



Ensuring Access to Anti-Obesity Medications

Take Action to Expand Coverage of Anti-Obesity Medications

Nearly [three in four U.S. adults](#) are overweight or have obesity, including more than [20% of Medicare beneficiaries](#)—about 14 million people.¹ By 2030, [nearly half](#) of all American adults are projected to have obesity, with rates exceeding 50% in 29 states.² Excess weight is [linked](#) to more than 230 serious health conditions, including heart disease, type 2 diabetes, certain cancers, high blood pressure, and sleep disorders, many of which increase the risk of heart attack, stroke, and other complications.³ Diseases tied to obesity are among the [leading causes of preventable death](#) in the U.S.⁴ The economic toll of chronic diseases related to obesity or being overweight is staggering, costing nearly [\\$1.72 trillion annually](#) in direct and indirect healthcare costs.⁵

Food and Drug Administration (FDA)-approved anti-obesity medications (AOMs) offer breakthrough therapies for individuals living with obesity and represent a groundbreaking advancement in obesity care. Among their many benefits, these treatments can reduce the risk of heart attack and stroke by [15–20%](#), helping prevent as many as 34,000 serious health events each year.⁶ Improving access to AOMs not only enhances health outcomes but also reduces [long-term healthcare spending](#) by preventing costly complications. Heart disease costs the U.S. over [\\$400 billion annually](#), with government and commercial insurers [shouldering](#) nearly 80% of the nation’s treatment costs.⁷

Despite their proven benefits, AOMs remain [out of reach](#) for millions due to insurance coverage barriers and high prices—they can cost up to \$1,000 per month without insurance. As a result, many patients forgo these therapies entirely or are [forced](#) to skip doses, take smaller amounts, or delay refills in an effort to save money.⁸ Unless Congress acts, [1.25 million Medicare beneficiaries](#) may lose access to these critical therapies as they transition into Medicare due to ongoing coverage and cost obstacles.⁹ Furthermore, federal legislation is urgently needed to ensure access and coverage of comprehensive obesity care, which includes AOMs and other services such as intensive behavioral therapy (“IBT”).

Overview of the Treat and Reduce Obesity Act

The bipartisan and bicameral Treat and Reduce Obesity Act (TROA) ([S. 1973](#) / [H.R. 4231](#)) would help make comprehensive obesity management more achievable—and affordable—for those in need.¹⁰ The bill would:

- Allow Medicare Part D to cover FDA-approved AOMs.
- Require Medicare to reevaluate its coverage of IBT therapy for obesity, which helps provide necessary clinical support to promote exercise and a healthy diet.

ENDORSEMENT: The Association of Black Cardiologists (ABC) calls for the reintroduction of TROA, as well as other complementary reforms to prevent, address, and treat obesity. We urge members of Congress to reintroduce this important legislation as soon as possible to change and save lives.

About ABC: *Founded in 1974, ABC is a nonprofit organization with a global membership, including health professionals, community health advocates, and institutional members. The Association’s mission is to promote the prevention and treatment of cardiovascular disease (CVD), including stroke, in Black populations and other groups facing barriers to optimal health. Through education, research, partnerships, and advocacy, the Association works to advance cardiovascular health and improve outcomes in communities nationwide.*

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- ¹ National-level and state-level prevalence of overweight and obesity among children, adolescents, and adults in the USA, 1990–2021, and forecasts up to 2050. The Lancet. December 2024. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01548-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01548-4/fulltext); Medicare Coverage of Anti-Obesity Medications. Issue Brief: Medicare Coverage of Anti-Obesity Medications. Assistant Secretary for Planning and Evaluation Office of Health Policy. November 2024. <https://aspe.hhs.gov/sites/default/files/documents/127bd5b3347b34be31ac5c6b5ed30e6a/medicare-coverage-anti-obesity-meds.pdf>
- ² By 2030, nearly half of all U.S. adults will be obese, experts predict. Los Angeles Times. December 2019. <https://www.latimes.com/science/story/2019-12-18/nearly-half-of-us-adults-will-be-obese-by-2030>
- ³ Obesity Care Advocacy Network. Fact Sheet: Obesity Care Beyond Weight Loss <https://obesitycareadvocacynetwork.com/news/fact-sheet-obesity-care-beyond-weight-loss>
- ⁴ About Chronic Disease. Centers for Disease Control and Prevention. October 2024. <https://www.cdc.gov/chronic-disease/about/index.html>
- ⁵ America's Obesity Crisis: The Health and Economic Costs of Excess Weight. Milken Institute. October 2018. <https://milkeninstitute.org/report/americas-obesity-crisis-health-and-economic-costs-excess-weight>
- ⁶ GLP-1 drugs could help prevent 34,000 heart attacks and strokes in the US each year, research suggests. CNN. September 2024. <https://www.cnn.com/2024/09/18/health/glp-1-prevent-heart-attack-stroke>
- ⁷ Fast Facts: Health and Economic Costs of Chronic Conditions. Centers for Disease Control and Prevention. July 2024. <https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>; Healthcare Expenditures for Heart Disease among Adults Aged 18 and Older in the U.S. Civilian Noninstitutionalized Population, 2020. Agency for Healthcare Research and Quality. September 2023. <https://www.ncbi.nlm.nih.gov/books/NBK601171/>
- ⁸ Popular weight loss drugs remain out of reach for many who need them. NBC News. March 2024. <https://www.nbcnews.com/health/health-news/-weight-loss-drugs-wegovy-zepbound-out-of-reach-rcna142763>; Cost-Related Prescription Drug Rationing by Adults With Obesity. JAMA Netw Open. November 2024. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/282564>
- ⁹ H.R. 4818, the Treat and Reduce Obesity Act One-Pager. <https://waysandmeans.house.gov/wp-content/uploads/2024/06/H.R.-4818-TROA-One-Pager.pdf>
- ¹⁰ In the 118th Congress, an amended version of the bill advanced out of the House Ways and Means Committee with bipartisan support. The amended bill provides coverage of AOMs only to those transitioning onto Medicare.