



H.R. 4818, the *Treat and Reduce Obesity Act*

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Background:

- Obesity is a major risk factor for many diseases including diabetes, cardiovascular disease, and cancer. Obesity contributes greatly to poor health outcomes for many Americans, driving up their long term health care costs.
 - Roughly **two out of three** U.S. adults are overweight or obese.
 - In 2020, **13.7 million** Medicare beneficiaries were overweight or obese.
 - By 2030 roughly **half** of all American men and women will be obese.
 - In 1990, no state in the U.S. had an obesity rate higher than **15%**. In 2020, no state had an obesity rate lower than **24%**, and most have an obesity rate over **30%**.
 - Obesity rates are higher in rural America and among black and Hispanic adults compared to urban America and white adults.
- Obesity is a considerable drain on public health resources and increases out of pocket health care costs for individuals.
 - According to the Joint Economic Committee, obesity can drive up health care costs for an individual by an average of **\$5,155 per person**.
 - Obesity is projected to cost between **\$8.2-\$9.1 trillion in excess medical expenditures** over the next decade.
- Currently, Medicare Part D plans are **statutorily prohibited** from covering anti-obesity medications (AOMs) due to initial lack of scientific understanding two decades ago. However, new medications have been approved in the last decade to combat obesity, some with remarkable efficacy.
- Many patients are currently covered for successful AOM treatment plans will begin aging into Medicare and be kicked off of their medication, creating an urgency issue for Congress to address.

The Treat and Reduce Obesity Act:

- **Provides Medicare Part D coverage of AOMs** to individuals aging into Medicare who are currently being treated by an AOM, **ensuring they do not lose coverage** for their effective therapies.
 - Without this coverage, **1.25 million** patients are projected to lose coverage over the next decade as they transition into Medicare, driving up long term health costs.
- Requires Medicare to re-evaluate its coverage of “Intensive Behavioral Therapy” (IBT) so that seniors can be **effectively treated through diet and exercise**.
- Requires MedPAC to report on the coverage of AOMs in pre-Medicare markets and how use among those populations may affect usage by enrollees to lay the groundwork for expanded coverage to more individuals.