

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

May 8, 2020

The Honorable Nancy Pelosi  
Speaker of the House  
United States House of Representatives  
H-232, U.S. Capitol  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
H-204, U.S. Capitol  
Washington, D.C. 20515

Dear Speaker Pelosi and Minority Leader McCarthy:

We thank you for your leadership, dedication, and attention to responding to the coronavirus pandemic. While we learn more and more about COVID-19 each day we are concerned to see that obesity and its numerous related comorbidities—is affecting Americans’ ability to survive the virus. More than 93 million Americans are affected by obesity and those who contract COVID-19 are more likely to have complications and be hospitalized. We urge you to update Medicare’s policies to support the treatment and prevention of obesity, in response to the COVID-19 pandemic.

Obesity affects every system of the body, and is associated with diabetes, cardiovascular disease, cancers and over 240 other serious conditions. In a report from the Centers for Disease Control and Prevention, 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>1</sup> Of people hospitalized but not requiring ICU admission, 71 percent had at least one such condition, compared with 27 percent of people who were not hospitalized.

The connection between obesity and poor outcomes from respiratory illnesses is not unique to COVID-19. Obesity has been a significant contributor to negative outcomes in previous viral outbreaks and will likely be so in future ones given the numerous comorbidities, reduction in respiratory volume, and inflammation associated with obesity. For example, obesity contributed to greater hospitalization and ventilator use during the 2009 H1N1 outbreak. More than half of the adults with severe or fatal H1N1 in California were found to have obesity, and almost 40 percent had severe obesity.<sup>2</sup> These data suggest that patients with obesity are likely to have equally poor outcomes during the COVID-19 pandemic.

Additionally, this crisis has magnified the health inequities experienced by racial and ethnic minority communities. Early data is showing that African Americans are impacted by COVID-

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<sup>1</sup> 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. DOI: <http://dx.doi.org/10.15585/mmwr.mm6913e2>

<sup>2</sup> Factors Associated With Death or Hospitalization Due to Pandemic 2009 Influenza A(H1N1) Infection in California  
Janice K. Louie, MD, MPH; Meileen Acosta, MPH; Kathleen Winter, MPH; et al Cynthia Jean, MPH; Shilpa Gavali, MPH; Robert Schechter, MD, MPH; Duc Vugia, MD; Kathleen Harriman, PhD; Bela Matyas, MD; Carol A. Glaser, MD, DVM; Michael C. Samuel, DrPH; Jon Rosenberg, MD; John Talarico, DO, MPH; Douglas Hatch, MD; for the California Pandemic (H1N1) Working Group: *Article Information: JAMA*. 2009;302(17):1896-1902.  
doi:10.1001/jama.2009.1583

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.<sup>3,4</sup> 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.

Despite the prevalence and severity of obesity in the U.S., many public and private health plans, including Medicare, do not adequately cover evidence-based obesity treatment options. Congress has been considering the Treat and Reduce Obesity Act (HR 1530/S. 595) for nearly a decade. This legislation has demonstrated strong bipartisan support to enhance Medicare beneficiaries’ access to the healthcare providers that are best suited to provide intensive behavioral therapy (IBT) and allow Medicare Part D to cover FDA-approved anti-obesity medications. Updating Medicare coverage policy will not only ensure beneficiary access to comprehensive obesity treatment but will 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,



Ron Kind  
Member of Congress



Tom Reed  
Member of Congress



Raul Ruiz  
Member of Congress



Brett Guthrie  
Member of Congress

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<sup>3</sup> CDC National Center for Health Statistics: <https://www.cdc.gov/nchs/data/hus/2018/026.pdf>

<sup>4</sup> HHS Office of Minority Health: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>