

Administrator Mehmet Oz
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Administrator Oz:

We, the undersigned organizations, are writing to urge you to include access for Medicare recipients to evidence-based obesity treatments such as intensive behavioral therapy (IBT) and Food & Drug Administration (FDA) - approved obesity medications in an upcoming proposed rule. Doing so will enable the Medicare program to align with the prevailing medical consensus that obesity is a chronic disease.

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 IBT, FDA-approved obesity medications, and metabolic and bariatric surgery as determined by a health care professional.

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 Medicare's current interpretation and restriction is outdated. It does not reflect with current medical evidence, standards of care or the scientific understanding of the disease.

There is also evidence that IBT for obesity has numerous positive health improvements; however, the existing national coverage determination (NCD) for Medicare's IBT for obesity benefit does not align with current clinical guidelines and available scientific literature. Medicare limits IBT counseling to only a qualified primary care physician or other primary care practitioner in the primary care setting. These requirements severely limit access to these treatments for Medicare beneficiaries living with obesity.

Obesity is one of the leading contributors to preventable disease and rising healthcare costs in the U.S. As organizations committed to the expansion of coverage for comprehensive obesity treatment, we are also supportive of the reported Center for Medicare and Medicaid Innovation (CMMI) proposal to expand coverage to obesity medications under Medicare and Medicaid. We agree that expanding coverage through an innovation delivery model program could be a potential first step toward ensuring all

Americans have access to comprehensive obesity treatments including medications and intensive behavioral therapy. We hope CMS moves forward in this process and we look forward to providing feedback to ensure that all Americans receive life-changing treatment.

Without treatment, Medicare and Medicaid beneficiaries with obesity risk further health deterioration and a significantly 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 leads to higher costs and mortality rates.

In your new role as CMS Administrator, you have an opportunity to take action to address this crisis, by allowing Medicare to offer comprehensive obesity care for the millions of Americans who need these services and treatments.