

November 14, 2023

The Honorable Cathy McMorris Rodgers
Chair
House Committee on Energy and Commerce
United States House of Representatives

The Honorable Frank Pallone, Jr.
Ranking Member
House Committee on Energy and Commerce
United States House of Representatives

The Honorable Jason Smith
Chair
House Ways and Means Committee
United States House of Representatives

The Honorable Richard Neal
Ranking Member
House Ways and Means Committee
United States House of Representatives

Dear Chair McMorris Rodgers, Ranking Member Pallone, Chair Smith and Ranking Member Neal:

The undersigned organizations write today to raise awareness and initiate a call for action to address an urgent health epidemic: the growing number of people living with obesity who lack access to comprehensive evidence-based care. Obesity is a treatable chronic disease that plays a major factor in many other conditions such as type 2 diabetes, hypertension, heart disease, fatty liver disease, kidney disease, lipid disorders, certain cancers, sleep apnea, arthritis, and mental illness. The treatment of obesity requires a comprehensive approach, which is why we are calling on Congress to support passage of S 2407/HR 4818, the Treat and Reduce Obesity Act (TROA) of 2023.

TROA is legislation designed to effectively treat and reduce the harmful impact of obesity in older Americans by enhancing Medicare beneficiaries' access to providers that are best suited to administer intensive behavioral therapy (IBT) under Medicare Part B and providing Medicare Part D coverage for Food and Drug Administration (FDA) approved anti-obesity medications (AOMs).

The obesity epidemic has had a negative impact on our nation's health and economy. Among older adults (aged 60+), the prevalence of obesity is 42.8%, similar to the level among younger and middle-aged adults. The prevalence of severe obesity among those aged 60+ is 5.8%. More than 20% of the population will be 65 years of age or older by 2030, up from 15% today, highlighting the importance of addressing obesity among older Americans. Obesity is a progressive disease, and without treatment Medicare beneficiaries with overweight or obesity risk further health deterioration and an increased likelihood in the onset of related comorbid conditions including obesity-related cancers, diabetes, and end stage renal disease. Additionally, people with severe obesity have a 48% higher risk of physical injury including falls which lead to higher costs and mortality rates. Congress must take steps to address this crisis now.

The United States Preventive Services Task Force identifies a wide range of providers as effective for delivery of IBT, the cornerstone of therapy, however, Medicare restricts coverage of IBT to primary care practitioners delivering services in primary care clinics. These restrictions leave many Medicare beneficiaries without access to IBT services. Further, any qualified providers, such as registered dietitians, clinical psychologists, and specialty physicians, as well as community-based organizations providing evidence-based health interventions, are unable to deliver this important and effective intensive lifestyle intervention to the growing number of beneficiaries living with obesity.

In addition to facing this access barrier, Medicare beneficiaries do not have access to all evidence-based treatments for obesity, including AOMs. The 2003 legislation that established Medicare Part D excluded coverage of "weight loss" medications. Obesity is a cardio-metabolic disease that causes the body to inappropriately store fat. Obesity intervention and treatment focuses on addressing the

cardiometabolic dysfunctions rather than focusing on “cosmetic weight loss.” The scientific evidence of effective weight management for a myriad of comorbid conditions and diseases is well documented. Medicare’s current categorization and restriction is outdated. It does not align with current medical evidence, standards of care or the understanding of the disease. Today, Medicare Part D is a major barrier for older and disabled Americans, and some dual eligible beneficiaries, to receiving medically necessary, safe, and effective FDA-approved pharmacotherapy to treat obesity.

Changing Medicare Obesity Care Coverage Can Benefit Everyone

Securing Medicare coverage for evidence-based therapy, behavioral therapy, surgical intervention, or medication, can have a significant ripple effect on coverage of this service in private health plans and other public programs across the country. Medicare’s National Coverage Decision in favor of metabolic and bariatric surgery for Medicare beneficiaries in 2006 was the major catalyst behind expanded coverage – with nearly all state employee health plans and Medicaid programs now covering it.

Today, many of these same plans refuse to cover AOMs – often citing the Medicare Part D prohibition of coverage for “weight loss” medications. While federal employees, veterans and members of the military have access to FDA-approved obesity medications under publicly funded insurance plans, millions of taxpayers are denied coverage for the same treatments because of Medicare’s outdated policies.

We urge Congress to pass TROA to allow Medicare to offer comprehensive obesity care for the millions of Americans who need these services and treatments. The downstream effect of doing so will also help to improve the health of individuals before they enter the Medicare program, thereby supporting better health for future beneficiaries.

Health Equity Benefits of Treating Obesity

Obesity disproportionately impacts communities of color that already face systemic inequities in life and health care. Addressing obesity must be part of our response on health equity issues. Racial and ethnic minorities experience disproportionately poorer health outcomes for infectious and chronic diseases. Race and ethnicity affect both obesity prevalence and obesity treatment outcomes.

American Indians, Black Americans, Hispanic Americans, and Asian Americans are all more likely than white Americans to live with diabetes. Additionally, Black women live with obesity at higher rates than any demographic group—approximately 4 out of 5 live with overweight or obesity. In pediatric and adult female populations, Black and Hispanic Americans live with obesity at higher rates than white Americans. Both Latino adults and children live with obesity at higher rates than other demographic groups. When sex is considered, Black women live with obesity at the highest rates, followed by Latina women. Disparities exist not only in obesity prevalence, but also in obesity treatment outcomes focused solely on lifestyle interventions, which have been shown to be less effective for racial and ethnic minorities. These disparities are not limited to infectious diseases; racial minorities experience higher rates of chronic diseases, death, and disability compared with white Americans.

The COVID-19 public health emergency further exposed the significant health disparities that exist in this country. These disparities, including higher rates of serious disease and death due to COVID-19 in communities of color, are made significantly worse by the obesity crisis. For example, A Centers for Disease Control and Prevention (CDC) report puts it into stark terms: 78% of people hospitalized with COVID-19 had either overweight or obesity. Research has shown a linear link between obesity and risk for hospitalization, ICU admission, and death from COVID-19. Yet, outdated Medicare coverage

criteria and benefits continue to perpetuate harmful inequities and deny health improvements to millions of older Americans – many of whom are people of color.

Economic Benefits of Treating Obesity

A recent University of Southern California Schaeffer Center study on the “[Benefits of Medicare Coverage for Weight Loss Drugs](#)” estimated the benefits of treating Americans living with obesity and the cost-offsets that Medicare and society could accrue if laws were changed to allow Medicare to cover AOMs. The study found that coverage for new obesity treatments could generate approximately \$175 billion in cost offsets to Medicare in the first 10 years alone. By 30 years, cost offsets to Medicare could increase to \$700 billion. The positive impacts extend beyond Medicare – with society possibly reaping as much as \$100 billion per year (or \$1 trillion over 10 years) of social benefit in the form of reduced healthcare spending and improvements in quality of life from reduced disability and pain if all eligible Americans were treated.

National Security Benefits of Treating Obesity

The Council for a Strong America’s Mission Readiness initiative is on record stating that “obesity poses a threat not only to our nation’s health, but to our national security.” In addition, a recent report from the American Security Project entitled “Combating Military Obesity: Stigma’s Persistent Impact on Military Readiness,” found that more than two-thirds of active-duty service members are affected by overweight or obesity, contributing to rising comorbid medical diagnoses and discharges among active-duty soldiers and veterans. This crisis has significantly increased risks of injury, attrition, and long-term adverse health effects in soldiers and veterans, with obesity-related healthcare spending by the Department of Defense exceeding \$1.5 billion annually. Removing the Medicare Part D exclusion on AOMs would encourage other plans such as Medicaid and ACA state health exchanges to provide comprehensive obesity treatment to low-income families and youth, many of whom comprise the majority of our nation’s military.

We urge Congress to take action now to provide access to the full continuum of care for obesity, including access to lifesaving FDA-approved anti-obesity medications and intensive behavioral therapy. The bipartisan TROA (S 2407/HR 4818), championed by Senators Carper and Cassidy and Representatives Wenstrup, Ruiz, Miller-Meeks and Moore, would make these changes and ensure Medicare coverage policies reflect current guidelines and standards of care.

We recognize the extraordinary work that lies ahead and believe an important first step is to ensure that our laws and regulations are driven by science. Updating Medicare’s coverage is critical for both older Americans and our country. To that end, we call on Congress to immediately pass TROA. Doing so would provide the full continuum of care and relief for the many older Americans living with obesity, making their lives safer and healthier.

Please pass this important legislation to improve and save American lives—now and into the future.

Sincerely,

Academy of Nutrition and Dietetics
Alabama ASMBS State Chapter
Alliance for Patient Access
Alliance for Women's Health and Prevention
American Academy of Physician Associates
American Association of Clinical Endocrinology

American College of Gastroenterology
American College of Occupational and Environmental Medicine
American Council on Exercise
American Diabetes Association
American Gastroenterological Association
American Institute for Cancer Research
American Medical Women's Association
American Psychological Association Services, Inc.
American Society for Gastrointestinal Endoscopy
American Society for Nutrition
Arizona ASMBS State Chapter
Association for American Cancer Institutes
American Society for Metabolic and Bariatric Surgery
Association of Black Cardiologists
Association of Diabetes Care & Education Specialists
Boehringer Ingelheim Pharmaceuticals, Inc.
California Academy of Nutrition and Dietetics
California Podiatric Medical Association
California/Nevada ASMBS State Chapters
Carolinas (NC/SC) ASMBS State Chapters
Center for Patient Advocacy Leaders
Colorado Academy of Nutrition and Dietetics
Colorado ASMBS State Chapter
Connecticut ASMBS State Chapter
Currax Pharmaceuticals
Dakota Yellowstone (ID, MT, SD, ND, WY) ASMBS State Chapter
Delaware ASMBS State Chapter
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Digestive Disease National Coalition
Digestive Health Physicians Association
Eli Lilly and Company
Endocrine Society
Florida, Puerto Rico & Caribbean ASMBS State Chapters
Georgia ASMBS State Chapter
Gerontological Society of America
Global Liver Institute
Hawaii ASMBS State Chapter
Health Equity Coalition for Chronic Diseases
Healthcare Leadership Council
Illinois ASMBS State Chapter
Indiana ASMBS State Chapter
Iowa ASMBS State Chapter
Kansas ASMBS State Chapter
Liver Coalition of San Diego
Looms For Lupus
Louisiana ASMBS State Chapter
Lupus Foundation of America
Maryland ASMBS State Chapter
Michigan Academy of Nutrition and Dietetics
Michigan ASMBS State Chapter
Minnesota ASMBS State Chapter

Mississippi ASMBS State Chapter
Missouri ASMBS State Chapter
National Alliance of Healthcare Purchaser Coalitions
National Consumers League
National Health Council
National Hispanic Medical Association
National Kidney Foundation
Nebraska ASMBS State Chapter
New England (ME, NH, MA, RI, VT) ASMBS State Chapter
New Jersey ASMBS State Chapter
New York ASMBS State Chapter
Novo Nordisk
Obesity Action Coalition
Obesity Canada
Obesity Medicine Association
OCEANS Lifestyles Inc.
Ohio/Kentucky ASMBS State Chapters
Oklahoma/Arkansas ASMBS State Chapters
Oregon ASMBS State Chapter
Partnership to Advance Cardiovascular Health
PAs in Obesity Medicine
Pennsylvania ASMBS State Chapter
Preventive Cardiovascular Nurses Association
Redstone Global Center for Prevention and Wellness
Ro
Society for Women's Health Research
Society of Behavioral Medicine
South Carolina Academy of Nutrition and Dietetics
Southern Nutrition Services
Tennessee ASMBS State Chapter
Texas ASMBS State Chapter
The National Council on Aging
The Obesity Society
VIC- Valley InterCommunity Council
Virginias (WV/VA) ASMBS State Chapter
Washington ASMBS State Chapter
WeightWatchers
Wisconsin Academy of Nutrition & Dietetics
Wisconsin ASMBS State Chapter
YMCA of the USA