



January 27, 2025

Jeff Wu
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 212441

Dear Acting Administrator Wu,

Submitted via <https://www.regulations.gov/>

RE: 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

The MAPRx Coalition (MAPRx) appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments regarding the agency's proposed rule for contract year (CY) 2026 policy and technical changes to Medicare Advantage (MA) and Part D published December 10, 2024.¹ MAPRx, is a national coalition of beneficiary, caregiver, and healthcare professional organizations committed to improving access to prescription medications in Medicare Part D and safeguarding the well-being of Medicare beneficiaries with chronic diseases and disabilities.

Given our strong support for Medicare coverage of obesity care, we submit this comment letter solely focused on the CMS proposal to permit coverage of anti-obesity medications (AOMs) to treat obesity for select indications under the Medicare Part D program. In a separate letter, MAPRx has submitted comments on several other important provisions in the proposed rule.

MAPRx strongly supports CMS' proposal to permit coverage of AOMs to treat obesity for appropriate indications. Obesity is a disease that has adverse impacts on the overall health of Part D beneficiaries, and anti-obesity medications are a critical component of the continuum of obesity care. Medicare Part D's coverage exclusion of AOMs makes the program an outlier among payers across the healthcare system, especially among major federal health programs.

¹ CMS. 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. December 10, 2024. Accessed December 19, 2024. <https://www.federalregister.gov/d/2024-27939>

Obesity is an epidemic in the US; rates have tripled in the last 50 years.² Obesity is a major risk factor for a broad range of chronic diseases including diabetes, hypertension, cardiovascular disease, Alzheimer’s disease and related dementias, osteoarthritis, and several cancers.³ Older people are often impacted: approximately 43% of adults in the US aged 60+ between 2017-2018 were living with obesity.⁴ Furthermore, obesity comes with a steep financial and economic price: the total cost of chronic diseases due to obesity is estimated to be \$1.72 trillion—equivalent to 9.3% of the US gross domestic product.⁵ As a risk factor, obesity is by far the greatest contributor to the burden of chronic diseases in the US, accounting for 47.1% of the total cost of chronic diseases nationwide.

With the linkage of obesity to chronic, life-threatening diseases and the availability of multiple, safe anti-obesity treatments, we appreciate CMS’ recognition of AOMs as important therapies that treat this severe, chronic disease. Further, AOMs help manage associated conditions, beyond weight loss alone, to reduce overall morbidity and mortality.

Medicare Part D’s current coverage exclusion of AOMs makes Medicare an outlier among other federal health programs. Other federal programs have evolved obesity care coverage policies to reflect changes in our understanding of obesity as a disease and the role AOMs can play in improving health. While coverage varies, all other major federal programs recognize obesity as a chronic disease and the important role AOMs play in improving health, reducing disease, and increasing health equity. The following federal programs offer coverage of AOMs.

- Medicaid: More than 13 states provide Medicaid coverage for obesity treatments. We urge CMS to finalize the proposed policy for all Medicaid programs to cover AOMs.
- Veterans Affairs (VA): The VA’s Clinician’s Guide to Weight Management states that “Obesity is a chronic, complex disease requiring lifelong commitment to treatment and long-term maintenance.”⁶ Therefore, the agency supports long-term use of weight loss medications in individuals who are obese or overweight, as it “can improve blood pressure, dyslipidemia, glycemia, markers of inflammation, and insulin resistance.”
- TRICARE: Since 2017, TRICARE has covered AOMs, changing a longstanding policy that excluded coverage for obesity.⁷
- Federal Employees Health Benefits Program (FEHBP): In its 2023 call letter, FEHBP

² Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960–1962 through 2017–2018. NCHS Health E-Stats. Updated January 29, 2021. Accessed December 20, 2024. <https://www.cdc.gov/nchs/data/hestat/obesity-adult-17-18/obesity-adult.htm>

³ Hruby A, Hu FB. The Epidemiology of Obesity: A Big Picture. *Pharmacoeconomics*. 2015;33(7):673-89. Accessed December 20, 2024. doi:10.1007/s40273-014-0243-x

⁴ Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity and severe obesity among adults: United States, 2017–2018. NCHS Data Brief, no 360. National Center for Health Statistics. February 2020. Accessed December 2024. <https://www.cdc.gov/nchs/products/databriefs/db360.htm>

⁵ Waters H, Graf M. America’s obesity crisis: The health and economic costs of excess weight. Milken Institute. October 2018. Accessed December 20, 2024. https://milkeninstitute.org/sites/default/files/reports-pdf/Mi-Americas-Obesity-Crisis-WEB_2.pdf

⁶ Department of Veterans Affairs. A VA clinician’s guide to weight management. Jul. 2019. Accessed Jul. 7, 2022. https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/WM_Provider_WeightManagementProviderGuide_IB101158.pdf

⁷ . Military Officers Association of America. New weight loss drugs available to servicemembers, TRICARE beneficiaries. Nov. 6, 2018. Accessed Jul. 7, 2022. <https://www.moaa.org/content/publications-and-media/news-articles/2018-news-articles/new-weight-loss-drugs-available-to-servicemembers,-tricare-beneficiaries/>

reminded carriers of the Office of Personnel Management's (OPM) letter in 2014 clarifying "that it is not permissible to exclude weight loss drugs from FEHB coverage on the basis that obesity is a 'lifestyle' condition and not a medical one or that obesity treatment is 'cosmetic.'^{8,9}

We urge CMS to finalize the proposal and bring Medicare coverage in line with clinically accepted care guidelines and with coverage provided by other federal health programs. Given the impact of obesity and the availability of FDA-approved treatments, it is long overdue that Medicare Part D provide coverage of AOMs.

We are happy to meet with agency staff to discuss the research and resources we have created on this important topic. Our recent white paper, "Clinical Evidence Driving Patient Access in Medicare Part D"¹⁰ summarized the health threat posed by the prevalence of obesity and the need for Medicare to update its coverage policy.

Conclusion

Thank you for your consideration of comments on this specific provision within the CY 2026 proposed rule. MAPRx appreciates your leadership to improve beneficiaries' access and affordability in Medicare Part D. For questions related to MAPRx or the above comments, please contact Bonnie Hogue Duffy, Convener, MAPRx Coalition, at (202) 540-1070 or bduffy@nvgllc.com.

Sincerely,

MAPRx Coalition

⁸ Office of Personnel Management. Federal Employees Health Benefits Program call letter. Feb. 17, 2022. Accessed Jul. 7, 2022. <https://www.opm.gov/healthcare-insurance/healthcare/carriers/2022/2022-03.pdf>

⁹ Office of Personnel Management. Supplemental guidance: management of obesity in adults. Mar. 20, 2014. Accessed Jul. 7, 2022. <https://www.opm.gov/healthcare-insurance/healthcare/carriers/2014/2014-04.pdf>

¹⁰ MAPRx. Clinical Evidence Driving Patient Access in Medicare Part D. September 14, 2022. Accessed December 19, 2024. <https://maprx.info/new-maprx-report-examines-the-exclusion-of-anti-obesity-medications-in-medicare-part-d/>