



Public Comment Statement

The Black Women's Health Imperative (BWHI) strongly supports the reinterpretation of the CMS proposed rule to include coverage for obesity medications under Medicare's prescription drug benefit (Part D). This critical change would address a significant barrier to care for millions of individuals living with obesity, a chronic disease that disproportionately impacts Black women.

Black women have the highest prevalence of obesity among all racial and ethnic groups in the United States, with nearly 60% living with this disease. Obesity is not merely a lifestyle issue but a complex medical condition that increases the risk of numerous chronic diseases, including diabetes, hypertension, cardiovascular disease, and certain cancers. For Black women, these co-morbidities are often compounded by structural inequities in access to care, economic stability, and environmental factors, exacerbating health disparities.

Access to FDA-approved anti-obesity medications has the potential to transform health outcomes for Black women by enabling them to better manage their weight and related health conditions. Studies demonstrate that pharmacological interventions, when combined with behavioral and lifestyle modifications, can lead to significant and sustained weight loss, improved blood sugar control, and reduced risk of cardiovascular complications. For example, clinical trials of medications like semaglutide have shown remarkable efficacy, with participants losing an average of 15% of their body weight, along with improved markers of metabolic health (Wilding et al., 2021).

Under current law, Medicare's prescription drug benefit (Part D) excludes "agents when used for anorexia, weight loss, or weight gain". This exclusion has prevented Medicare from covering obesity medications and has allowed Medicaid plans to opt out of providing such coverage.

Consequently, many individuals—particularly those in underserved communities—are unable to access these potentially life-saving treatments. This lack of coverage perpetuates health inequities and undermines public health goals to reduce obesity-related complications. By reinterpreting the CMS rule to include obesity medications, Medicare would provide a critical tool to help address the systemic inequities that disproportionately affect Black women and support them in achieving better health outcomes.

We urge CMS to take this essential step in recognizing obesity as a treatable disease and ensuring equitable access to effective treatments for all, including those most impacted by health disparities.

References

- Wilding, J. P. H., et al. (2021). *Once-Weekly Semaglutide in Adults with Overweight or Obesity*. *The New England Journal of Medicine*, 384(11), 989–1002.
- Centers for Disease Control and Prevention (CDC). (2021). *Obesity and African Americans*.

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