



June 21, 2024

The Honorable Jason Smith
Chair
Committee on Ways & Means
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Richard Neal
Ranking Member
Committee on Ways & Means
U.S. House of Representatives
Washington, D.C. 20515

Dear Chair Smith and Ranking Member Neal:

On behalf of the Society for Women's Health Research (SWHR)—a more than 30-year-old national nonprofit dedicated to improving women's health through science, policy, and education while promoting research on sex differences to optimize women's health—I would like to express SWHR's support for including the Treat and Reduce Obesity Act (TROA) as part of next week's markup.

Obesity is not just a matter of weight; it is a complex health condition that intersects with numerous aspects of women's health, including reproductive health, cardiovascular health, and mental well-being. Specifically, this growing public health epidemic raises the risk of other disease and health conditions, including cardiovascular diseases, high blood pressure, type 2 diabetes, sleep apnea, stroke, mental illness, certain cancers, and body pain. While obesity affects both men and women, a 2021 *Journal of Mid-Life Health* article found that “women are at higher risk for developing obesity-related physical and psychological comorbidities and have a twofold higher mortality risk than overweight men.” As such, they deserve access to the full range of treatment options available to them.

Providing Medicare coverage for the full range of obesity treatments, including anti-obesity medications under Medicare Part D, nutrition counseling, behavioral therapy, and community-based programs—as TROA would do, if passed—is critical for ensuring that Medicare beneficiaries have equitable access to the full range of obesity treatment options. TROA holds great promise in empowering women to manage their weight effectively, reduce their risk of obesity-related diseases, and improve their overall quality of life.

Underscoring the urgent need for comprehensive and accessible treatment options, according to data from the National Center for Health Statistics National Health and Nutrition Examination Survey (NHANES) and summarized by the Population Reference Bureau,¹ “In a single generation—between 1988-1994 and 2015-2018—the share of U.S. adults ages 65 and older with obesity nearly doubled, increasing from 22% to 40%.” At present, beneficiaries under 65 years of age who are covered under private insurance or under either Veterans Administration or

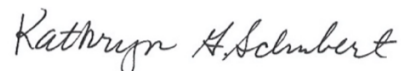
¹ Population Reference Bureau. Aging in the United States. Washington, DC: Population Reference Bureau; [accessed 2024 Jun 20]. Available from: <https://www.prb.org/resources/fact-sheet-aging-in-the-united-states/>

U.S. Office of Personnel Management insurance plans for anti-obesity medications will lose coverage once they enroll in Medicare. These individuals, who may not be able to afford these medications on their own, could lose access to their personalized treatment regimen.

SWHR believes that this legislation, as initially written, would promote equity in health care and improve health outcomes for women across the nation. As you head into the June 27 markup, SWHR supports the Committee's consideration of TROA and, further, strongly urges members of the Ways & Means Committee to consider the legislation in its entirety – as it was initially introduced – to provide coverage for the full range of obesity treatments.

Thank you for your time and consideration. If you have questions, or if you would like to discuss this further, please don't hesitate to contact me at kathryn@swhr.org.

Sincerely,



Kathryn G. Schubert, MPP, CAE
President and CEO
Society for Women's Health Research