

Heart disease has been the [leading cause of death](#) in the United States since 1950; accounting for [20% of all deaths](#) in 2019. Cardiovascular health is both directly and indirectly impacted by the disease of obesity. Over [40% of adults](#) in America have the preventable disease of obesity (including severe obesity) and that percentage is projected to continue to increase.

The disease of obesity increases the risk for type 2 diabetes, hypertension, and sleep apnea—all which increase the risk of cardiovascular conditions. For example, individuals with obesity and high blood pressure have a [“12% increase in coronary heart disease and 24% increased risk for stroke”](#). The statistics are even more stark in communities of color. According to the Office of Minority Health, “in 2019, African Americans were 30 percent [more likely to die from heart disease](#) than non-Hispanic whites”. Among Hispanic women in the US, the [most prevalent risk factor](#) of cardiovascular disease is obesity.

The disease of obesity also leads directly to the development of cardiovascular disease through its adverse effects on heart structure and function. Obesity has long been linked to [poorer overall cardiovascular health](#); however, new studies have identified that obesity itself can cause damage to heart muscle. Research has shown that “those who were the most obese developed the most heart failure.” [Johns Hopkins cardiologist Chiadi Ndumele, MD](#) explains that “being very overweight puts you at risk for heart disease even if you seem otherwise healthy...even if you don’t have high blood pressure, high cholesterol or diabetes”. Simply put, abdominal body fat “is associated with cardiometabolic disease, and cardiovascular disease and is [predictive of mortality](#)”. Actions and policies to support treatment of the disease of obesity are sure to also reduce cardiovascular disease mortality.

*“Being very overweight puts you at risk for heart disease even if you seem otherwise healthy...even if you don’t have high blood pressure, high cholesterol or diabetes”*

*-Chiadi Ndumele, M.D.,  
Johns Hopkins cardiologist*

## Groundbreaking, Effective Interventions

The [American Medical Association \(AMA\)](#) recognizes obesity as a progressive, chronic disease state with multiple pathophysiological aspects. Comprehensive treatment protocols include both intensive lifestyle interventions and pharmacotherapy. In recent years, advances in pharmacotherapy have made treating obesity and its many comorbidities increasingly effective. Earlier versions of anti-obesity medications (AOMs) [increased average weight-loss](#) from 5-7%, however, modern versions are showing up to 15% weight-loss.

An August 2023 study affirmed that the use of a modern AOM (a glucagon-like peptide-1 receptor agonist or GLP-1) can also [cut the risk of heart attacks](#) in patients with obesity by 20%. Furthermore, for patients already taking statins and other medications to prevent heart problems, taking the AOM [cut the rate of](#)

[heart attacks by 28%](#). Over the course of the five-year study of people with obesity but not diabetes, researchers also found that use of an [AOM reduced the rate](#) of strokes by 7%, cardiovascular-related deaths by 15%, and a 19% lower rate of death from any causes. Expanding utilization of AOMs to treat obesity will address this treatable healthcare crisis by improving overall survival and reducing healthcare costs for consumers as well as insurers.

Providers are increasingly recognizing the value of using AOMs to treat the disease of obesity. In November 2023, the AMA stated, “Providing evidence-based treatment options that include weight loss medications ... to effectively manage obesity is important to reduce health complications” and therefore, “the AMA will [urge health insurers to provide coverage](#) of available FDA-approved weight-loss medications, including GLP-1 medications.”

## The Impact of AOMs on Heart Health



AOMs significantly lower the risk of heart attacks and strokes



Combined with statins, AOMs provide even greater protection



AOM usage correlates with reduced cardiovascular-related deaths



Overall mortality rates are notably lower among AOM users

**“This is the [first weight management therapy](#) that we’ve proven in a rigorous trial to reduce the excess risk of cardiovascular events associated with overweight and obesity,”** *Michael Lincoff, MD, lead investigator of the Select trial and an interventional cardiologist at the Cleveland Clinic*

## Reducing Barriers to Access

While science and options for intervening against the disease of obesity have made strides, insurers and the US Healthcare system are lagging behind. Currently, only [2% of US adults eligible](#) for obesity pharmacotherapy receive it. Many [obesity patients report barriers](#) such as access to healthcare, cost, and bias preventing them from receiving treatment.

Public insurance coverage is also slowly expanding. In more than a third of US states, Medicaid fee-for-service or managed care now covers AOMs. Similarly, State Employee Health Benefit plans in over half the states have coverage policies to ensure access to AOMs. However, while all [Federal Health Employee Benefit \(FEHB\) programs](#), [TRICARE](#), [the Veterans Health Administration](#), and the [Indian Health Service](#), provide coverage of AOMs, Medicare does not.

*“As a result, health care professionals are left to treat patients [without access to clinically proven and effective tools](#) to promote weight loss, including FDA-approved pharmaceutical therapies to treat obesity.”*

*-Robert Gabbay,  
chief science and medical officer  
for the American Diabetes Association*

Under current policy, Medicare does not provide coverage for anti-obesity medications, citing Medicare Part D's outdated prohibition on covering drugs used for weight loss. This crude interpretation of a 20-year-old statute has not kept pace with life-saving medical advances and stands as a major barrier for older adults, Americans with disabilities, and some dual eligible beneficiaries from receiving medically necessary, safe, and effective FDA-approved pharmacotherapy to treat obesity.

Further, as more private and public insurers cover AOMs, Medicare's lack of coverage leaves older adults vulnerable as they may lose access to treatment when they age into Medicare.

## Moving Forward: Expanding AOM Coverage & Access

As Medicare expands access to GLP-1s for the treatment of cardiovascular disease and diabetes, we must not lose sight of the fact that obesity is its own medically recognized chronic disease which demands treatment. Treatment that if provided can slow or prevent the onset of poor cardiovascular health and other conditions. Medicare beneficiaries should not have to become sicker to gain coverage for these revolutionary treatments.

We call on Congress and the Administration to reduce barriers to life saving obesity treatments. CMS can distinguish between FDA approved AOMs and weight loss treatments of a bygone era and update its regulations to include coverage of AOMs; or Congress can clarify that exclusion of weight loss drugs under Medicare Part D does not include FDA approved AOMs.

## Federal Payers Which Cover Obesity Treatments



Federal Employees Health Benefits Program (FEHBP)

In 2023, OPM stated that FEHBP carriers must have adequate coverage of FDA-approved AOMs as part of its response to President Biden's Executive Order on advancing racial equity.



U.S. Department of Veterans Affairs

Department of Veterans Affairs (VA)

The agency cites the myriad of health benefits associated with weight loss medications in individuals who are obese or overweight, and supports their long-term use.



TRICARE

In 2018, the Defense Health Agency (DHA) added generic weight loss medications to the Department of Defense's pharmacy formulary and in 2022, TRICARE included the first branded AOMs.



Indian Health Service

In October 2023, the Indian Health Service announced that after a drug class review, the agency would expand the use of semaglutide to include treatment for obesity.



Medicaid Medicaid and Commercial Payers

While varied across states and plans, Medicaid and commercial payer coverage of AOMs is more robust than Part D.

## Medicare Does Not Cover Obesity Treatments



Medicare Part D

Medicare Part D has remained unchanged since 2003, before obesity was recognized as a disease and AOMs were in their infancy.

Learn about the Health Equity Coalition for  
Chronic Disease and our partners at  
[www.HealthEquityAction.org](http://www.HealthEquityAction.org)



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