Statement for the Record from the Society for Women's Health Research to the U.S. House Ways and Means Health Subcommittee Hearing on Investing in a Healthier America: Chronic Disease Prevention and Treatment

Submitted on behalf of Kathryn G. Schubert, President & CEO

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The Society for Women's Health Research (SWHR) is pleased to offer the following statement for the record to the U.S. House Ways and Means Subcommittee Hearing on "Investing in a Healthier America: Chronic Disease Prevention and Treatment". As a more than 30-year-old national nonprofit dedicated to advancing women's health through science, policy, and education while promoting research on sex differences to optimize women's health, SWHR has a long history of advocating for policies that advance the health of women across the lifespan, and obesity is one chronic disease which, in spite of its increasing prevalence and disparate impacts, urgently requires the attention and action of legislators.

Medical professionals and associations once debated whether obesity met the definition for a disease; however, this is no longer the case. The National Institutes of Health (NIH) first recognized obesity as a "complex multifactorial chronic disease" in 1998, and in 2013, the American Medical Association (AMA) recognized obesity as a chronic disease.[1][2] Obesity can be attributed to a variety of causes, including but not limited to genetic factors, physical inactivity, excessive caloric intake, medical conditions, insufficient sleep, certain therapeutic drugs like antidepressants, socioeconomic status, stress, and endocrine-disrupting chemicals, among others.[3] As a chronic disease, obesity can also raise the risk for other diseases and health conditions, including heart diseases, high blood pressure, type 2 diabetes, sleep apnea, stroke, and mental illness. Between 4-8% of cancers can be attributed to obesity, and obesity has also been linked to premature death and decline in life expectancy.[4][5]

Presently, approximately 35% of adults in the United States are living with obesity, and these rates are rising.[6] Young people are likewise seeing a rise in obesity rates. According to 2022 data from the

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[1] Kyle TK, Dhurandhar EJ, Allison DB. Regarding Obesity as a Disease: Evolving Policies and Their Implications. *Endocrinol Metab Clin North Am*. 2016;45(3):511-520. doi:10.1016/j.ecl.2016.04.004

[2] Funk LM, Jolles SA, Voils CI. Obesity as a disease: has the AMA resolution had an impact on how physicians view obesity?. *Surg Obes Relat Dis*. 2016;12(7):1431-1435. doi:10.1016/j.soard.2016.05.009

[3] Masood B, Moorthy M. Causes of obesity: a review. *Clinical Medicine*. 2023;23(4):284-291. doi:https://doi.org/10.7861/clinmed.2023-0168

[4] Pati S, Irfan W, Jameel A, Ahmed S, Shahid RK. Obesity and Cancer: A Current Overview of Epidemiology, Pathogenesis, Outcomes, and Management. *Cancers (Basel)*. 2023;15(2):485. Published 2023 Jan 12. doi:10.3390/cancers15020485

[5] Ward Z. Simulation Results: Excess mortality associated with elevated body weight in the USA by state and demographic subgroup. *Harvard Dataverse*. 2022;48. doi:https://doi.org/10.7910/dvn/h0owkn

[6] CDC. New CDC Data Show Adult Obesity Prevalence Remains High. CDC Newsroom. Published 2024. https://www.cdc.gov/media/releases/2024/p0912-adult-obesity.html

National Survey of Children's Health, one in six young people between the ages of 10-17 is living with obesity.[7]

Not only are obesity rates rising across the U.S. population, but sex and gender disparities are also evident. While there is no significant difference in the prevalence of obesity between men and women, "women are at higher risk for developing obesity-related physical and psychological comorbidities and have a twofold higher mortality risk than overweight men."[8] Women are also disproportionately impacted by the disease due to higher levels of medical comorbidities and increased stigma concerning health-related quality of life.[9]

As the Subcommittee examines policies to enhance chronic care, SWHR urges you to consider the following measures to improve patient access to high-quality services and to ensure that all patients receive the comprehensive care they need to manage their health effectively.

Address Current Policies within Centers for Medicare & Medicaid Services (CMS)

As mentioned in the hearing, the cost of treating obesity is becoming increasingly burdensome for taxpayers. According to a report by the Milken Institute, the estimated cost of obesity is nearly 7% of the nation's gross domestic product, a number which appears to be increasing.[10] However, what is often overlooked is how women bear a greater economic burden when it comes to obesity. According to one 2018 study, women account for nearly 70% of the cost of obesity, including direct health care costs and indirect costs.[11] These costs are further exacerbated for the millions of Americans who are Medicaid covered, which covers 19% of adult women.[12]

Several policies within CMS, if modified, could better support women living with obesity, and, by extension, women living with other chronic diseases.

First, updating Medicare Part D policy to provide coverage for drugs used for weight management. Under current Medicare law, drugs labeled as "weight loss" or "weight gain" agents are excluded from the Medicare Part D program and, therefore, do not receive coverage. This provision overlooks the fact that medications treating obesity are not only used for weight loss purposes; they may also be used for chronic weight management. In April 2024, CMS made a significant advancement by permitting Medicare to cover FDA-approved GLP-1 agonists for patients with obesity and a history of heart disease, aimed at

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[7] Williams E, Burns A, Rudowitz R. Obesity Rates Among Children: A Closer Look at Implications for Children Covered by Medicaid. KFF. Published August 17, 2023. https://www.kff.org/medicaid/issue-brief/obesity-rates-among-children-a-closer-look-at-implications-for-children-covered-by-medicaid/

[8] Kapoor N, Arora S, Kalra S. Gender disparities in people living with obesity: an unchartered territory. *J Mid-life Health*. 2021;12(2):103-107. doi:10.4103/jmh.jmh_48_21.

[9] Mond J, Baune B. Overweight, Medical Comorbidity and Health-related Quality of Life in a Community Sample of Women and Men. The Obesity Society. 2012;17(8). doi:https://doi.org/10.1038/oby.2009.27

[10] Economic Impact of Obesity increased to $1.4 Trillion. Milken Institute. Published December 6, 2020. https://milkeninstitute.org/content-hub/news-releases/economic-impact-obesity-increased-14-trillion-says-milken-institute

[11] Graf M. *America's Obesity Crisis: The Health and Economic Costs of Excess Weight*.; 2018. https://milkeninstitute.org/sites/default/files/reports-pdf/Mi-Americas-Obesity-Crisis-WEB_2.pdf

[12] Kaiser Family Foundation. Women's Health Insurance Coverage. KFF. Published January 12, 2021. https://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage/

reducing the risk of heart attacks and strokes. However, many older Americans may lose access to life saving obesity treatments when they transition to Medicare, highlighting the need for policy solutions to address this gap.

Second, reexamining the Medicare Part B National Coverage Decision. Intensive behavioral therapy (IBT) is an evidence-based treatment program that teaches patients with obesity methods for adjusting eating and exercise habits. In 2011, CMS issued a National Coverage Decision (NCD 210.12) that approves coverage for intensive behavioral therapy (IBT) for treating patients with obesity. The NCD, however, includes provisions that can restrict patient access, such as limiting coverage to when IBT is billed by primary care providers in primary care settings and requiring patients to lose a specific amount of weight in the first six months to maintain access to care. This could prevent patients from seeing other qualified health professionals, like obesity specialists and dietitians. Additionally, the weight loss requirement may disproportionately affect populations with limited access to resources like healthy food and spaces for physical activity.

Lastly, Medicare Part B does not currently cover nutrition therapy services for patients diagnosed with diabetes or kidney disease, or for patients who have had a kidney transplant within the last 36 months. While Part B covers weight-loss counseling for those with a BMI of 30 or higher, nutritionists are likewise not covered for obesity. Covering nutrition therapy services can be a valuable step toward improving health outcomes for these patients. By including coverage for nutrition therapy, Medicare could enhance support for managing diabetes, kidney disease, and obesity, ultimately leading to better overall health and potentially reducing long-term health care costs. Expanding these services would empower patients to make informed dietary choices and facilitate more comprehensive care. The Medical Nutrition Therapy Act (S.3297/H.R.6407) shows promise in this area, as it would expand Medicare coverage of medical nutrition therapy services to include conditions, including obesity, eating disorders, cancer, and HIV/AIDS.

Expand Access to Telehealth Services

Telehealth services play a key role in improving access to care for all populations, particularly for those residing in rural areas, and those experiencing debilitating chronic diseases and/or disabilities. Telehealth services can positively shape the approach to obesity care by improving patient access. Some findings suggest that telemedicine interventions have been successful for obesity care, particularly access to specialized obesity care.[13]

One way to expand access to telehealth services is through the Telehealth Modernization Act of 2024. Currently making its way through the Energy & Commerce committee, the Telehealth Modernization Act extends some of the flexibilities that were authorized during the COVID-19 pandemic. Among the bill's provisions are allowing the home of a beneficiary to serve as the originating site for all services and allowing rural health clinics and federally qualified health centers to serve as distant sites (i.e., the location of the health care practitioner).

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[13]Hinchliffe N, Capehorn MS, Bewick M, Feenie J. The Potential Role of Digital Health in Obesity Care. *Adv Ther*. 2022;39(10):4397-4412. doi:10.1007/s12325-022-02265-4

Support Other Legislation That Could Assist Individuals Living with Obesity

There are several bills that have been introduced in the 118th Congress that are directly related to obesity or that have potential to support women living with obesity across their lifespans. Among them, we strongly urge Congress to pass the Treat and Reduce Obesity Act (HR 4818/S 114). We were pleased that the Committee marked up this legislation, and hope that Congress will include it in any end-of-year legislative package. This legislation is an essential first step to addressing this nation's obesity epidemic, which requires a commitment to comprehensive and accessible treatment and care. A multifaceted approach that combines medical, psychological, and lifestyle interventions is essential for confronting the complexities of obesity, and ensuring equitable access to these resources will help women to achieve sustainable health outcomes.

If you have questions about the content above, or if you would like to discuss these topics further, please contact me at (202) 496-5004 or at kathryn@swhr.org.