

Statement on the need for the CMS Rule on Coverage of Obesity Medications

We, the undersigned organizations, are enthusiastically supportive of the proposed rule by the Centers for Medicare & Medicaid Services (CMS) to align coverage policy to reflect the prevailing medical consensus that obesity is a chronic disease. We urge the incoming administration to finalize this policy through the rulemaking process. By extending access to obesity medications for people living with obesity who lack access to comprehensive evidence-based care in Medicare and Medicaid, the proposed CMS rule would address an urgent health crisis and leading contributor to the “Unhealth” of Americans. If action is not taken, the total number of adults with overweight or obesity will reach 213 million. To achieve making America healthier, obesity must be addressed, treated and managed effectively.

Medicare Part D’s prohibition of coverage for “weight loss” medications is a major barrier for older Americans and those living with disabilities, and many dual eligible beneficiaries, to receiving medically necessary, safe, and effective FDA-approved pharmacotherapy to treat obesity. Medicare’s current categorization and restriction is outdated.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.

The CMS proposed rule would require coverage for obesity medications under Medicare and Medicaid by acknowledging obesity as a chronic condition. **We wholeheartedly agree with the rule’s proposal to reinterpret these medications for the treatment of obesity, that would provide coverage under Medicare and Medicaid.**

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 including administering intensive behavioral therapy (IBT) and bariatric surgery under Medicare Part B and providing Medicare Part D coverage for Food and Drug Administration (FDA) approved obesity medications.

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 percent, similar to the level among younger and middle-aged adults. More than 20 percent of the population will be 65 years of age or older by 2030, up from 15 percent today, highlighting the importance of addressing obesity among older Americans. Among Medicaid beneficiaries, the prevalence of obesity is 38 percent, while the prevalence of overweight and obesity is 70 percent among Medicaid adults.

Without treatment Medicare and Medicaid beneficiaries with obesity risk further health deterioration and an increased likelihood in the onset of complications including obesity-related cancers, type 2 diabetes, and end stage renal disease. Additionally, people with

severe obesity have a 48 percent higher risk of physical injury including falls which lead to higher costs and mortality rates.

The new administration must take action to address this crisis, by allowing Medicare and Medicaid to offer comprehensive obesity care for the millions of Americans who need these services and treatments. This action would improve the health of individuals before they enter the Medicare program, thereby supporting better health and reducing long-term costs.

A Philip Randolph Institute
Academy of Nutrition and Dietetics
Alliance for Aging Research
Alliance for Patient Access
Alliance for Women's Health and Prevention
American Academy of Physician Associates
American Association of Clinical Endocrinology
American College of Occupational and Environmental Medicine
American Diabetes Association
American Gastroenterological Association
American Kidney Fund
American Liver Foundation
American Medical Women's Association
American Psychological Association Services
American Society for Metabolic and Bariatric Surgery
American Society for Nutrition
Association of Diabetes Care & Education Specialists
Bone Health & Osteoporosis Foundation
California Black Health Network
California Chronic Care Coalition
CancerCare
Caregiver Action Network
Center for Patient Advocacy Leaders (CPALs)
Choose Healthy Life
Chronic Care Policy Alliance
Color of Gastrointestinal Illnesses
ConscienHealth
Crohn's & Colitis Foundation
DCM Foundation
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Endocrine Society
Fatty Liver Foundation
Gerontological Society of America
Global Liver Institute
HealthyWomen
ICAN, International Cancer Advocacy Network

League of United Latin American Citizens (LULAC)
Liver Coalition of San Diego
Looms For Lupus
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
MacDonald Center for Nutrition Education and Research
MANA, A National Latina Organization
Michigan Academy of Nutrition and Dietetics
Missouri Chapter of the American Academy of Pediatrics
Missouri Psychological Association
Movement is Life
National Alliance for Caregiving
National Asian Pacific Center on Aging (NAPCA)
National Association of Hispanic Nurses
National Black Nurses Association, Inc
National Caucus and Center on Black Aging
National Consumers League
National Council on Aging
National Hispanic Council on Aging
National Hispanic Health Foundation
National Hispanic Medical Association
National Kidney Foundation
National Psoriasis Foundation
Nevada Chronic Care Collaborative
Obesity Action Coalition
Obesity Care Advocacy Network
Obesity Medicine Association
PAs in Obesity Medicine
RetireSafe
Society for Women's Health Research
Society of Behavioral Medicine
STOP Obesity Alliance
The American Society for Preventive Cardiology
The Mended Hearts, Inc.
The Obesity Society
WomenHeart
YMCA of the USA