



MEDICARE MUST CATCH UP WITH THE SCIENCE ON OBESITY - INSIDE SOURCES

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In a time when scientific developments rapidly deepen our understanding of how to treat complex diseases, healthcare policies must keep pace. Obesity is a prime example of a complex disease at a turning point. Despite monumental advancements in medical science, Medicare policies do not cover comprehensive treatments for the millions of Americans living with obesity.

Outdated Centers for Medicare & Medicaid Services coverage restrictions ignore the substantial progress in obesity treatments that can reduce a person's risk for other health complications, including diabetes, hypertension and heart disease. It's beyond time that Medicare policy be updated to provide coverage for obesity medications and other effective treatment options for this chronic disease and the [41.9 percent](#) of Americans living with it.

Obesity and diabetes are closely linked. Obesity accounts for up to [53 percent of new cases](#) of type-2 diabetes. Characterized by the body's inability to use insulin well, people with type-2 diabetes often have increased blood glucose (blood sugar) levels, which can have serious health implications.

Preventing and managing obesity is crucial not only to reducing the risk of developing diabetes but also to avoiding other illnesses such as heart disease and hypertension. Healthcare providers can play a vital role in prevention strategies by offering regular screenings for obesity-related risks, providing education on the importance of healthy weight maintenance, and offering comprehensive treatment care plans that include a combination of obesity medications and intensive behavioral therapy.

The significant medical breakthroughs we are seeing in obesity care are changing the paradigm of how we treat and manage the condition and are empowering vulnerable populations who have long suffered inequities, stigma and barriers to effective care to manage their health. In recent years, we have witnessed groundbreaking innovations in obesity treatments, addressing health conditions and risks directly related to excess weight gain. These innovative medications have demonstrated profound efficacy and safety profiles of new-generation obesity medications.

These medications have been approved by the Food and Drug Administration for long-term use for chronic weight management or to reduce excess body weight and maintain weight reduction. In March 2024, the [FDA approved one such medication](#) to treat cardiovascular disease risks (heart attack, stroke and death) for adults with obesity and a history of cardiovascular disease, making it the first obesity

medication to obtain such approval. Nearly all FDA-approved obesity medications have been [shown to improve](#) glycemia in people with type-2 diabetes and delay progression to type-2 diabetes in at-risk individuals.

While our understanding of obesity and how to treat the disease has evolved to the benefit of affected populations, Medicare has failed to keep up with science and recognize that obesity is a chronic disease. CMS still prohibits Medicare prescription drug coverage of obesity medications, citing an outdated federal statute that excludes agents used for weight loss or weight gain. This paradigm is based on a prosaic understanding of the causes of obesity and a response to efforts to avoid providing access to weight-loss supplements for cosmetic purposes alone.

Additionally, the National Coverage Determination for intensive behavioral therapy for obesity is overly restrictive to the types of health professionals and settings of care, significantly limiting and even undermining patient access to comprehensive services. CMS's positions on obesity medications and intensive behavioral therapy are increasingly unjustifiable given the broad recognition of obesity as an independent, complex disease by [federal agencies](#), renowned scientific medical guidelines, and states that have already adopted policies to offer wider coverage for comprehensive obesity care and treatment.

The consequences of inadequate access to obesity care and treatment are profound. Diseases linked to obesity [are the primary causes of preventable deaths](#). By 2030, it is projected that [half](#) of the American population will live with obesity, which disproportionately affects vulnerable groups, including seniors and minority communities. Addressing obesity comprehensively and proactively can significantly reduce other healthcare costs, as demonstrated by a Veterans Health Administration [study](#) showing substantial medical care cost reductions from the use of obesity medications combined with lifestyle modification programs.

Earlier this year, the Obesity Action Coalition and American Diabetes Association joined [56](#) national organizations representing people with obesity, caregivers, seniors and other communities in calling on the administration to recognize obesity as a chronic disease and to expand coverage of comprehensive obesity treatment and care. Aligning Medicare policies with contemporary scientific understanding and public health imperatives will significantly enhance the quality of life for countless individuals and foster a healthier future for all.

In Congress, the House Ways & Means Committee took an initial step to address the obesity care and treatment gap for Medicare beneficiaries by passing an amended Treat and Reduce Obesity Act. We call on the House and Senate to find a path forward in 2024 to tackle the obesity epidemic for individuals on Medicare.