

Congress of the United States

Washington, DC 20510

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

November 2, 2021

Administrator Brooks-LaSure:

As the sponsors of the Treat and Reduce Obesity Act (H.R. 1577/S. 596), we write to urge you to use your regulatory authority to give seniors access to Food & Drug Administration (FDA) approved anti-obesity medications (AOMs) and to improve access to Intensive Behavioral Therapy (IBT) for obesity. We are hopeful that CMS will not only recognize the devastating impact that COVID-19 is having on the health outcomes of so many Americans living with obesity, but also the disproportionate toll obesity is having on communities of color. As such, we hope that CMS will use its resources to update Medicare's coverage policies to provide comprehensive coverage for effective therapies to treat obesity.

The COVID-19 pandemic has had a disproportionate impact on Americans living with obesity. A recent report from the CDC revealed that a shocking 78 percent of COVID-19 patients who were hospitalized, required a ventilator, or died from COVID-19 were individuals living with obesity or overweight.¹ Similarly, a meta-analysis of peer-reviewed papers covering 399,000 patients found that people with obesity who contracted COVID-19 were 113 percent more likely than people without obesity to be admitted to the hospital, 74 percent more likely to end up in the ICU, and 48 percent more likely to die.²

Even more concerning is the disproportionate impact that obesity is having on communities of color. Black adults have the highest prevalence of obesity in the U.S. at 49.6 percent, followed by Hispanic adults at 44.8 percent.³ Further, Black women have the highest rates of obesity among any demographic group.⁴ This trend is expected to worsen in the coming years—"severe obesity" is projected to become the most common Body Mass Index (BMI) category among non-Hispanic Black adults (31.7%) by 2030.⁵ Higher obesity prevalence not only increases risk from COVID-19, but also contributes to higher prevalence of other chronic diseases among communities of color.

Obesity is a serious chronic disease caused by multiple biological, genetic, and behavioral factors. It is also associated with nearly \$1,900 in excess annual medical costs per person (amounting to over \$170 billion in excess medical costs per year), with the highest costs occurring for adults between ages 60-70.⁶ It is essential that treatment is comprehensive and people with obesity have access to a full continuum of care. We now know that effective treatment of obesity must address the biological processes that cause the disease as well as the behavioral contributors.

We introduced TROA to address the growing burden of obesity among seniors by updating Medicare Part D coverage of FDA-approved treatments and improving Medicare Part B coverage for Intensive Behavioral Therapy to treat obesity. Since Medicare Part D was enacted in 2003, CMS has excluded coverage for prescription weight loss drugs to treat obesity. However, our scientific understanding of obesity and the therapies available to treat this disease have improved substantially. CMS has used its administrative authority in the past to allow coverage for treatments for AIDS wasting and cachexia, vitamin D, and cough medications when indicated for a medical condition, and it is urgent that the agency do the same here to ensure that millions of seniors can access medically necessary treatment for obesity.

¹ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm>

² <https://doi.org/10.1111/obr.13128>

³ [https://www.cdc.gov/obesity/data/adult.html#:~:text=Obesity%20affects%20some%20groups%20more%20than%20others&text=Non%2DHispanic%20blacks%20\(49.6%25\),%2DHispanic%20Asians%20\(17.4%25\).](https://www.cdc.gov/obesity/data/adult.html#:~:text=Obesity%20affects%20some%20groups%20more%20than%20others&text=Non%2DHispanic%20blacks%20(49.6%25),%2DHispanic%20Asians%20(17.4%25).)

⁴ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=25>.

⁵ <https://www.nejm.org/doi/full/10.1056/NEJMsa1909301#:~:text=Our%20projections%20show%20that%20the,with%20large%20variation%20across%20states.>

⁶ <https://doi.org/10.1371/journal.pone.0247307>

At the same time, Medicare Part B places undue restrictions on intensive behavioral therapy by only allowing primary care providers to deliver this service and severely restricting the physical locations where this care can occur. It is critical that we update this policy to include the spectrum of medical practitioners that can provide this care, including obesity medicine specialists, registered dietitians, psychologists, and community-based programs. Medicare continues to limit access to intensive behavioral therapy despite the U.S. Preventive Services Task Force's (USPSTF) repeated recommendations to the contrary, and findings that referrals beyond the primary care setting for behavioral interventions are effective. In its 2018 Grade B recommendation USPSTF stated "clinicians offer or refer adults with a body mass index (BMI) of 30 or higher... to intensive, multicomponent behavioral interventions," which is a recommendation that USPSTF has been making in some form since 2003. We urge you to revisit the narrow interpretation advanced in the "2011 Intensive Behavioral Therapy for Obesity" coverage determination under Medicare Part B to ensure that all individuals living with obesity have access to the appropriate treatment.

116 bipartisan members of Congress are currently on record supporting the Treat and Reduce Obesity Act. The broad bipartisan support this bill has garnered is a strong signal that Congress supports these policies to improve Medicare coverage for obesity treatments.

We applaud CMS' leadership during this pandemic and your fight to address health inequities. We believe that updating Medicare's coverage policies for obesity treatment is critical to not only our continued response to COVID-19 and future public health emergencies, but also to addressing the critical issue of health disparities. Thank you for your attention to this matter.

Sincerely,



Ron Kind
Member of Congress



Thomas R. Carper
United States Senator



Tom Reed
Member of Congress



Bill Cassidy, M.D.
United States Senator



Raul Ruiz, M.D.
Member of Congress



Brad R. Wenstrup, D.P.M.
Member of Congress