

**Congress of the United States**  
**Washington, DC 20515**

June 22, 2020

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 Speaker Pelosi and Minority Leader McCarthy:

As our country continues to deal with the response and 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.<sup>1</sup> 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. Updating Medicare's coverage policies to support the treatment and prevention of obesity should be part of a comprehensive response to COVID-19. Obesity affects every system of the body, and is associated with diabetes, cardiovascular disease, cancers, 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.<sup>2</sup> 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.<sup>1</sup>

Americans are also dealing with unprecedented levels of stress during the COVID-19 pandemic, which also adversely affects patients with obesity. Recommendations to stay home may lead to poorer nutrition, decreased physical activity, and reduced access to chronic care management, all of which can contribute to associated health complications. These problems are likely magnified for lower-income individuals with less access to healthy food and opportunities to be active.

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.<sup>3</sup> This population also has the highest prevalence of obesity, at 39.1 percent. In North Carolina, the rate is even higher, at 42.7 percent.<sup>4</sup> This same story can be told about a majority of U.S. states. 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, 2020: <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, 2020: <http://dx.doi.org/10.15585/mmwr.mm6915e3>.

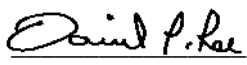
4. Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, "Adult Obesity Prevalence Maps." Accessed May 26, 2020: <https://www.cdc.gov/obesity/data/prevalence-maps.html#states>.

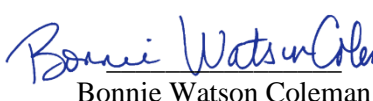
Congress has been considering the Treat and Reduce Obesity Act for nearly a decade. This legislation has demonstrated strong bipartisan support. It will enhance Medicare beneficiaries' access to the healthcare providers that are best suited to provide intensive behavioral therapy and allow Medicare Part D to cover FDA-approved anti-obesity medications. Updating this Medicare coverage will not only ensure beneficiary access to additional obesity treatment options, but could 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 for 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,

  
Alcee L. Hastings  
Member of Congress

  
David P. Roe, M.D.  
Member of Congress

  
Bonnie Watson Coleman  
Member of Congress

  
George Holding  
Member of Congress

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Gus Bilirakis  
Member of Congress

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Julia Brownley  
Member of Congress

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Ted Budd  
Member of Congress

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Tony Cárdenas  
Member of Congress

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Steve Cohen  
Member of Congress

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TJ Cox  
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Dwight Evans  
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Brian Fitzpatrick  
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Bill Flores  
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Vicente Gonzalez  
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Richard Hudson  
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Will Hurd  
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Hank Johnson  
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Mike Johnson  
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John Katko  
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John B. Larson  
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Al Lawson  
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David McKinley  
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Carol D. Miller  
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Gregory F. Murphy, M.D.  
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Jimmy Panetta  
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David Rouzer  
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Lucille Roybal-Allard  
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Bobby L. Rush  
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Thomas R. Suozzi  
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Michael Turner  
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Brad Wenstrup  
Member of Congress