

POSITION STATEMENT:

SBM Urges Congress to Take Measures to Support Healthy Weight Status to Prevent COVID-19 Deaths

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SUMMARY STATEMENT:

SBM supports increased federal funding for 1) nutrition assistance programs; 2) Centers for Medicare & Medicaid Services (CMS) coverage of telehealth and telephone-delivered obesity prevention and treatment; 3) research to reduce the impact of obesity on COVID-19 deaths.



THE PROBLEM

The COVID-19 pandemic has highlighted racial health inequities that have existed throughout the course of U.S. history. Indeed, health inequities also exist in the morbidity and mortality of other pre-existing conditions or comorbidities that complicate COVID-19 outcomes. For example, individuals with obesity are at higher risk for COVID-19 related complications and death.¹ Obesity is often a symptom of larger systemic problems which limit access to health care and healthful foods as well as reduce opportunities for physical activity. Increased income insecurity due to unemployment/underemployment, disruptions in food supply chains, and lockdown/stay-at-home orders resulting from the COVID-19 pandemic have further limited the ability of many individuals to purchase and consume healthful foods and engage in regular physical activity.^{2,3}

Behavioral scientists have developed and tested evidence-based intervention designed to prevent and manage obesity. There is limited access, however, to these interventions that can improve overall health and reduce risk for COVID-19-related complications. While the Centers for Medicare & Medicaid Services (CMS) has covered remotely-delivered obesity interventions during the pandemic, this coverage is limited to 15-minute sessions and it is uncertain whether this coverage will be maintained after the pandemic. Continued expansion of this coverage to include telephone-delivered treatment for patients who have difficulty with broadband access is needed to increase the reach to marginalized populations at highest risk for obesity and COVID-19 related complications. Federal funding for research, treatment, and nutrition assistance programs can assist in combating these systemic barriers, particularly in the context of a pandemic.

CURRENT POLICY

- 1) Federally funded nutrition assistance programs aim to reduce food insecurity among marginalized populations, but even more funding is needed because of COVID-19 job losses and school closures. The recently passed American Rescue plan extended the 15% SNAP benefit increase from December to September. This legislation directly provides funding to increase access to healthful foods through SNAP for those who need them the most. However, as more data are released, this increase may be necessary beyond September and SNAP may need to be further expanded based on need.
- 2) CMS currently covers telehealth and phone behavioral counseling for obesity under code G0447. However, this coverage does not apply to psychologists and other trained behavioral health professionals and only covers 15-minute sessions.
- 3) The allocation of funding for nutrition-related research through government funded mechanisms is insufficient. In an SBM-endorsed white paper in *The American Journal of Clinical Nutrition*, Fleischhacker and colleagues describe how nutrition research funding needs to be expanded and better coordinated across federal departments and agencies. We strongly support these recommendations.⁴

RECOMMENDATIONS

Recommendation #1:

Continue to expand SNAP to provide healthful foods to households who are systemically oppressed (e.g., Black, Indigenous and People of Color (BIPOC), low-income families) and need access to healthful foods now more than ever.

Recommendation #2:

Continue CMS coverage of telehealth and phone-delivered obesity prevention/treatment through the pandemic and beyond, increase access to care by including psychologists and other trained behavioral health professionals as eligible providers of these services, and increase the coverage time to 50-minute sessions under code G0447.

Recommendation #3:

Increase federal funding (e.g., NIH, CDC, USDA) for research on 1) how diet and physical activity impact COVID-19 outcomes; 2) inequities in obesity/COVID-19 outcomes; 3) ways to mitigate the impact of obesity and related health behaviors on COVID-19 outcomes; 4) whether government funded nutrition programs reduce obesity in the context of COVID-19.

REFERENCES

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ENDORSEMENTS

