NATIONAL FORUM
FOR HEART DISEASE & STROKE PREVENTION

Statement From the National Forum for Heart Disease & Stroke Prevention to the Office of Management and Budget on Anti-Obesity Medications
April 2, 2025

Opening Remarks

Good afternoon. My name is John Clymer, and I have the privilege of serving as the Executive Director of the National Forum for Heart Disease & Stroke Prevention. The National Forum is a non-profit, non-partisan organization dedicated to empowering all people to attain optimal cardiovascular health and well-being throughout their lifespan. We bring together patients, providers, payers, employers, public health professionals, scientists, and industry leaders to advance evidence-based care and ensure access to appropriate treatments.

Today, I am here to discuss the importance of Medicare coverage for anti-obesity medications (AOMs) as part of the Contract Year 2026 Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, and Medicare Cost Plan Programs, and PACE (CMS-4208).

Obesity is one of the most pressing health challenges we face, and it is essential to consider how innovative treatments like AOMs can contribute to better outcomes. Our goal is to ensure that those living with obesity receive comprehensive, evidence-based care that improves their health and quality of life, especially through Medicare coverage.

Context and Background

According to the Centers for Disease Control and Prevention (CDC), obesity affects more than 70% of adults, with many also experiencing related conditions such as type 2 diabetes, heart disease, hypertension, and hyperlipidemia. Obesity costs the American healthcare system—that is, individuals, employers, and taxpayers-- a staggering $1.7 trillion per year, according to a 2018 study by the Milken Institute. Additionally, Partnership to Fight Chronic Disease data shows that even modest BMI changes can profoundly impact healthcare costs. For example, a 5% reduction in BMI among Medicare beneficiaries with obesity could save over $1,000 per person per year, while a 25% reduction in BMI could save over $5,400 per person annually. These savings result from lower rates of obesity-related conditions such as diabetes, cardiovascular disease, and other chronic health issues. This reduction could amount to over $360 billion in savings when scaled across the entire healthcare system.

Context and Background (cont'd.)

Obesity is not just a lifestyle issue—it is a complex, chronic disease influenced by genetic, biological, and environmental factors. As such, it requires a multifaceted treatment approach that includes lifestyle interventions, behavioral support, and, when appropriate, the use of AOMs. Including AOMs as a covered benefit under Medicare is essential to achieving comprehensive obesity management. Additionally, aligning AOM coverage with broader healthcare access goals will help ensure that underserved communities, who are disproportionately affected by obesity, receive fair access to these essential treatments.

The Role of Anti-Obesity Medications

Anti-obesity medications (AOMs) are part of a comprehensive strategy to manage obesity. According to a recent report from the University of Southern California Schaeffer Institute, Medicare coverage of weight-loss therapies would save federal taxpayers as much as $245 billion in the first 10 years of coverage if private insurers were to follow Medicare's lead. These savings primarily result from reduced healthcare spending related to fewer hospitalizations, surgeries, doctor visits, and long-term care needs. In addition, clinical evidence supports the efficacy of AOMs, with treatments like GLP-1 agonists demonstrating up to 20% body weight reduction in one-third of users, according to a study by Thorpe et al. (2024) published in the Journal of the American Medical Association.

It is important to address misconceptions about AOMs. They do not replace healthy living but rather support individuals in achieving weight loss when lifestyle interventions are not sufficient. Obesity is not simply a result of poor willpower; it is a medical condition that deserves thoughtful, evidence-based treatment. Additionally, Medicare coverage of AOMs would help reduce health disparities, as underserved communities are disproportionately affected by obesity and related conditions.

Challenges and Considerations

One of the key challenges we face is ensuring accessibility and affordability of AOMs. According to a 2024 Milliman report, high utilization could cost Medicare billions, but the potential savings from reduced hospitalizations and other healthcare costs could outweigh these expenses. The USC Schaeffer analysis further highlights that Medicare Part A spending could decrease by $846 billion over 30 years if Medicare and private insurance cover weight-loss therapies.

Challenges and Considerations (cont'd.)

The majority of Americans believe obesity should be treated like other chronic conditions, and there is broad support for Medicare covering these medications. It is a fact that disparities persist, with underserved communities disproportionately affected by obesity.

The data show that there are geographic disparities in the prevalence of obesity and its harmful effects. Adult obesity rates are significantly higher in rural counties (34.2%) than in metropolitan (urban) counties (28.7%). Not surprisingly, diabetes is 9% to 17% more prevalent in rural areas, and those living in rural America have a 19% higher risk of developing heart failure compared to people in urban areas.

Expanding AOM coverage through Medicare and Medicaid would improve individual health outcomes and reduce these disparities. Including AOM coverage in the 2026 Medicare policy changes will ensure that beneficiaries have access to necessary treatments while reducing long-term costs for the healthcare system.

Recommendations

To fully realize the potential of AOMs, we strongly advocate for including AOM coverage in the Contract Year 2026 policy changes to Medicare Advantage and Medicare Prescription Drug Benefit Programs. Ensuring broader insurance coverage and equitable access is crucial. Integrating pharmacological treatment into public health strategies is essential, as is continued research to understand the long-term impacts of these medications. Furthermore, promoting education and awareness among both beneficiaries and healthcare providers will ensure that AOM coverage is utilized effectively and responsibly.

We also advocate for collaboration among healthcare providers to deliver holistic, patient-centered care. Coordinated care involving primary care physicians, specialists, nurses, and allied health professionals will be key to successful obesity management.

Closing Remarks

In conclusion, obesity is a multifaceted public health issue that requires a comprehensive and compassionate response. AOMs are a vital component of that response, complementing lifestyle interventions and offering hope to those struggling with weight management.

Expanding Medicare coverage and addressing disparities as part of the 2026 policy updates can make meaningful progress toward healthier communities and reduce healthcare costs. The economic case is strong. So is the physical health case. If another reason for Medicare to cover AOMs was needed, it is this: it is the right thing to do.

Thank you for your time and attention. I am happy to take any questions or discuss this further.

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