OBESITY CARE ADVOCACY NETWORK

January 23, 2025

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4208-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: File code CMS-4208-P, the Proposed Rule on Medicare and Medicaid Programs: Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly

Dear Administrator,

The Obesity Care Advocacy Network (OCAN) enthusiastically supports the Centers for Medicare & Medicaid Services (CMS) proposed rule – Section 4. Part D Coverage of Anti-Obesity Medications (§ 423.100) and Application to the Medicaid Program to align coverage policy to reflect the prevailing medical consensus that obesity is a chronic disease. We urge the Trump Administration to finalize this policy through the rulemaking process. By extending access to Food & Drug Administration (FDA) approved-obesity medications for people living with obesity who lack access to comprehensive evidence-based care in Medicare and Medicaid, this coverage policy will be key to making America healthy again and addressing the nation's chronic disease crisis.

Founded in 2015, OCAN is a diverse group of organizations focused on changing how we perceive and approach obesity in the United States. OCAN works to increase access to evidence-based obesity treatments by uniting key stakeholders and the broader obesity community around significant education, policy and legislative efforts. We aim to fundamentally change how the U.S. healthcare system treats obesity, and to shift the cultural mindset on obesity so that policymakers and the public address obesity as a serious chronic disease.

Medicare Part D's current interpretation of the prohibition of coverage for "weight loss" medications is not aligned with current medical evidence, standards of care, or the scientific understanding of obesity, which clearly categorize obesity as a complex, chronic, relapsing and treatable disease and view obesity medications as systemic treatments for the disease of obesity, not merely agents for "weight loss." We are pleased that the Part D proposed modifications align with medical consensus and properly define obesity as a disease – therefore rendering treatment of obesity as a medically necessary service under Medicare. This decision removes a major barrier to treatment of obesity for older adults and Americans living with

disabilities, and many dual eligible beneficiaries. It allows for coverage of medically necessary, safe, and effective avenues to treat obesity–including FDA-approved pharmacotherapy.

According to a study published in The Lancet, 213 million American adults are expected to have overweight or obesity by 2050 in the absence of any major public health and medical care policy changes. To make America healthy again, obesity must be addressed, treated, and managed effectively. Finalizing this policy will be a critical step toward achieving this goal.

Treating Obesity is Key to Making America Healthy Again

Obesity is a treatable chronic disease that is the primary driver of 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. It will not be possible to substantially prevent, reverse, or treat many of these other chronic conditions without comprehensively treating underlying obesity.

Professional standards of care, based on medical evidence, detail a comprehensive, and effective, approach to care – one that includes nutrition, activity, and personal support commonly referred to as, "intensive behavioral therapy" (IBT), FDA-approved obesity medications, and metabolic and bariatric surgery. Clinicians and patients should work together to determine the best treatment options based on the patient's health status and specific care needs.

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 and is expected to increase.

Without treatment, Medicare and Medicaid beneficiaries with obesity risk further health deterioration and an increased likelihood in the onset of obesity-related complications including 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.

Older Americans Overwhelmingly Support Comprehensive Obesity Care

In addition, the proposed rule aligns with the opinions expressed by advocates and older adults in a 2024 online survey conducted by the National Council on Aging (NCOA). In a sample taken from 13,100 Americans who wrote letters to Congress urging the passage of the Treat to Reduce Obesity Act (TROA), 73% believe that Medicare Part D coverage of obesity medications is a starting point for breaking down barriers to comprehensive obesity care. Another 93% are supportive of continued efforts to improve access to treatment.

Changing Medicare Obesity Care Coverage Can Benefit Everyone

Securing Medicare coverage for FDA-approved obesity medications fills the detrimental gap in care options that exists today between IBT and surgical interventions. Finalizing the proposed rule will have a significant and beneficial ripple effect on advancing access to comprehensive

coverage of obesity in private health plans and other public programs across the country. For example, 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. Similar improvements in private sector coverage were seen in the early 2000s after Medicare began covering medical nutrition therapy for diabetes and kidney disease. And in just the last two years, we have seen dozens of state Medicaid programs improve their coverage of continuous glucose monitors after Medicare broadened their coverage criteria for these devices.

Today, many of these same plans still refuse to cover obesity medications – often citing the Medicare Part D prohibition of coverage for "weight loss" medications. Despite Medicare coverage decisions not being intended as guidance for private plans (other than Medicare Advantage), many plans nonetheless use Medicare as a benchmark for coverage. 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.

Economic Benefits of Treating Obesity

A University of Southern California Schaeffer Center study (2023) 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 obesity medications. 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 would 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.

Another recent study, which was authored by Dr. Ken Thorpe, entitled "Estimated Reduction in Health Care Spending Associated with Weight Loss Among Adults," highlights the potential savings resulting from a 5-25 percent weight loss by adults with obesity, including savings by improvement in comorbid conditions, represented by reduced health care spending among U.S. adults with employer-sponsored insurance or Medicare. That study found that, in 2023, obesity cost employers and employees $400 billion, with health care costs accounting for less than half that total. In terms of Medicare, 5 percent weight loss was associated with a spending reduction of $1,262 (7 percent) per person annually, and a 25% weight loss was associated with a reduction of $5,442 (31percent) per person annually. The study also highlighted those persons with higher BMI and a 25% weight reduction resulting from the treatment of their obesity resulted in a mean reduction in spending of 38% or $9557.

National Security Benefits of Treating Obesity

Treating obesity would also benefit national security efforts. 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. The obesity epidemic has also had a major impact on military recruitment. According to the CDC, only 2 in 5 young adults (aged 17-24) are weight-eligible and adequately active to serve in our military.

Coverage for obesity medications under Medicaid would provide access to lower-income adolescents and young adults, many of whom could be future members of our nation's military. And as discussed above, covering obesity medications under Medicare Part D is anticipated to result in private plans also improving their coverage of comprehensive obesity treatments, meaning future service members of all economic backgrounds will have this access to care.

Benefits for Rural Americans

According to a 2024 Fact Sheet from the HHS Office of the Assistant Secretary for Planning and Evaluation regarding Projected Impacts of the Inflation Reduction Act for Rural Medicare Enrollees, individuals of all ages living in rural areas have disproportionately higher rates of adverse health-related outcomes relative to non-rural peers.

Across the U.S. population, age adjusted morbidity rates for heart disease, stroke, cancer, and chronic lower respiratory disease are higher for people residing in rural areas vs non-rural areas. Rural Americans overall have an 8 percent higher rate of all-cancer mortality than their urban counterparts as well as a 16 percent higher prevalence of type 2 diabetes and 20 percent higher type 2 diabetes related mortality. The gap in mortality rates between rural and urban Americans has grown substantially over time, with life expectancy declining for both men and women between 2010-2019 in rural counties. By contrast, urban life expectancy made modest increases over the same time-period.

Many of the health disparities between rural and urban individuals also hold true for urban and rural Medicare enrollees. As of 2022, more than 8 million Medicare enrollees with Part D prescription drug coverage reside in rural areas. These beneficiaries have disproportionately higher rates of certain health conditions relative to their urban peers, including higher rates of heart disease, stroke, cancer, and chronic lower respiratory disease. They also report greater health care cost related problems and difficulty affording prescription drugs and have a 40 percent higher preventable hospitalization rate and a 23 percent higher mortality rate compared to those living in urban areas.

Coverage of obesity medications in Medicare and Medicaid and expanding access to the full continuum of care for obesity in rural areas is an essential starting point to better health for communities as well as individuals.

Time to Update CMS Policy to Align with Science

We recognize the extraordinary work that lies ahead and believe that Section 4 of this proposed rule is an important first step to ensure that Medicare and Medicaid coverage decisions do not arbitrarily deny access to care. Updating Medicare and Medicaid's obesity medication coverage is critical for both older Americans and our country. 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 dual approach would help directly treat obesity among older adults and would improve the health of younger

Americans before they enter the Medicare program, thereby supporting reducing long-term costs. This action is an imperative toward making American healthier again.

Sincerely,

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