

**Board of Directors** 

Victor J. Reyes, MBA Deloitte Consulting LLP Chair

Donna R. Cryer, JD President and CEO

Lisa Boyette, MD, PhD Gilead Sciences Inc. *Treasurer* 

Brian Munroe Bausch Health Companies, Inc. Secretary

Laurie Mobley BRG Communications Development Co-Chair

Amy L. Wright, JD Taft, Stettinius & Hollister Development Co-Chair

Nicholas Austin, JD Microsoft Inc.

Shonta Chambers Patient Advocate Foundation

Dennis R. Cryer, MD, FAHA CryerHealth LLC

Gary Deverman, CFRE NutriStyle

Ben Goodman Maine Dept of Economic & Community Development

Esther Krofah, MPP Milken Institute

Melodie Narain-Blackwell Color of Crohn's & Chronic Illness, Inc.

Lewis R. Roberts, MB, ChB, PhD Mayo Clinic

Global Liver Institute 4323 Westover Place NW Washington, DC 20016

⊠ info@globalliver.org

globalliver.com

May 28, 2024

Honorable Gustavo Rivera Chairman of Committee on Health New York Senate 172 State Street, Capitol Building 502C Albany, NY 12247

Honorable Patrick M. Gallivan Ranking Member of Committee on Health New York Senate Legislative Office Building Room 311 Albany, NY 12247

Dear Chairman Rivera and Ranking Member Gallivan:

I am writing to support legislation, S8959, sponsored by Senator Jeremy Cooney providing comprehensive coverage for the chronic disease of obesity, a policy based on sound science and consistent with New York's health equity goals. Global Liver Institute (GLI) is a nonpartisan nonprofit patient advocacy organization committed to improving the lives of individuals and families impacted by liver disease by promoting innovation, encouraging collaboration, and scaling optimal approaches to help eradicate liver diseases. We are the leading global liver patient advocacy organization representing the over 100 million people in the United States with liver disease, the additional 25,000 men and 11,000 women who get liver cancer each year, and the 19,000 men and 9,000 women who die from it each year.

GLI recognizes the relationship between nonalcoholic fatty liver disease (NAFLD) also known as metabolic dysfunction-associated steatotic liver disease (MASLD), and its advanced form, nonalcoholic steatohepatitis (NASH) also known as metabolic dysfunction-associated steatohepatitis (MASH), and obesity. Preventing liver disease is directly associated with treating and reducing obesity. Worldwide, NASH/MASH affects more than 148 million people and continues to become more prevalent each year. Research has closely linked the presence of NASH/MASH to metabolic comorbidities such as obesity and diabetes.<sup>1</sup> With the expectation that 1 in 4 individuals will be obese by 2035,<sup>2</sup> it is crucial that we utilize unbiased and science-based approaches to both NASH/MASH and obesity care. GLI stands alongside the obesity advocacy community in recognizing obesity as a serious and complex condition that is a risk factor for developing NASH/MASH.

While we applaud the State of New York for providing access to medication treatment for obesity to NY state employees, we are concerned that the population currently lacking access to the full array of obesity treatments is the state's Medicaid population. The disparity in coverage is stark and contrary to the state's goals for health equity. New York's disparate treatment of patients served by Medicaid only serves to entrench bias and stigma associated with a condition that is recognized by experts to be a chronic disease – yet is treated by New York's Medicaid program unlike any other chronic disease by refusing access to care. The science does not support New York's current position. Addressing obesity is widely understood to have preventive benefits for fatty liver disease, cardiovascular disease, diabetes, etc. Prevention not only saves live but would save money and hardship by addressing the personal and financial burden of obesity and related diseases and

<sup>&</sup>lt;sup>1</sup> https://aasldpubs.onlinelibrary.wiley.com/doi/10.1002/hep.28431

<sup>&</sup>lt;sup>2</sup> https://www.worldobesityday.org

conditions for so many people and families.

Therefore, we strongly support legislation explicitly providing comprehensive coverage for treatment of obesity, including coverage for prevention and wellness, nutrition counseling, intensive behavioral therapy, bariatric surgery, and FDA-approved anti-obesity medication. By passing this legislation, New York will no longer approach the conversation of how to cover new treatments for obesity through the lens of stigma and bias, and instead approach coverage as it would any other treatable chronic disease affecting millions of Americans.

Please reach out to Jeff McIntyre, GLI Vice President for Liver Health Programs, for additional information at jmcintyre@globalliver.org.

Sincerely,

& Cuyel

Donna R. Cryer, JD President & CEO Global Liver Institute

CC:

Sen. Jacob Ashby Sen. Samra G. Brouk Sen. Simcha Felder Sen. Brad Holyman- Sigal Sen. John W. Mannion Sen. Jack M. Martins Sen. Rachel May Sen. Zellnor Myrie Sen. Zellnor Myrie Sen. Steven D. Rhoads Sen. Julia Salazar Sen. Daniel G. Stec Sen. Kevin Thomas Sen. Lea Webb

## About Global Liver Institute

Global Liver Institute (GLI) was built to solve the problems that matter to liver patients, equipping advocates to improve the lives of individuals and families impacted by liver disease. GLI promotes innovation, encourages collaboration, and supports the scaling of optimal approaches to help eradicate liver diseases. GLI believes liver health must take its place on the global public health agenda commensurate with the prevalence and impact of liver illness. GLI is the only patient-created, patient-driven nonprofit organization tackling liver health and all liver disease holistically, operating globally. Follow GLI on Facebook, Instagram, LinkedIn, and YouTube.

