and Hispanic

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<sup>1</sup> <https://www.cdc.gov/obesity/data/adult.html>

<sup>2</sup> [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2017\\_SHS\\_Table\\_A-15.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2017_SHS_Table_A-15.pdf)

<sup>3</sup> <https://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6650a1-H.pdf>

origin. Trends from 1999–2000 through 2017–2018 for adults aged 20 and over are also presented.

- [Nutrition, Physical Activity, and Obesity: Data, Maps, and Trends](#) – This interactive database provides national and state-level data about the health status and behaviors of Americans. Visitors can examine data by demographics such as gender and race/ethnicity. The data come from multiple sources.

## Causes of Obesity

Several factors contribute to excess weight gain, including diet and diet quality, physical activity level, certain medications, and sleep routines. Biology, stress, and social determinants of health (SDOH) also play a role.<sup>4</sup>

Additional resources:

- [Nutrition](#) – Good nutrition is essential to health. Poor quality nutrition contributes to many costly diseases, such as obesity. The linked webpage is from the CDC and discusses the role that nutrition plays in health outcomes.
- [Social Determinants of Health](#) – The conditions in which we live, learn, work, and play are called the social determinants of health (SDOH). When these conditions do not support health, it can be difficult to make healthy food choices. SDOH has a major impact on people’s health, well-being, and quality of life, and contributes to health disparities and inequities. The linked webpage is from the Health and Human Services Healthy People 2030 initiative. It explains what SDOH are and how they relate to health outcomes, as well as links to further research.

## Nutrition and Food Security

Nutrition plays a critical role in keeping Americans healthy. Unfortunately, poor quality nutrition is making people more vulnerable to costly chronic diseases like obesity and diabetes. According to the [CDC](#), fewer than 1 in 10 children and adults eat the recommended daily amount of vegetables. Only 4 in 10 children and fewer than 1 out of every 7 adults eat the recommended amount of fruit. According to [Trust for America’s Health](#), there are several theories explaining the link between food insecurity and obesity including social environment, financial situation, stress, and depression.

Additional Resources:

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<sup>4</sup> <https://www.cdc.gov/obesity/basics/causes.html>

- [The State of Obesity: 2023](#) - This report, published by Trust for America's Health, includes a special feature, a 20-year report anniversary retrospective.
- [USDA Food Access Research Atlas](#) – This atlas, published by the United States Department of Agriculture (USDA), is a search tool that provides a glimpse into a neighborhood or community's access to food stores that offer healthy and affordable food.

## Obesity Complications

### Obesity and Chronic Disease

Obesity is associated with over 230 complications including a wide range of chronic diseases and health conditions such high blood pressure, type 2 diabetes, heart disease, high cholesterol, and more. These diseases, combined with obesity, can lead people to have poor health, poor quality of life, disability, and even premature death. However, these complications and conditions can be prevented or improved by weight loss.

#### Additional Resources:

- [The Health Effects of Overweight & Obesity](#) – This CDC webpage lists some of the common health conditions associated with obesity.
- [Health Risks of Being Overweight](#) - This webpage from the NIDDK discusses the links between excess weight and many health conditions.
- [The Impact of Obesity on Body and Health](#) – This webpage from the American Society for Metabolic and Bariatric Surgery discusses the impact that obesity can have on the body.
- [Quantifying the Sex-Race/Ethnicity-Specific Burden of Obesity on Incident Diabetes Mellitus in the United States, 2001 to 2016: MESA and NHANES](#) - Data from MESA (2000-17) and NHANES (2001-16) reported that US adults with obesity were ~3x more likely to develop T2DM than those without obesity and 40% of new-onset was directly attributable to obesity.

### Obesity and COVID-19

Obesity is linked to impaired immune function, thus making the body more vulnerable to infection. Individuals with obesity are at a higher risk for severe illness and hospitalization than those at a normal weight. Researchers continue to study the relationship between obesity and COVID-19.

#### Additional Resources:

- [Obesity, Race/Ethnicity, and COVID-19](#) – This CDC webpage discusses the relationship between obesity and COVID-19. It also links to other resources from the CDC about obesity and COVID-19.
- [Obesity in patients with COVID-19: a systematic review and meta-analysis](#) – This study finds that obesity increases risk for hospitalization, ICU admission, and IMV requirement among patients with COVID-19. Further, excessive visceral adiposity appears to be associated with severe COVID-19 outcomes, including death. These findings emphasize the need for effective actions by individuals, the public, and governments to increase awareness of the risks resulting from obesity and how these are heightened in the current global pandemic.

### Obesity and Pregnancy

More than 50% of American women enter pregnancy with an overweight or obese BMI, putting them at high risk of gestational diabetes and other pregnancy complications (operative deliveries, extended neonatal length of stay, stillbirth).<sup>5</sup> The pregnancy period is a time of epigenetic developmental programming in the offspring. This seems to initiate a cycle of obesity in pregnancies complicated by obesity and gestational diabetes, putting the offspring at high risk of developing obesity.

More resources:

- [Increases in Prepregnancy Obesity: United States, 2016–2019](#) – Using data from the National Vital Statistics System, this page evaluates prepregnancy rates of obesity by race/ethnicity, age group, and education level.

## Impact of Obesity

### Economic Cost Burden

The economic costs of obesity are high, including both direct and indirect costs. Direct medical costs may include preventive, diagnostic, and treatment services while indirect costs relate to sickness, lost productivity, and death.

Obesity accounts for \$170 billion in higher medical costs each year, with nationwide productivity costs of obesity-related absenteeism ranging from \$3.38 billion to \$6.38

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<sup>5</sup> [https://www.ajog.org/article/S0002-9378\(08\)02003-6/fulltext](https://www.ajog.org/article/S0002-9378(08)02003-6/fulltext)



billion.<sup>6</sup> A study from Brookings estimates that obesity costs \$91.6 billion per year to Medicare and Medicaid.<sup>7,8</sup>

#### Additional Resources:

- [Direct medical costs of obesity in the United States and the most populous states](#) – Cited above, this study showed that the effect of obesity is greater than suggested by previous studies. Much of the aggregate national cost of obesity – \$260.6 billion – represents external costs, providing a rationale for interventions to prevent and reduce obesity.
- [Adult Obesity Causes & Consequences](#) – This CDC webpage discusses some of the economic and societal costs of obesity.

#### Obesity and Military Readiness

Active-duty military members and potential recruits are subject to the same health problems that affect the rest of the US population. As such, the increase in nationwide obesity prevalence is reflected in the military population, and the impact on military readiness is substantial. 19% of active-duty service members had obesity in 2020, a 3% increase from the previous year.<sup>9</sup> These individuals are less likely to be medically ready to deploy. Consequently, active-duty soldiers had more than 3.6 million musculoskeletal injuries between 2008 and 2017. Obesity also impacts military recruitment. Over 1 in 3 adults are too heavy to serve in the military and in 2022, the army fell 25% short of its recruitment goal.<sup>10</sup>

Obesity is also financially costly for the military. It is estimated that the Department of Defense (DOD) spends \$1.5 billion in obesity-related healthcare costs per year. Lost workdays due to overweight and obesity for active-duty military personnel is 658,000 days per year, costing the DOD \$103 million per year.

#### Additional resources:

- [Unfit to Serve](#) – This CDC webpage explores the impact of obesity on national security, military readiness, and Department of Defense spending.
- [“Obesity—An Epidemic that Impacts our National Security”](#) - This whitepaper from the American Security Project explores the impact of obesity on military recruitment.

<sup>6</sup> <https://onlinelibrary.wiley.com/doi/10.1111/j.1467-789X.2008.00472.x>

<sup>7</sup> <https://www.brookings.edu/blog/up-front/2014/12/12/obesity-costs-evident-at-the-state-level/>

<sup>8</sup> <https://www.jmcp.org/doi/pdf/10.18553/jmcp.2021.20410>

<sup>9</sup> <https://www.cdc.gov/physicalactivity/resources/unfit-to-serve/index.html>

<sup>10</sup> <https://www.cdc.gov/physicalactivity/resources/unfit-to-serve/index.html>

## Obesity Treatment and Care

### Treatment Options

Obesity can be treated but it requires a comprehensive approach:

- Intensive Behavioral Therapy: Intensive Behavioral Therapy (IBT for Obesity) promotes weight loss through high intensity comprehensive and structured diet and exercise programs. IBT for Obesity is an effective way to treat obesity and is recommended by the [United States Preventive Services Taskforce \(USPSTF\)](#).
- Medical Nutrition Therapy: Medical Nutrition Therapy (MNT) is nutrition-based treatment provided by a Registered Dietician or nutritionist. MNT is proven to be a cost-effective component of treating obesity and other chronic diseases including diabetes.
- Anti-obesity medications: There are numerous medications available that have been scientifically proven to be effective against obesity. While these medications have been approved by the FDA, many insurers, including Medicare, do not cover them.

### Barriers to Treatment

- Medicare Part B: Intensive Behavioral Therapy (IBT for Obesity) has been a covered benefit under Medicare Part B since 2011. However, the benefit must be provided by or under direct supervision of a primary care provider in a primary care setting. This means that IBT cannot be referred by a primary care provider to other providers such as registered dietitians, or specialty physicians such as endocrinologists. ([Obesity Care Advocacy Network Memo on IBT for Obesity](#))
- Medicare Part D: Anti-obesity medications are currently not covered under Medicare Part D. When Congress created the Part D program in 2003, there were no FDA approved obesity therapies on the market and the Medicare statute excluded “weight loss drugs” from being covered. In the 20 years since Part D was created, there have been major medical advances in the pharmacologic treatment of obesity and the FDA has approved several anti-obesity medications. ([OCAN Memo on CMS Authority to Provide Coverage for Obesity Drugs Under Part D](#); [TROA Fact Sheet](#))

## Part Two: State of the Science

This section contains peer reviewed journal articles intended for a scientific audience. These articles provide information about the scientific basis of obesity, discuss how this knowledge can be applied in clinical practice, and identify areas that require additional research.

### Scientific Statements from the Endocrine Society

- [The Science of Obesity Management: An Endocrine Society Scientific Statement:](#) This scientific statement documents the rising prevalence of obesity in both men and women in the United States, its hazardous health implications, treatment options, and further areas for research.
- [Obesity Pathogenesis: An Endocrine Society Scientific Statement:](#) This scientific statement seeks to elucidate obesity pathogenesis to better inform treatment, public policy, advocacy, and awareness of obesity in ways that ultimately diminish its public health and economic consequences.

### Endocrine Society Journal Articles

Each year the Endocrine Society curates a special collection of journal articles focused on obesity.

- [2022 JCEM Obesity Thematic Issue:](#) This is a collection of articles published from 2021 to 2022. Topics include the impact obesity has on childhood puberty, the relationship between obesity and COVID-19 diagnosis and hospitalization, and more.
- [2021 JCEM Obesity Thematic Issue:](#) This is a collection of articles published from 2019 to 2021. Topics include the relationship between obesity, diabetes, cancer, liver damage in children, the association between body mass index and stroke risk in patients with type 2 diabetes, and more.
- [2019 JCEM Obesity Thematic Issue:](#) This is a collection of articles published in 2019. Topics include the relationship between climate and the obesity epidemic, mindfulness and healthier eating habits, and more.
- [2018 JCEM Obesity Thematic Issue:](#) This is a collection of articles published in 2018. Topics include the role of the gut microbiome in the development of obesity, the role of leptin-dopamine neuronal signaling, testosterone treatment for men with obesity, and more.

### Endocrine Society Members' Work

- [Jami Josefson: After a pandemic boom in child obesity, it's time for families to recommit to health:](#) Endocrine Society member Jami Josefson, MD published a

piece Chicago Tribune about the COVID-19 pandemic's impact on childhood obesity.

- [Diet Quality and Energy Intake Mediate the Association of Food Insecurity with Adiposity](#): Endocrine Society members Lisa Morselli, MD PhD, Roland James, MS, and Srividya Kidambi, MD presented an abstract at ENDO 2022 to discuss a new study finding that teens ate less ultra-processed food during the COVID-19 pandemic.
- [Long-term Weight Loss Maintenance with Obesity Pharmacotherapy: a 5-Year Retrospective Study](#): Endocrine Society member Dr. Michael Weintraub presented an abstract at ENDO 2022 with results of a study that found that 10% weight loss could be maintained long-term with anti-obesity medications and lifestyle changes.

## Obesity Research Areas

### Epigenetic and Environmental Causes of Obesity

- Scientists are working to understand how genetics influences obesity, and while genetics plays some role in inherited factors that lead to obesity, it does not provide a complete explanation of what we observe. Therefore, environmental or other causes of obesity likely contribute to obesity in families across generations, and these factors may play a role in future preventive strategies.

### Health Disparities

- The prevalence of obesity in the US is increasing rapidly, with half the adult population projected to have obesity by 2030.<sup>11</sup> However, these rates are not the same among different populations. There are disproportionately high rates of obesity in many racial/ethnic minority populations such as Black, Hispanic and Latino, American Indians, and others.<sup>12</sup> For example, Black women are 70% more likely to be obese compared to Non-Hispanic white women.<sup>13,14</sup> Scientists are working to understand how social determinants of health and other factors contribute to these health disparities, and how new interventions can deliver new solutions for disproportionately impacted populations

<sup>11</sup> Wang Y, Beydoun MA, Min J, Xue H, Kaminsky LA, Cheskin LJ. Has the prevalence of overweight, obesity and central obesity levelled off in the United States? Trends, patterns, disparities, and future projections for the obesity epidemic. *Int J Epidemiol.* 2020;49(3):810–23.

<sup>12</sup> Kirby JB, Liang L, Chen HJ, Wang Y. Race, place, and obesity: the complex relationships among community racial/ethnic composition, individual race/ethnicity, and obesity in the United States. *Am J Public Health.* 2012;102(8):1572–8.

<sup>13</sup> National Center for Health Statistics. *Health, United States, 2011: with special feature on socioeconomic status and health.* Hyattsville, MD; 2012.

<sup>14</sup> Flegal KM, Carroll MD, Kit BK, et al. Prevalence of obesity and trends in the distribution of body mass index among US adults, 1999- 2010. *JAMA.* 2012;307:491–7.

## Cancer

- Being overweight or having obesity is linked with a higher risk of getting 13 types of cancer; in summary nearly 40% of all cancers can therefore be attributed to overweight and obesity.<sup>15</sup> Scientists are beginning to establish precisely how obesity leads to this disease. For example, altered insulin response and estrogen levels are linked to cancer, and evidence indicates that excess body fat can triggering chronic inflammation that affects the levels of these important hormones.<sup>16</sup>

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<sup>15</sup> Keum N, Greenwood DC, Lee DH, et al. Adult weight gain and adiposity-related cancers: a dose-response meta-analysis of prospective observational studies. *J Natl Cancer Inst.* 2015;107(2):djv088.

<sup>16</sup> Rose DP, Gracheck PJ, Vona-Davis L. The Interactions of Obesity, Inflammation and Insulin Resistance in Breast Cancer. *Cancers (Basel).* 2015 Oct 26;7(4)

## Part Three: Policy Options

This section provides brief overviews of current laws and programs funded by Congress pertaining to obesity. It also includes recent legislation addressing obesity. This overview is meant to provide a synopsis of some of the key policy areas pertaining to obesity. This is not meant to be a conclusive list of every policy area on this issue.

As background, anti-obesity medications are currently not covered under Medicare Part D. When Congress created the Part D program in 2003, there were not FDA approved obesity therapies on the market and the Medicare statute excluded “weight loss drugs” from being covered. There have been major medical advances in the pharmacologic treatment of obesity in the 20 years since Part D was created, and the FDA has approved several anti-obesity medications. Congress must pass legislation to allow CMS to cover these FDA-approved anti-obesity medications.

If you have any questions about this section, please contact Rob Goldsmith on the Endocrine Society staff (contact information is listed under Section Five).

### Childhood Obesity Research Demonstration (CORD)

- The Childhood Obesity Research Demonstration (CORD) project focuses on developing and implementing strategies to reduce obesity among low-income children. Funding for CORD was first made available through the Patient Protection and Affordable Care Act in 2011 and has been reauthorized twice. The program, which is administered by the CDC, is the primary source of CDC funding for childhood obesity research focused on low-income children.

For more information: [GAO Report on CORD](#), [CDC Page on CORD 3.0](#)

### Child Nutrition and Food Security

- The Child Nutrition Programs are a group of different programs focused on nutrition for children and adults reauthorized by Congress. The programs include the National School Lunch Program, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the School Breakfast Program. Many of the Child Nutrition Programs are funded through annual appropriations. The most recent reauthorization was the Healthy, Hunger-Free Kids Act (HHFKA) of 2010 ([P.L. 111-296](#)). The HHFKA required the USDA to create new nutrition standards for school meals utilizing the latest science on nutrition. It also created a Community Eligibility Provision (CEP) to provide free meals to students in eligible schools. Issues for next

reauthorization: updated nutrition standards for school meals, implementation of CEP, updates to Fresh Fruit and Vegetable Program.

For more information: [CRS Report, Child Nutrition Reauthorization Overview](#), [CRS Report: Child Nutrition Programs: Issues in 115<sup>th</sup> Congress](#).

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a food assistance program that provides nutritious food and nutrition education to low-income women, infants and children. WIC is funded through discretionary spending. WIC is usually included as part of the Child Nutrition Programs reauthorization.

For more information: [CRS Report, A Primer on WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children](#)

- The Supplemental Nutrition Assistance Program (SNAP) provides assistance to low-income households to ensure they buy a nutritional low-cost food. SNAP is included in the reauthorization of the Farm Bill.

For more information: [CRS Report, Supplemental Nutrition Assistance Program \(SNAP\): A Primer on Eligibility and Benefits](#)

## Federal Nutrition Labeling Rules

- The Affordable Care Act (ACA) ([P.L. 111-148](#)) includes a provision which requires menu labeling in some restaurants and other retail food establishments. It also required calorie labeling for some items sold in vending machines. In 2014, the FDA finalized two rules that established calorie labeling requirements for food sold in vending machines and some restaurants. However, the compliance requirements pertaining to these rules were delayed for many years. In April 2020, the FDA suspended the federal menu labeling requirements due to the COVID-19 pandemic.

For more information:

- [CRS Report: Nutrition Labeling of Restaurant Menu and Vending Machine Items](#)
- [FDA Guidance Document, Temporary Nutrition Labeling Policy](#)

## Recent Legislation Introduced (Action Pending)

- **S.2407 and H.R.4818, Treat and Reduce Obesity Act.** This legislation would expand access to intensive behavioral therapy (IBT) for obesity. IBT includes dietary/nutrition assessments, intensive behavioral counseling that promotes weight loss and measurement of Body Mass Index. Medicare will only cover IBT when these services are provided by a primary care provider in the primary care setting. The Treat and Reduce Obesity Act would expand Medicare coverage of IBT for obesity allowing additional qualified healthcare providers to offer IBT services. The bill would also allow for coverage of FDA-approved weight loss medications that can be offered in conjunction with IBT.
- **Medical Nutrition Therapy Act.** Medical Nutrition Therapy (MNT) is an evidence-based nutrition therapy provided by Registered Dietitians which can include nutrition assessment and intervention. This legislation would provide Medicare Part B coverage of outpatient MNT for several uncovered conditions and diseases such as prediabetes, obesity, and cancer. Currently, Medicare Part B only covers outpatient MNT for people with diabetes, renal disease, and those post-kidney transplant. MNT is awaiting reintroduction in the 118<sup>th</sup> Congress.



## Part Four: The Administration and Federal Agencies

### The White House

National Strategy on Hunger, Nutrition, and Health: In September 2022, the Biden Administration released a plan to address the nutrition-related health crisis and rising prevalence of diet-related diseases such as type 2 diabetes and obesity. The Administration's goal is to end hunger and increase healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases. The strategy identifies ambitious and achievable actions that the Administration will pursue across five pillars. For more information: [White House Strategy on Hunger, Nutrition, and Health](#).

### National Institutes of Health (NIH)

The NIH Obesity Research Task Force: This task force was established to accelerate progress in obesity research and promote collaboration and coordination across the NIH. The task force is made up of participants across the NIH's Institutes and Centers and is chaired by the Director of the National Institute of Diabetes and Digestive and Kidney Diseases, Dr. Griffin P. Rodgers; Director of the National Heart, Lung, and Blood Institute, Dr. Gary H. Gibbons; and the Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, Dr. Diana W. Bianchi. For more information: [The NIH Obesity Research Task Force Webpage](#)

Strategic Plan For NIH Obesity Research: This plan serves as a guide to accelerate a broad spectrum of research toward developing new and more effective approaches to address the tremendous burden of obesity, so that people can look forward to healthier lives. The plan, which was originally published in 2011, was reaffirmed in 2018-2019 to reflect the current research landscape and guide obesity research. For more information: [Strategic Plan for NIH Obesity Research Webpage](#)

Office of Obesity Research, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK): This office is responsible for coordination of obesity-related research across NIDDK and carrying out the functions of the NIDDK Obesity Research Working Group. For more information: [NIDDK Office of Obesity Research Webpage](#)

### Centers for Disease Control (CDC)

Division of Nutrition, Physical Activity, and Obesity (DNPAO): This division aims to improve the overall health and well-being of all people, with a focus on promoting health equity among groups experiencing more risk factors for chronic diseases. DNPAO provides grant funds to states and local governments to address obesity in their local

communities. For more information: [CDC Division of Nutrition, Physical Activity, and Obesity Website](#)

## Department of Health and Human Services (HHS)

Healthy People 2030: Every ten years the Department of Health and Human Services (HHS) releases a ten-year plan for addressing the nation's most critical public health priorities and challenges. Last August, HHS released Healthy People 2030 which consists of several objectives to improve the health and well-being of the nation. This effort is led by the HHS Office of Disease Prevention and Health Promotion in partnership with the National Center for Health Statistics at the Centers for Disease Control and Prevention. For more information: [Healthy People 2030 Website](#)

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## Obesity Related Coalitions

The Strategies to Overcome and Prevent (STOP) Obesity Alliance is a coalition of business, consumer, advocacy, and health organizations dedicated to reversing the obesity epidemic in the United States. For more information: [STOP Obesity Alliance Website](#)

- Weight Can't Wait Guide: The Endocrine Society partnered with the STOP Obesity Alliance to issue [Weight Can't Wait: A Guide for the Management of Obesity in the Primary Care Setting](#). This guide fills the gap in obesity management training and provides healthcare professionals with a short, accessible, practical, and informative guide to effective obesity care.

The Obesity Care Advocacy Network (OCAN) is a coalition of diverse organizations dedicated to addressing obesity issues. OCAN's mission is to unite and align key obesity stakeholders and the larger obesity community around key obesity-related education, policy, and legislative efforts in order to elevate obesity on the national agenda. For more information: [OCAN Website](#)

The CDC Coalition is a nonpartisan coalition of organizations committed to strengthening our nation's public health infrastructure and prevention programs. Its mission is to ensure that health promotion and disease prevention are given top priority in federal funding, to support a funding level for CDC that enables it to carry out its prevention mission and to assure an adequate translation of new research into effective state and local programs. Coalition member groups represent millions of public health workers, researchers, clinicians, educators and citizens served by CDC programs. For more information: [CDC Coalition Website](#)

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