



April 3, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services (HHS)
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Support for Centers for Medicare & Medicaid Services Coverage of Obesity Medications

Dear Secretary Kennedy,

We, the undersigned organizations, who together represent patients, healthcare providers, caregivers, and older Americans, write to express support for the Trump Administration's commitment to empowering patient choices and provider autonomy and taking steps to address the obesity epidemic.

We urge the Trump Administration's Centers for Medicare & Medicaid Services (CMS) to finalize coverage of obesity medications, as part of 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 (File code CMS-4208-P).

This action would be a tremendous step toward achieving your and the President's commitment to Make America Health Again (MAHA). Diseases associated with obesity, such as heart disease, stroke, type 2 diabetes and certain types of cancer, are the [leading causes of preventable death](#) in the U.S. By 2030, experts believe that [50%](#) of Americans will be living with obesity. Nearly [30%](#) of Americans aged 65 and older are living with obesity today. Beyond the profound health impacts that obesity has, [evidence](#) shows a strong correlation between body mass index (BMI) and U.S. health care expenditures, as well as the potential economic benefits of reducing the burden of obesity in America.

The current CMS interpretation of Medicare Part D coverage of obesity medications is prohibitive, citing an outdated federal statute that excludes "agents when used for anorexia, weight loss, or weight gain." This outdated CMS position stands in contrast to the significant scientific developments that have been made to treat and manage obesity. In fact, many federal agencies and states have joined the American Medical Association (AMA) in recognizing obesity as a complex disease and providing coverage for comprehensive obesity care and treatments.

Our organizations agree with CMS that there is strong medical consensus that obesity is a complex chronic disease. It is due time to advance a reinterpretation of coverage for obesity medications under Medicare Part D and Medicaid. We applaud CMS for updating the interpretation of the statutory exclusion in section 1927(d)(2)(A) - "agents when used for anorexia, weight loss, or weight gain" - to allow Part D coverage of obesity medications when used to treat obesity by reducing excess body weight or maintaining weight reduction long-term for individuals with obesity who do not have another condition for which the prescribed use is covered under the current Part D policy. We further applaud CMS for stating obesity is a chronic disease, emphasizing that patients will require ongoing therapy for effective treatment and therefore patients will need continuous coverage for proper treatment. Our organizations are in full alignment with CMS's reinterpretation and have advocated for such reform for many years.



Overwhelming Support for Coverage of Obesity Medications

We agree, healthcare should be patient-centered and should empower individuals to control their health care—related dollars and decisions. Reinterpreting coverage for obesity medications supports more patient choice and provider autonomy. The Obesity Care Advocacy Network (OCAN) recently conducted a national poll of Americans (n=2012),¹ which found overwhelming support for coverage of obesity medications.

- 75% of surveyed Americans believe that individuals struggling with obesity should have access to effective medical treatments, the same as those with other chronic conditions such as diabetes or heart disease.
- 78% of surveyed Americans consider the serious health risks associated with obesity, such as heart disease, type 2 diabetes, and certain cancers as important reasons for Medicare to cover medications proven to help people manage obesity and improve their overall health.
- 77% of surveyed Americans agree that providing access to obesity medications through government health programs could help reduce healthcare costs in the long run by preventing or delaying the onset of serious obesity-related complications.
- 71% of surveyed Americans support the Trump Administration finalizing the proposed rule that would expand Medicare coverage to include obesity treatments under the care of a healthcare provider, including prescription medications, for individuals who meet specific medical criteria.

Medicare Beneficiary Choice and Control of their Obesity Care

We agree with the need to increase Medicare beneficiaries' control of their health care, especially for obesity care and treatments. Patients and providers working together are best positioned to determine the value of health care services. Choice and control of obesity treatments are blocked by most insurance coverage policies. For example, Affordable Care Act (ACA) Marketplace Exchange plans rarely cover obesity medications, using blanket exclusionary policy.² Other coverage policy blockers exist in commercial and employer sponsored insurance, Veterans Administration health insurance, and military Tricare coverage. The CMS proposed rule is a remedy to the longstanding interpretation of Medicare Part D statute and some state Medicaid plans. Obesity is a complex chronic disease. Obesity should have coverage for treatments similar to other chronic diseases. Medicare beneficiaries should have choice in their treatments. Thus, it is imperative that CMS make a clear and strong reinterpretation of the Part D statute to provide coverage for obesity medications.

¹ OCAN Public Research, Obesity Care Advocacy Network, January, 2025. <https://obesitycareadvocacynetwork.com/news/the-will-of-the-people>

² Smith, T, Costly GLP-1 Drugs are Rarely Covered for Weight Loss by Marketplace Plans, Kaiser Family Foundation. 2024. <https://www.kff.org/affordable-care-act/press-release/costly-glp-1-drugs-are-rarely-covered-for-weight-loss-by-marketplace-plans/>



Support for CMS Coverage of Obesity Medications

Our organizations have advocated for many years for CMS to reinterpret the Part D exclusion of obesity medications. We agree that it is due time to update coverage of obesity medications under Medicare Part D and Medicaid. We applaud CMS for correcting the interpretation of the statutory exclusion at section 1927(d)(2)(A) - "agents when used for anorexia, weight loss, or weight gain" - to allow Part D coverage of obesity medications when used to treat obesity and overweight with one or more comorbid complications. We look forward to working with CMS to share evidence and experiences during the implementation period and evaluate the program going forward.

Sincerely,

Obesity Action Coalition (OAC)
Obesity Care Advocacy Network (OCAN)
Aimed Alliance
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 Services
American Society for Metabolic and Bariatric Surgery
Amputee Coalition
Association of Diabetes Care & Education Specialists
California Black Health Network
California Chronic Care Coalition
Caregiver Action Network
Caring Ambassadors Program
Center for Patient Advocacy Leaders (CPALs)
Chronic Care Policy Alliance
Color of Gastrointestinal Illnesses
Colorado Gynecologic Cancer Alliance
Colorado Obesity Society
Community Liver Alliance
ConscienHealth
Crohn's & Colitis Foundation
Defeat Malnutrition Today
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Digestive Disease National Coalition
Endocrine Society
Fatty Liver Foundation



Florida Obesity Society
Florida, Puerto Rico, and the Caribbean Chapter of the American Society for Metabolic and Bariatric Surgery
Gaining Health
Gerontological Society of America
Gibbons
Global Liver Institute
Health Equity Coalition for Chronic Disease
HealthyWomen
ICAN, International Cancer Advocacy Network
International Pain Foundation
League of United Latin American Citizens (LULAC)
Looms For Lupus
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
MANA, A National Latina Organization
Mid Mo Black Nurse Association
National Asian Pacific Center on Aging (NAPCA)
National Association of Hispanic Nurses (NAHN) Central Florida Chapter
National Association of Nutrition and Aging Services Programs (NANASP)
National Association of Social Workers
National Black Nurses Association, Inc
National Caucus and Center on Black Aging, Inc. (NCBA)
National Consumers League
National Council on Aging
National Forum for Heart Disease & Stroke Prevention
National Grange
National Health Council
National Hispanic Council on Aging
National Hispanic Health Foundation
NC Public Health Association
Obesity Medicine Association
Ohio Kentucky Chapter of the AMSBS
Orlando Health Bayfront Hospital
Preventive Cardiovascular Nurses Association
Raymond A. Wood Foundation
RetireSafe
San Antonio Obesity Society
STOP Obesity Alliance
The American Society for Preventive Cardiology
The Mended Hearts, Inc.
The Obesity Society
Tri-state Obesity Society
Weigh to Wellness Denver
WomenHeart: The National Coalition for Women with Heart Disease
YMCA of Pierce and Kitsap Counties