



July 21, 2020

The Honorable Mitch McConnell
Leader of the United States Senate
S-230, U.S. Capitol
Washington, D.C. 20510

The Honorable Charles Schumer
Minority Leader of the United States Senate
S-221, U.S. Capitol
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker of the House U.S. House of Representatives
H-232, U.S. Capitol
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader U.S. house of Representatives
H-204, U.S. Capitol
Washington, D.C. 20515

Dear Leader McConnell, Speaker Pelosi, Minority Leader Schumer and Minority Leader McCarthy:

As all of us continue to implement effective response plans to address the impact of COVID-19, it has become increasingly evident that obesity, and its numerous related comorbidities, is the second greatest risk factor, after older age, for hospitalization among COVID-19 patients.¹ Even the 2020 Dietary Guidelines Advisory Committee recently acknowledged that we are in the midst of a parallel epidemic, one non-infectious (obesity and diet related chronic diseases) and one infectious (COVID-19). Despite the prevalence and severity of obesity in the United States, many public and private health plans, including Medicare, do not adequately cover evidence-based obesity treatment options. Incorporation of the Treat and Reduce Obesity Act (H.R. 1530/S. 595) into the next COVID-19 relief package could make a significant difference in the survival rate for millions of Americans.

More than 93 million Americans of all ages are affected by obesity, which the Centers for Disease Control and Prevention (CDC) defines as a body mass index greater than 30. Obesity affects every system of the body, and is associated with diabetes, cardiovascular disease, cancers, liver disease and over 240 other serious conditions. A report from the CDC reveals that 78 percent of COVID-19 patients requiring admission to an intensive-care unit (ICU) had at least one underlying health condition, many of which were obesity-related diseases.² Data from New York City indicate that people with both COVID-19 and obesity are two times more likely to be admitted to the hospital, and people with severe obesity are 3.6 times more likely to require critical care, such as mechanical ventilation.³ Updating Medicare's coverage policies to support the treatment and prevention of obesity should be part of a comprehensive response to COVID-19.

In addition, COVID-19 is having a disproportionate effect on racial and ethnic minorities. While data are still being collected and analyzed, the CDC reports that 33 percent of hospitalized patients were black, suggesting this population may be disproportionately affected.⁴ This population also has the highest prevalence of obesity, at 39.1 percent. To combat COVID-19, it will be important to understand and address these disparities within our population.

¹ Rabin, Roni Caryn. "Obesity Linked to Severe Coronavirus Disease, Especially for Younger Patients." New York Times, 16 April 2020: <https://www.nytimes.com/2020/04/16/health/coronavirus-obesity-higher-risk.html>.

² CDC COVID-19 Response Team, "Preliminary Estimates of the Prevalence of Selected Underlying Health Conditions Among Patients with Coronavirus Disease 2019 — United States, February 12–March 28, 2020." MMWR Morb Mortal Wkly Rep 2020;69:382–386. Accessed May 26, 2022: <http://dx.doi.org/10.15585/mmwr.mm6913e2>.

³ Garg S, Kim L, Whitaker M, et al. Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:458–464. Accessed May 26, 2022: <http://dx.doi.org/10.15585/mmwr.mm6915e3>

⁴ Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, "Adult Obesity Prevalence Maps." Accessed May 26, 2022: <https://www.cdc.gov/obesity/data/prevalence-maps.html#states>.

We have and will continue to support the Treat and Reduce Obesity Act – a bill that Congress has been considering for nearly a decade. This legislation continually demonstrates strong bipartisan support. It will enhance Medicare beneficiaries' access to the healthcare providers that are best suited to provide intensive behavioral therapy and allow Medicare Part D to cover FDA-approved anti-obesity medications. Updating this Medicare coverage will not only ensure beneficiary access to additional obesity treatment options and potentially pave the way for other health plans to follow suit.

While Congress and the Administration have taken action to increase access to telehealth, enhance state flexibility under Medicaid, and appropriate hundreds of billions of dollars to combat the COVID-19 pandemic, comprehensive treatment to combat the chronic disease of obesity is still not reimbursed by Medicare or many other health plans. Please help address this significant driver of COVID-19 morbidity and mortality by incorporating the Treat and Reduce Obesity Act into the next COVID-19 relief package.

Sincerely,

Academy of Nutrition and Dietetics
American Association of Clinical Endocrinologists
American College of Occupational and Environmental Medicine
American Council on Exercise
American Gastroenterological Association
American Psychological Association
American Society for Metabolic and Bariatric Surgery
Black Women's Health Imperative
Endocrine Society
Global Liver Institute
National Alliance of Healthcare Purchaser Coalitions
Obesity Action Coalition
Obesity Medicine Association
Sumner M. Redstone Global Center for Prevention and Wellness
The MedTech Coalition for Metabolic Health
The Obesity Society
WW (Formerly Weight Watchers)
YMCA of the USA

CC'd:

Chairman Chuck Grassley
Ranking Member Ron Wyden
Chairman Richard Neal
Ranking Member Kevin Brady
Chairman Frank Pallone
Ranking Member Greg Walden