Association of
Diabetes Care & Education
Specialists

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VIA ELECTRONIC SUBMISSION: http://www.regulations.gov

January 27, 2025

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4208-P
P.O. Box 8013
Baltimore, MD 21244-8013

RE: File Code CMS-4208-P: Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly

Dear Administrator:

The Association of Diabetes Care & Education Specialists (ADCES) appreciates the opportunity to comment in favor of the Part D coverage of obesity medications put forth by the agency in the *Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly* proposed rule (CMS–4208–P), as published in the Federal Register on December 10, 2025 (the "proposed rule").

ADCES is an interdisciplinary professional membership organization dedicated to improving prediabetes, diabetes, and cardiometabolic care through innovative education, management, and support. With more than 12,000 professional members including nurses, dietitians, pharmacists, and others, ADCES has a vast and diverse network of practitioners working to optimize care and reduce complications. ADCES supports an integrated care model that lowers the cost of care, improves experiences, and helps its members lead so better outcomes follow.

We applaud the agency for its thoughtful interpretation of Part D and Medicaid statutes that were written at a time when few FDA-approved medications for obesity existed, including none with the level of effectiveness provided by newer classes of obesity medications. For the last two decades, the agency's interpretation of the prohibition of coverage for "weight loss" medications failed to align with standards of care and the scientific understanding of obesity, which clearly categorize obesity as a complex, chronic, relapsing and treatable disease and view obesity medications as systemic treatments for the disease of obesity, not merely agents for "weight loss." This meant that Medicare beneficiaries with obesity have been largely unable to access pharmacological treatments for their condition until they developed comorbid diseases such as diabetes. Medicaid beneficiaries in most states had similarly poor access. This was all despite obesity being the most prevalent chronic disease among adults, with 42.4 percent impacted.[1]

[1] *Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017–2018*, Centers for Disease Control and Prevention. February 2020. Available at: https://www.cdc.gov/nchs/products/databriefs/db360.htm

This policy change is key to making American healthy again. Obesity is a treatable chronic disease that is the primary driver of many other conditions such as type 2 diabetes, hypertension, heart disease, fatty liver disease, kidney disease, lipid disorders, certain cancers, sleep apnea, arthritis, and certain mental illnesses. At the population level, it will not be possible to substantially prevent, reverse, or treat many of these other chronic conditions without comprehensively treating underlying obesity.

In addition to impacting health and quality of life for tens of millions of Americans, obesity also has profound economic and security impacts on this country.[2] Medical costs associated with obesity have been estimated at $173 billion per year[3] along with an additional $10 billion[4] in productivity losses. In addition, 3 in 5 youth aged 17 to 24 are ineligible for military service due to elevated weight or low levels of physical activity.[5]

Obesity also has strong ties to the development of type 2 diabetes,[6] with one study estimating that between 30 and 53 percent of new cases of diabetes in the U.S. are attributable to obesity.[7] For all of these reasons and more, ADCES is pleased that this proposal aligns with medical consensus and properly defines obesity as a disease, rendering treatment of obesity as a medically necessary service under Medicare and Medicaid. This change would remove a major barrier to the treatment of obesity for significant numbers of adults in the US.

There is also substantial precedent indicating that this shift in Medicare coverage would also have a significant and beneficial ripple effect on advancing access to comprehensive coverage of obesity in private health plans and other public programs across the country. For example, Medicare's decision to cover metabolic and bariatric surgery in 2006 was the major catalyst behind expanded coverage nationwide, with nearly all state employee health plans and Medicaid programs now covering it. Similar improvements in private sector coverage were seen in the early 2000s after Medicare began covering medical nutrition therapy for diabetes and kidney disease. And in less than two years, we have seen dozens of state Medicaid programs improve their coverage of continuous glucose monitors after Medicare broadened their coverage criteria for these devices. These advancements within the private sector and state plans will help improve the health of adults aging onto Medicare, with potential for long-term cost-savings from improved health among new beneficiaries in the future.

In addition to supporting CMS's proposal to cover obesity medications within Medicare Part D and Medicaid, ADCES echoes comments made by the Diabetes Technology Access Coalition regarding

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[2] Consequences of Obesity, Centers for Disease Control and Prevention. July 2022. Available at: https://www.cdc.gov/obesity/basics/consequences.html

[3] Ward ZJ, Bleich SN, Long MW, Gortmaker SL (2021) Association of body mass index with health care expenditures in the United States by age and sex. *PLoS ONE* 16(3): e0247307. Available at: https://doi.org/10.1371/journal.pone.0247307

[4] Trogdon JG, Finkelstein EA, Hylands T, Dellea PS, Kamal-Bahl. Indirect costs of obesity: a review of the current literature. *Obes Rev*.2008;9(5):489–500.

[5] *Unfit to Serve. Obesity and Physical Activity are Impacting National Security*, Centers for Disease Control and Prevention. July 2022. Available at: https://www.cdc.gov/physicalactivity/downloads/unfit-to-serve-062322-508.pdf

[6] *National Center for Health Statistics Data Brief, No. 516*. Centers for Disease Control and Prevention. November 2024. Available at: https://www.cdc.gov/nchs/data/databriefs/db516.pdf

[7] Cameron NA, Petito LC, McCabe M, et al. Quantifying the Sex-Race/Ethnicity-Specific Burden of Obesity on Incident Diabetes Mellitus in the United States, 2001 to 2016: MESA and NHANES. *J Am Heart Assoc*. 2021;10:e018799. DOI: 10.1161/JAHA.120.018799.

pathways for CMS to extend its recognition of obesity as a chronic disease by updating to two of its current National Coverage Determinations (NCDs): NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity[8] and NCD 40.2 - Home Blood Glucose Monitors to improve access to standard of care for obesity within Medicare.[9]

We also implore the agency to update its NCD for Intensive Behavioral Therapy for Obesity (NCD 210.12[10]) to provide meaningful access to the counseling by qualified providers that is part of the standard of care for obesity and complementary to pharmacological and surgical interventions.

Thank you again for the opportunity to comment in support of the obesity medication provisions of this proposed rule. Please contact ADCES director of advocacy Hannah Martin at hmartin@adces.org should you have any questions regarding ADCES' comments.

Sincerely,

Matthew Hornberger, MBA, Chief Executive Officer

Hannah Martin, MPH, RDN, Director of Advocacy

[8] *Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity*, Centers for Medicare & Medicaid Services. Sept. 24, 2013. Available at: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=57&ncdver=5&=.
[9] *Home Blood Glucose Monitors*, Centers for Medicare & Medicaid Services. June 19, 2006. Available at: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=222
[10] *Intensive Behavioral Therapy for Obesity*, Centers for Medicare & Medicaid Services. November 29, 2011. Available at: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=353