American Association on Health & Disability

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AAHD - *Dedicated to better health for people with disabilities through health promotion and wellness*

LAKESHORE

January 24, 2025

SUBMITTED ELECTRONICALLY

The Honorable Jeff Wu
Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Comments in Response to the 2026 Medicare Advantage and Medicare Part D Drug Benefit Proposed Rule (CMS-4208-P)

Dear Acting Administrator Wu:

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to submit these comments to the Centers for Medicare and Medicaid Services ("CMS") in response to the Contract Year ("CY") 2026 Medicare Advantage ("MA") and Medicare Part D Prescription Drug Benefit Programs Proposed Rule. These comments will focus on our support for CMS's proposal to expand access to and coverage of transformative anti-obesity medications ("AOMs") under the Medicare Part D and Medicaid programs and the important positive impact this coverage could have on enrollees with disabilities. [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 (Nov. 26, 2024) (to be codified at 42 CFR 417, 422, 423, and 460) https://www.federalregister.gov/public-inspection/2024-27939/medicare-and-medicaid-programs-contract-year-2026-policy-and-technical-changes-to-the-medicare]

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

We have joined the submitted comments on anti-obesity medications by the Consortium for Constituents with Disabilities (CCD) Task Force on Health and the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition.

Obesity and Disability

Many disability advocates support equitable access to all evidence-based treatment for obesity, including lifestyle modification through physical activity, dietary interventions and behavior modification, pharmacological treatment and bariatric surgery. Obesity is caused by a complex interplay between genetic, epigenetic, metabolic, behavioral and environmental factors and is characterized by an excess accumulation of body fat that can impact overall health and well-being. Despite advancement in the scientific understanding of the pathophysiology underlying obesity and its impact on health consequences, there is a significant gap in translating current evidence into effective obesity management in clinical practice. Physical activity and exercise therapy have an important role across the spectrum of care for prevention and treatment of obesity. Physical activity can be prescribed early for overall physical and mental health in primordial and primary prevention. [Wharton, Lau, Vallis, Sharma, and multiple other et all. "Obesity in Adults: A Clinical Practice Guideline. CMAJ, 2020, 192, E 875-E891.]

From a disability perspective, a lack of mobility often contributes to weight gain and obesity as well as the chronic illnesses that often accompany obesity at a much higher rate than the general population living without a disability. In fact, obesity estimates for adults with disabilities range from 25% to 31% compared to 15% to 19% for adults without disabilities. [Weil, Wachterman, McCarthy, others et. Al, "Obesity Among Adults with Disabling Conditions." JAMA, 2002, 288 (10), 1265-1268.]

Given the serious health consequences of obesity once it develops, we support robust policy and systems changes that promote early prevention of obesity and support for people, families and communities in promoting healthy living. These include integrating physical activity assessment, prescription and referral as a standard of care in health care delivery and patient care plans, community infrastructure for active living and active transportation, youth and adult sports participation, comprehensive school physical activity programs and physical activity standards in early care and education.

CMS and Medicare and Medicaid Policy

Under current policy, anti-obesity medications are only coverable under Medicare Part D if the drug is being used to treat another condition that is a medically accepted indication other than weight loss or weight management (e.g., type 2 diabetes or cardiovascular disease). However, CMS has re-evaluated the exclusion in this proposed rule and considered changes in the prevailing medical consensus towards recognizing obesity as a disease and the

increasing prevalence of obesity in the U.S. population generally, and in the Medicare and Medicaid populations more specifically.

In this proposed rule, CMS is seeking to reinterpret the current law to allow coverage of anti-obesity medications for the treatment of obesity when such drugs are indicated to reduce excess body weight and maintain long-term weight reduction for individuals with obesity. CMS believes that, in doing so, the agency would be aligned with existing policies under which CMS permits Part D coverage for drugs that would otherwise be excluded when they are being used to treat certain specific diseases (e.g., drugs used to treat acquired immunodeficiency syndrome ("AIDS") wasting and cachexia). We are in support of this revised interpretation, which is consistent with the CDC's designation, to recognize obesity as a chronic disease based on changes in medical consensus.

We believe that expansion of access to anti-obesity medications under the Medicare and Medicaid programs to treat obesity could lead to better weight management and reductions in obesity-related health conditions as well as health disparities, particularly in populations disproportionately affected by obesity. This would include people with disabilities, lower income populations, and some racial/ethnic groups that experience higher rates of obesity than the general population.

As stated earlier, we fully support holistic approaches to weight loss and healthy lifestyles and we view AOMs as one important tool that should be available to enable Medicare and Medicaid beneficiaries with disabilities to maintain their weight. Proper dieting and exercise is not always feasible or effective for weight loss, especially for individuals living with a disability for a wide variety of reasons. As such, we view coverage of these medications as adding an important tool to be used along with proper dieting and exercise in the effort to assist in the reduction of body mass which, in turn, could lead to improvements in function and independence. As a result, this improved function and independence can help motivate individuals with disabilities to regulate their weight and achieve better health outcomes over time.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,

E. Clarke Ross

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And
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