

May 21, 2025

Mehmet Oz, MD, MBA  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Oz:

On behalf of Society for Women's Health Research (SWHR), I write to urge you to reconsider the provisions included under Centers for Medicare & Medicaid Services (CMS) Contract Year 2026 Medicare Advantage and Part D Proposed Rule addressing coverage of anti-obesity medications (AOMs).

SWHR is a more than 30-year-old nonprofit organization dedicated to promoting research on biological sex differences in disease and improving women's health through science, policy, and education. While obesity affects both men and women in the United States at similar rates, its impact on women can be more pronounced across several dimensions.<sup>1</sup> For example, obesity has been found to be associated with a higher risk of conditions like breast cancer, fertility issues, and mental health challenges like depression and suicidal ideation.<sup>2,3,4</sup> Understanding these disproportionate impacts, SWHR has engaged with a variety of clinicians, researchers, and policy advocates over the years as part of its Obesity program.

It is widely accepted that obesity is a chronic, complex condition, having been recognized by the American Medical Association (AMA) as a diagnosable disease.<sup>5</sup> Forty-two percent of American adults have obesity, and it is a leading preventable cause of death in America – just after

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<sup>1</sup> Hales C, Carroll M, Fryar C, Ogden C. Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017–2018. [www.cdc.gov](https://www.cdc.gov). Published 2020. Accessed January 14, 2025. <https://www.cdc.gov/nchs/products/databriefs/db360.htm>

<sup>2</sup> 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>

<sup>3</sup> 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.2015.1523>

<sup>4</sup> 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>

<sup>5</sup> American Medical Association. Recognition of Obesity as a Disease H-440.842. American Medical Association. Published 2013. Accessed April 15, 2025. <https://policysearch.ama-assn.org/policyfinder/detail/obesity?uri=%2FAMADoc%2FHOD.xml-0-3858.xml>

cigarette smoking.<sup>6,7</sup> The impacts of the disease are far reaching, as obesity is associated with over 200 health complications, including cardiovascular disease, type 2 diabetes, high blood pressure, and several types of cancer.<sup>8</sup> Because of this, effective treatment for obesity must address the multifaceted nature of the disease. In addition to diet and lifestyle changes, behavioral counseling, and surgery, medication needs to be recognized as just as legitimate as these other forms of care.

SWHR is concerned that CMS' existing interpretation of Medicare Part D language, which considers anti-obesity medications (AOMs) as weight loss agents rather than a critical treatment option for the disease of obesity, thereby excludes them from coverage under Part D. Given the obesity epidemic and the risks of additional comorbidities and chronic conditions, and the administration's commitment to addressing chronic conditions, we believe that by excluding this type of treatment option from comprehensive treatment for obesity will prevent Medicare beneficiaries from accessing these additional treatment options. The proposed rule that was previously with CMS for consideration, CMS-4208-P, was a promising pathway for expanding access to care and providing an important option for improving health outcomes. We write to urge you to reconsider this decision and explore policy solutions for expanding access to AOMs for Medicare beneficiaries. AOMs are a proven pathway for treating patients living with obesity, and current CMS coverage policy falls short of providing access to the full range of treatment options for millions of Medicare patients, further perpetuating existing barriers to care.

The exclusion of AOMs under Part D undermines patient access to a comprehensive range of treatment options, especially when other forms of care are covered under Parts A and B. 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.<sup>9</sup> For these reasons, the proposed rule proved to be popular. More than 18,000 comments were submitted in support of the rule and, according to a recent national survey by the Obesity Care Advocacy Network (OCAN), 78% of those American surveyed indicated that they think "it's important for Medicare to cover medications proven to help people manage their weight and improve their overall health." Support for the issue transcends party lines, with 79% of Republicans, 73% of Democrats, and 66% of Independents surveyed supporting expanding CMS coverage to include obesity treatment.<sup>10</sup>

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<sup>6</sup> Centers for Disease Control and Prevention. Adult Obesity Facts. CDC. Published May 14, 2024.

<https://www.cdc.gov/obesity/adult-obesity-facts/index.html>

<sup>7</sup> Dana Goldman, PhD. Obesity, Second to Smoking as the Most Preventable Cause of US Deaths, Needs New Approaches. USC Schaeffer. Published January 28, 2020. <https://schaeffer.usc.edu/research/obesity-second-to-smoking-as-the-most-preventable-cause-of-us-deaths-needs-new-approaches/>

<sup>8</sup> Mayo Clinic. Obesity. Mayo Clinic. Published July 22, 2023. <https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>

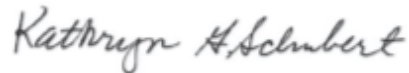
<sup>9</sup> Calderon G, Gonzalez-Izundegui D, Shan KL, et al. Effectiveness of anti-obesity medications approved for long-term use in a multidisciplinary weight management program: a multi-center clinical experience. *International Journal of Obesity*. 2022;46(3):555-563. doi:<https://doi.org/10.1038/s41366-021-01019-6>

<sup>10</sup> Majority of Americans Want The Trump Administration To Expand Medicare Coverage For Obesity Medications. Obesity Care Advocacy Network. Published February 19, 2025. Accessed April 15, 2025. <https://obesitycareadvocacynetwork.com/news/majority-trump-administration-to-expand-medicare-obesity-medications>

The consensus among health experts is clear: obesity is a serious, but treatable, chronic condition, and patients deserve access to the full range of evidence-based treatments and therapies available to them, including medications. Treating patients who are living with obesity can lead to not only improved individual health outcomes, but it can also contribute to significant health care cost savings. CMS should reevaluate its current policies to remedy coverage gaps and position CMS' interpretation of Part D coverage to better align with medical best practices.

I can be reached directly at [kathryn@swhr.org](mailto:kathryn@swhr.org) or at 202.496.5004 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Kathryn G. Schubert".

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

Cc: Stephanie Carlton, Deputy Administrator, Chief of Staff, CMS  
Kimberly Brandt, Deputy Administrator, Chief Operating Officer, CMS