Medicare Part D and FDA-Approved Weight Loss Management/Obesity Drugs

Why are Obesity Drugs Excluded from Medicare Part D Coverage?

- Ten years ago, when Part D was enacted, there were no widely-accepted, FDA-approved obesity drugs on the market.
- Rightfully so, Congress did not want to cover non-prescription treatments and nutritionals for weight loss.
- Due to significant medical advances resulting in the development of weight loss drugs and the current and growing epidemic, the Part D statute has become out of date.

Why Should Congress Remove the Part D Coverage Exclusion? Science, along will systemic protections, responsibly addresses this health care crisis.

- The obesity epidemic requires more than just diet, exercise, and surgery. Access to a full array of treatment options, in conjunction with education, diet, and exercise, is also needed to confront obesity and the 60 associated chronic conditions with the epidemic.
- If we are to bend the cost curve in Medicare, we must address the growing obesity epidemic among older Americans. Currently, Medicare covers intensive behavioral counseling, which requires the physician and patient to take the matter seriously.
  - If a patient does not lose 6.6 lbs. after 6 months of counseling, Medicare requires the physician to end the program.
- To build on Medicare’s counseling program, drug therapy will only add to the beneficiary’s success.
  - If, however, a patient doesn’t respond to drug therapy by losing 5% of their weight within 12 weeks, product labeling directs that the patient to be taken off the drug.
- By passing the Treat and Reduce Obesity Act, Congress is assured that investments to fight this epidemic goes directly to addressing the underlying cost driver of the Medicare system – obesity and its resulting co-morbidities.

Obesity is a Core Health Care Cost Driver

- Obesity is responsible for $61.8 billion in Medicare and Medicaid spending. In the absence of obesity, Medicare spending would be 8.5 percent lower and Medicaid spending would be 11.8 percent lower.  
- In 2010, the nonpartisan Congressional Budget Office reported that nearly 20 percent of the increase in U.S. health care spending (from 1987-2007) was caused by obesity.
- Sixty-six percent of American adults with doctor-diagnosed arthritis are overweight or obese.
- Over 75 percent of hypertension cases are directly related to obesity.
- More than 80 percent of people with Type 2 diabetes are overweight.
- An obese Medicare beneficiary in 2008 costs on average $1,723 ($1,964 in 2012 dollars) more than a normal-weight beneficiary.

If we are to bend the Medicare cost curve, we must address the growing obesity epidemic among older Americans. The Time for Action on Obesity is NOW – Pass the Treat and Reduce Obesity Act of 2013.

______________
1 Source: Campaign to End Obesity, “The Long-Term Returns of Obesity Prevention Policies,” Alex Brill, April 2013.