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Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4208-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

*Submitted electronically via Regulations.gov*

January 24, 2024

**RE: Medicare and Medicaid Programs: Contract Year 2026 Policy and Technical Changes to the Medicare Prescription Drug Benefit Program [CMS-4208-P]**

To Whom It May Concern,

We, the signatories below, appreciate the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule (CMS-4208-P) which would expand Medicaid and Medicare Part D to cover anti-obesity medications (AOMs) for people with the disease of obesity. We are writing today to express our strong support for this life-saving proposed rule.

The Medicare Modernization Act—which established the Medicare Part D program—prohibited Medicare from covering medications used “for anorexia, weight loss, or weight gain.” In the years since, the clinical understanding of the disease of obesity has drastically changed and it is no longer regarded as the result of lifestyle choices. In 2013, obesity was recognized as a chronic disease by the American Medical Association. However, despite this clinical designation as a disease and a growing obesity epidemic, our federal policies have been slow to change, leaving millions of Americans without treatment for this devastating disease.

Obesity is a chronic disease that impacts 42 percent of the US population. Current policies are deeply inequitable, impacting our most vulnerable—communities of color, particularly women of color, rural communities, and older Americans—at disproportionately high rates. Nearly half of Black and Latino adults suffer from obesity. In rural communities, obesity rates are 6 times higher than those in urban and suburban areas. Additionally, many of these individuals rely on Medicare and Medicaid, which means that current policy has prevented many of them from accessing standard-of-care

treatments for this disease. By changing this outdated policy, the proposed rule would have a positive impact on these individuals.

Current policy perversely incentivizes patients to get sicker, as Medicare beneficiaries cannot receive medications to treat their disease of obesity unless they develop type 2 diabetes or cardiovascular disease. Medical professionals have long understood that the disease of obesity is the underlying cause of many related conditions and increases the risk of type 2 diabetes, cardiovascular disease, hypertension, some cancers, and much more. By covering AOMs, CMS is saving lives and may even prevent Medicare beneficiaries from developing these associated risks.

We have long held that CMS has the regulatory authority to expand coverage of anti-obesity medications by using the same justification they used to include drugs for the treatment acquired immunodeficiency syndrome (AIDS) wasting and cachexia (73 FR 20490). We appreciate that CMS is using its authority to reconcile the current discrepancy for coverage of drugs prescribed for patients with a medically accepted indication (MAI) for weight gain and a MAI for weight loss and thereby bringing these two MAIs into alignment.

CMS' proposed rule is an important step forward for improving quality of care and overall health outcomes for all Medicare and Medicaid beneficiaries and reinforces that "obesity [is] a distinct disease". We agree that these FDA approved medications are incredibly effective and that Americans should not have to get sicker in order to access treatment. We echo the sentiment that health care providers need to use every tool in the toolbox and ensure that practitioners and patients alike have access to the clinical standard of care.

We ask that the Administration move swiftly to finalize and implement this rule and ensure that Medicare and Medicaid beneficiaries have access to the standard of care for the disease of obesity.

Sincerely,

Alliance for Patient Access

Alliance for Women's Health and Prevention

Council on Black Health

Health Equity Coalition for Chronic Disease

League of United Latin American Citizens (LULAC)

MANA, A National Latina Organization

National Action Network

National Association of Hispanic Nurses

National Hispanic Council on Aging

National Hispanic Health Foundation

National Minority Quality Forum

Obesity Care Advocacy Network