Despite a 2013 decision by the American Medical Association to recognize obesity as a disease, anti-obesity medications are part of a shortlist of excluded drug categories in Medicare Part D, including hair loss drugs, erectile dysfunction medication, and cold and flu treatments. When Congress passed Part D in 2003, these categories were meant to exclude cosmetic or traditionally over-the-counter treatments, which is an outdated, stigmatizing view of obesity that still influences federal health care policy. Medicare also places undue restrictions on intensive behavioral therapy, only allowing primary care providers to deliver and bill for this service and not obesity medicine specialists, registered dietitian nutritionists, psychologists, or evidence-based community-based programs.

Nearly half of Black Americans are living with obesity and 44.8% of Latino Americans are living with obesity. Members of Black and Latino communities are also three times as likely to be hospitalized for severe cases of COVID-19 than their white counterparts. Not only is obesity a major risk factor for COVID-19, but it is also linked to more than 200 serious health conditions including heart disease, diabetes, high blood pressure, and strokes.

The bipartisan Treat and Reduce Obesity Act (S. 596/H.R. 1577), championed by Senators Carper and Cassidy and Representatives Kind, Ruiz, Wenstrup, and Reed, would ensure Medicare coverage policies reflect current guidelines and standards of care by providing access to lifesaving FDA-approved anti-obesity medications and intensive behavioral therapy.

This overdue fix to antiquated Medicare policies would be a meaningful step in addressing health equity for communities of color who are the most impacted by both COVID-19 and obesity. Taking action on obesity care would also save money, since obesity is associated with nearly $1,900 in excess annual medical costs per person, or over $170 billion per year.