



August 3, 2020

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

On behalf of the nearly 200,000 members of the Obesity Care Continuum (OCC), we urge you to include the policy provisions of the Treat and Reduce Obesity Act (TROA) of 2019 (S. 595/H.R. 1530) into the next COVID-19 relief package. This legislation aims to more effectively treat obesity in older Americans by improving Medicare beneficiaries' access to healthcare providers that are best suited to provide intensive behavioral therapy (IBT) and by allowing Medicare Part D to cover FDA-approved anti-obesity medications (AOMs).

In late June, the Centers for Disease Control and Prevention (CDC) updated its website to state that **all Americans with obesity (BMI 30 or more), regardless of age, are at increased risk for severe illness from COVID-19**. That translates into more than 100 million people in our country that are now potentially in danger from serious illness or even death during this pandemic. A growing body of literature continues to demonstrate a direct link between obesity and poor outcomes from COVID-19. 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.

Additionally, this pandemic has magnified the health inequities experienced by racial and ethnic minority communities. Early data is showing that African Americans are impacted by COVID-19 at a much higher rate than other ethnicities. These same communities also experience high rates of obesity and diabetes. Among African American adults, 48% have obesity and 13% have diabetes. Meanwhile, people of color and low-income households are disproportionately living in communities with comparably less access to health care, healthy food, and opportunities to be active. Further complicating the risks, these individuals are more likely to hold "frontline" jobs that increase their risk of exposure to COVID-19.

The reality is that we currently do not have a standard treatment or vaccine for COVID-19. However, an even harsher reality is that we do have science-based treatments for obesity such as intensive behavioral therapy, FDA-approved AOMs and bariatric surgery, yet, access to and coverage of these treatments remains severely limited. Obesity is a serious disease requiring evidence-based medical treatments. While the federal government and Governors across the country have taken steps in healthcare to combat the COVID-19 pandemic, comprehensive treatment for obesity remains an excluded service in a majority of health plans across the country, including Medicare.

Congress can take a major step toward addressing these treatment gaps by updating Medicare's coverage policies to support enhanced patient access to IBT services and coverage of FDA-approved AOMs. Incorporating the Treat and Reduce Obesity Act into the next COVID-19 relief package will signal to all health plans that both prevention *and* treatment of obesity are critical components of a comprehensive response to COVID-19.

Should you have any questions or need additional information, please contact OCC Washington Office Director Chris Gallagher via email at chris@potomaccurrents.com or telephone at 571-235-6475.

About the Obesity Care Continuum:

The leading obesity advocate groups founded the Obesity Care Continuum (OCC) in 2010 to better influence the healthcare reform debate and its impact on those affected by overweight and obesity. Currently, the OCC is composed of the Obesity Action Coalition (OAC), The Obesity Society (TOS), the Academy of Nutrition and Dietetics (AND), the American Society for Metabolic and Bariatric Surgery (ASMBS), and the Obesity Medicine Association (OMA). With a combined membership of nearly 200,000 patient and healthcare professional advocates, the OCC covers the full scope of care from nutrition, exercise and weight management through pharmacotherapy to device and bariatric surgery. Members of the OCC also challenge weight bias and stigma-oriented policies – whenever and wherever they occur.