



January 24, 2025

The Honorable Jeff Wu
Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: 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 (CMS-4208-P)

The Society for Women's Health Research (SWHR) is pleased to offer comments in response to the Centers for Medicare & Medicaid Services (CMS) Request for Information on the Contract Year 2026 Medicare Advantage and Part D Proposed Rule.

SWHR is a more than 30-year-old nonprofit organization dedicated to advancing women's health through science, policy, and education and promoting research on sex differences to optimize women's health. Key to SWHR's success are the convenings of multidisciplinary experts to identify gaps and unmet needs across different areas in women's health. This includes work in obesity.

Obesity is a chronic, complex condition recognized by the American Medical Association (AMA) as a disease.¹ Obesity is associated with over 200 health complications, including cardiovascular disease—the number one cause of death for women—type 2 diabetes, high blood pressure, and several types of cancer.² While obesity affects both men and women in the United States at similar rates, it can uniquely impact women.^{3,4} Obesity has been found to be associated with a higher risk of conditions like breast cancer, fertility issues, and mental health challenges, such as depression and suicidal ideation.^{5,6,7} Women with obesity are also more likely to experience weight-related stigma,

¹ American Medical Association. Recognition of Obesity as a Disease H-440.842. American Medical Association. Published 2013. Accessed January 14, 2025. <https://policysearch.ama-assn.org/policyfinder/detail/obesity?uri=%2FAMADoc%2FHOD.xml-0-3858.xml>

² Obesity. American Medical Association. Accessed January 14, 2025. <https://www.ama-assn.org/topics/obesity>

³ Hales C, Carroll M, Fryar C, Ogden C. Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017–2018. *www.cdc.gov*. Published 2020. Accessed January 14, 2025. <https://www.cdc.gov/nchs/products/databriefs/db360.htm>

⁴ Mond JM, Baune BT. Overweight, Medical Comorbidity and Health-related Quality of Life in a Community Sample of Women and Men. *Obesity*. 2009;17(8):1627-1634. doi:<https://doi.org/10.1038/oby.2009.27>

⁵ Picon-Ruiz M, Morata-Tarifa C, Valle-Goffin JJ, Friedman ER, Slingerland JM. Obesity and adverse breast cancer risk and outcome: Mechanistic insights and strategies for intervention. *CA: A Cancer Journal for Clinicians*. 2017;67(5):378-397. doi:<https://doi.org/10.3322/caac.21405>

⁶ Ozcan Dag Z, Dilbaz B. Impact of obesity on infertility in women. *Journal of the Turkish German Gynecological Association*. 2015;16(2):111-117. doi:<https://doi.org/10.5152/jtgga.2015.15232>

⁷ Sarwer DB, Polonsky HM. The Psychosocial Burden of Obesity. *Endocrinology and Metabolism Clinics of North America*. 2018;45(3):677-688. doi:<https://doi.org/10.1016/j.ecl.2016.04.016>

which can adversely affect their mental health, self-esteem, and overall well-being.⁸ This stigma may also deter women from seeking necessary medical care, leading to delayed diagnoses and worsened health outcomes.⁹ Excluding anti-obesity medications (AOMs) from Medicare Part D coverage limits access to effective treatment options for women.

Given these far-reaching implications, the multifaceted nature of the disease, and patients' unique needs and circumstances, SWHR believes that managing obesity requires a tailored, comprehensive approach that addresses not only the physical aspects of obesity but also its impact on overall health. This may include the use of AOMs as a critical part of obesity management. SWHR has been concerned about CMS's existing interpretation of Medicare Part D language, which considers AOMs as weight loss agency and thereby excludes them from coverage under Part D. This interpretation has significant consequences for beneficiaries—particularly those with obesity-related complications—and for older Americans who may lose access to their obesity medication coverage when they transition into Medicare. SWHR urges CMS to finalize the proposal to expand Medicare coverage for AOMs under Section 1.B.4. Part D Coverage of Anti-Obesity Medications (§ 423.100) to ensure that beneficiaries have access to the full range of obesity treatment options.

Current treatment guidelines emphasize a comprehensive and multidisciplinary approach to managing obesity, which may include dietary changes, physical activity, behavioral counseling, medication, and, in some cases, bariatric surgery.¹⁰ Although Medicare covers other forms of obesity treatment under Part A and Part B—such as bariatric surgery and behavioral counseling—the exclusion of AOMs under Part D undermines patient access to a complete range of treatment options. This restriction is particularly concerning as AOMs have been proven to support long-term weight loss and mitigate obesity-related health risks, aligning with the growing consensus that these medications are a vital part of the treatment continuum.¹¹

Not only are critical health impacts at play, but the economic impact of obesity is staggering, with annual costs in the United States exceeding \$1.4 trillion.¹² These costs include direct medical care, such as diagnostic tests, surgeries, and medications, as well as broader social and economic consequences, including reduced workforce productivity and diminished quality of life. There is also evidence to suggest that investing in obesity treatment, including AOMs, can result in long-term savings, with some estimates suggesting a potential \$231.5 billion in Medicare savings over 75 years.¹³

⁸ Boswell RG, White MA. Gender differences in weight bias internalisation and eating pathology in overweight individuals. *Advances in Eating Disorders*. 2015;3(3):259-268. doi:<https://doi.org/10.1080/21662630.2015.1047881>

⁹ Phelan SM, Burgess DJ, Yeazel MW, Hellerstedt WL, Griffin JM, van Ryn M. Impact of Weight Bias and Stigma on Quality of Care and Outcomes for Patients with Obesity. *Obesity Reviews : an Official Journal of the International Association for the Study of Obesity*. 2015;16(4):319-326. doi:<https://doi.org/10.1111/obr.12266>

¹⁰ Cornier MA. A review of current guidelines for the treatment of obesity. *The American Journal of Managed Care*. 2022;28(Suppl 15):S288-S296. doi:<https://doi.org/10.37765/ajmc.2022.89292>

¹¹ Calderon G, Gonzalez-Izundegui D, Shan KL, et al. Effectiveness of anti-obesity medications approved for long-term use in a multidisciplinary weight management program: a multi-center clinical experience. *International Journal of Obesity*. 2022;46(3):555-563. doi:<https://doi.org/10.1038/s41366-021-01019-6>

¹² Bendix J. Economic Impact of Obesity increased to \$1.4 Trillion. Milken Institute. Published December 6, 2020.

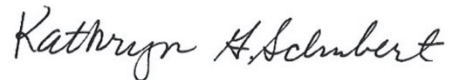
<https://milkeninstitute.org/content-hub/news-releases/economic-impact-obesity-increased-14-trillion-says-milken-institute>

¹³ Kabiri M, Sexton Ward A, Ramasamy A, et al. Simulating the Fiscal Impact of Anti-Obesity Medications as an Obesity Reduction Strategy. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2021;58:004695802199051. doi:<https://doi.org/10.1177/0046958021990516>

SWHR encourages CMS to finalize this proposal and increase access to AOMs so women have access to all of the treatment options available to them. The criteria for medications and coverage should align with those for other medical conditions and, importantly, patients shouldn't be required to develop more severe medical conditions before qualifying for obesity treatments. By updating its current policy, CMS can improve patient access to comprehensive care, promote health equity, and ultimately reduce the economic burden of obesity on the U.S. health care system.

If you have questions about any of the information included above, or if SWHR can be helpful in any way, please contact me at kathryn@swhr.org or (202) 464-5004.

Sincerely,

A handwritten signature in black ink that reads "Kathryn H. Schubert". The signature is written in a cursive style with a large initial 'K'.

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