Right2ObesityCare
1701 K Street, NW, Suite 1200
Washington, DC 20006

January 27, 2025

Centers for Medicare & Medicaid Services
Attention: CMS-4208-P
Mail Stop: C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: 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

Comments specific to Part D Coverage of Anti-Obesity Medications (§ 423.100) and Application to the Medicaid Program

To Whom It May Concern:

We, the undersigned endorsing organizations of the Obesity Bill of Rights (OBOR) led by the National Consumers League (NCL) and the National Council on Aging (NCOA) strongly support 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 yet treatable disease. The OBOR envisions a future where more than 100 million adults in the United States will lead healthier lives because they have these eight essential rights to be diagnosed, counseled, and treated for their obesity according to medical guidelines.

Obesity has incredibly adverse impacts on overall health and exacerbates other diseases, including diabetes, hypertension, cardiovascular disease, Alzheimer's disease and related dementias, osteoarthritis, and several cancers. Extending access to Food and Drug Administration (FDA)-approved obesity medications is a meaningful step towards providing evidence-based comprehensive obesity care to people in Medicare and Medicaid who are living with obesity. Obesity medications are important components in the treatment toolbox which include intensive behavioral therapy; nutrition; physical activity; and bariatric surgery.

Obesity has become an epidemic in the United States, where adult obesity rates have more than doubled to over 40% of Americans. Excess weight causes over 500,000 deaths in the nation each year. Obesity and related chronic illnesses led to more than $480 billion in direct health care costs and $1.24 trillion in indirect work-related costs due to absenteeism and disability from 2010-2017. What's more, obesity has a significant impact on communities of color and women. Nearly half of Black people and over 44% of

Latinos have the disease. It is also associated with health complications that specifically affect women, such as breast and ovarian cancers. About 18 million older adults living with obesity—particularly those in underserved communities—are at risk due to lack of coverage of obesity medications under Medicare Part D.

Since 2023, NCL, NCOA, and obesity experts have met with CMS officials and members of the Domestic Policy Council on multiple occasions to discuss the urgency of acknowledging obesity as a chronic disease and reinterpret the policy on obesity medications for its treatment. Concurrently, in town hall after town hall convened across the United States, NCL and NCOA have listened to the voices of over hundreds of older adults, health care providers, and advocates who have expressed the need for comprehensive obesity care. Their collective action has resulted in the OBOR, which includes the right to coverage for obesity treatment. Finalizing the CMS policy through the rulemaking process will help codify the principles outlined in the OBOR as the standard of care for all Americans living with obesity.

Furthermore, the proposed rule aligns with the opinions expressed by advocates and older adults in a 2024 online survey conducted by 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.

In closing, we urge CMS to finalize this policy to allow Medicare and Medicaid to offer comprehensive obesity care for the millions of Americans who need these services and treatments. Medicare's current exclusion of coverage means patients enrolled in other forms of insurance such as other federal health programs and the employer market lose their coverage upon joining Medicare. It is time for Medicare Part D to align with the broader healthcare market. This action would improve the health of individuals before they enter the Medicare program, thereby supporting better health and reducing long-term costs.

Sincerely,

Academy of Nutrition and Dietetics

Alliance for Aging Research

Alliance for Patient Access

Alliance for Women's Health and Prevention

American Association of Clinical Endocrinology

American Gastroenterological Association

American Liver Foundation

American Medical Women's Association

American Society on Aging

Center for Patient Advocacy Leaders (CPALs)

Choose Healthy Life

Defeat Malnutrition Today

Gerontological Society of America

HealthyWomen

League of United Latin American Citizens (LULAC)

Liver Coalition of San Diego

Lupus Foundation of America

Movement is Life

National Asian Pacific Center on Aging (NAPCA)

The National Association of Nurse Practitioners in Women's Health (NPWH)

National Association of Nutrition and Aging Services Programs (NANASP)

National Consumers League

National Council on Aging

National Grange

National Hispanic Council on Aging

National Menopause Foundation

National Minority Quality Forum

Obesity Care Advocacy Network

Obesity Medicine Association

The Obesity Society

Patients Rising

Preventive Cardiovascular Nurses Association

WeightWatchers

WomenHeart