

September 14, 2021

Mr. Ronald A. Klain
Chief of Staff
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Ambassador Susan Rice
Assistant to the President for Domestic Policy
Eisenhower Executive Office Building
1650 Pennsylvania Avenue NW
Washington, DC 20502

Mr. Cedric Richmond
Senior Advisor and Director of the Office of Public Engagement
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear Mr. Klain, Ambassador Rice, and Director Richmond:

We write to you today in your capacity as the leaders of the Administration-wide effort to advance racial equity so boldly established in President Biden's January 20, 2021 [Executive Order](#). Consistent with the goals of that order, we urge you to take action now on a critical health equity crisis: the growing number of Black and Latino people living with obesity who lack access to comprehensive care for this chronic disease.

The obesity epidemic is one of the **most serious health equity issues** impacting our country, affecting [42 percent of Americans](#). As a top comorbidity for serious cases of COVID-19 and death, obesity disproportionately impacts Black and Latino communities, who are nearly three times as likely to be hospitalized for severe cases of COVID-19 than whites. Obesity is also linked to more than 200 serious health conditions including diabetes, heart disease, high blood pressure, and strokes.

Even though obesity is an epidemic that can lead to additional serious health issues, Black and Latino communities can't access the health care needed to treat the disease. That's because of **outdated Medicare rules that perpetuate harmful inequities** and deny lifesaving care to millions of seniors.

Today, obesity medications are part of a short list of excluded drug categories in Medicare, including hair loss drugs, erectile dysfunction medication, and cold and flu treatments. When Congress passed Part D, these categories were meant to exclude cosmetic or traditionally over-the-counter treatments. Yet obesity care has life or death implications, and is a disease with a

disproportionate impact on minority communities. Medicare also places undue restrictions on intensive behavioral therapy, only allowing primary care providers to deliver this service and not obesity medicine specialists, registered dietitians, psychologists, or evidence-based community-based programs, and severely restricting the physical locations in which this care can occur.

Despite a growing number of treatment options and shifts in healthcare toward recognizing and treating obesity -- notably a 2013 decision by the American Medical Association formally recognizing obesity as a disease -- Medicare Part D has remained unchanged. This leaves millions of seniors, particularly members of Black and Latino communities, vulnerable to costly chronic illnesses and premature death due to lack of treatment. **As a result of these restrictions on obesity medication and intensive behavioral therapy, less than one percent of seniors on Medicare have access to obesity care.**

We applaud this Administration's commitment to tackling systemic racial inequity, particularly as our nation continues to combat the COVID-19 pandemic. **That's why we urge you to take action to provide obesity care now, especially as the rising Delta variant once again threatens some of our most vulnerable populations.**

Providing access to the full continuum of care for obesity could make a meaningful difference in the fight against COVID-19, and result in significant savings to our health system. Obesity is associated with nearly \$1,900 in excess annual medical costs per person (amounting to over \$170 billion in excess medical costs per year), with the highest costs occurring for adults 60-70. Better access to a range of effective treatment not only could save money but also save lives. Reducing the U.S. obesity rate by 25% would have resulted in 120,000 fewer hospitalizations, 45,000 fewer ICU admissions, and 65,000 deaths. Nearly half of those reductions would be among Black people and nearly one quarter would be among Latino people, even though those communities account for 13.4 percent and 18.5 percent of the population, respectively.

We recognize the extraordinary work that lies ahead and believe an important first step is to ensure that our laws and regulations reflect the latest guidelines and standards of care. To that end, we call on the Biden Administration to take immediate action by changing outdated Medicare rules, providing access to lifesaving obesity medication and intensive behavioral therapy now for the many seniors living with obesity.

Sincerely,

National Organizations

Academy of Nutrition and Dietetics

AIDS Institute

American Academy of PAs

American Council on Exercise

American Gastroenterological Association

American Psychological Association

American Society for Metabolic and Bariatric Surgery

Association of American Cancer Institutes
Association of Black Cardiologists
Association of Diabetes Care & Education Specialists
Black Women's Health Imperative
Center for Patient Advocacy Leaders
Common Threads
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Endocrine Society
Global Liver Institute
Healthcare Leadership Council
Healthy Women
League of United Latin American Citizens
MedTech Coalition for Metabolic Health
National Black Leadership Commission on Health, Inc.
National Black Nurses Association
National Consumers League
National Hispanic Medical Association
National Kidney Foundation
National Urban League
Obesity Action Coalition
Obesity Medicine Association
Preventive Cardiovascular Nurses Association
Public Health Institute
Redstone Global Center for Prevention and Wellness
The Gerontological Society of America
The Obesity Society
WW (formerly Weight Watchers)
YMCA of the USA

State/Local Organizations

Alabama Dietetic Association
Alabama State Chapter of the American Society for Metabolic and Bariatric Surgery
Arizona State Chapter of the American Society for Metabolic and Bariatric Surgery
Arkansas Academy of Nutrition and Dietetics
CA Community Action Partnership Association
California Academy of Nutrition and Dietetics
California Health Collaborative
California Podiatric Medical Association
California State Chapter of the American Society for Metabolic and Bariatric Surgery
Chronic Care Collaborative
Colorado Academy of Nutrition & Dietetics
Colorado Medical Society
Colorado State Chapter of the American Society for Metabolic and Bariatric Surgery

Community Cardiovascular Initiative
Connecticut State Chapter of the American Society for Metabolic and Bariatric Surgery
Connecticut Academy of Nutrition and Dietetics
Dakota Yellowstone Chapter of the American Society for Metabolic and Bariatric Surgery (ID, MT, ND, SD, WY)
Delaware Academy of Nutrition and Dietetics
Delaware State Chapter of the American Society for Metabolic and Bariatric Surgery
Florida Academy of Nutrition and Dietetics
Florida, Puerto Rico, and Caribbean State Chapter of the American Society for Metabolic and Bariatric Surgery
Gaining Health
Georgia State Chapter of the American Society for Metabolic and Bariatric Surgery
Illinois Academy of Nutrition and Dietetics
Illinois State Chapter of the American Society for Metabolic and Bariatric Surgery
Indiana State Chapter of American Society for Metabolic and Bariatric Surgery
Iowa Academy of Nutrition & Dietetics
Kansas Academy of Nutrition and Dietetics
Kansas State Chapter of the American Society for Metabolic and Bariatric Surgery
Kentucky Academy of Nutrition and Dietetics
Kentucky/Ohio State Chapter of the American Society for Metabolic and Bariatric Surgery
Looms for Lupus
Louisiana State Chapter of the American Society for Metabolic and Bariatric Surgery
Maryland Academy of Nutrition and Dietetics
Massachusetts Academy of Nutrition and Dietetics
Massachusetts State Chapter of the American Society for Metabolic and Bariatric Surgery
Medical Society of New Jersey
Michigan Academy of Nutrition and Dietetics
Michigan Department of Education
Michigan State Chapter of the American Society for Metabolic and Bariatric Surgery
Minnesota State Chapter of the American Society for Metabolic and Bariatric Surgery
Mississippi Academy of Nutrition and Dietetics
Missouri State Chapter of the American Society for Metabolic and Bariatric Surgery
Montana Academy of Nutrition and Dietetics
Nebraska Academy of Nutrition and Dietetics
Nebraska State Chapter of the American Society for Metabolic and Bariatric Surgery
New Jersey Academy of Nutrition and Dietetics
New Jersey Association of Hearing Health Professionals
New Jersey Coalition of Community Hospitals
New Jersey State Chapter of the American Society for Metabolic and Bariatric Surgery
New Jersey YMCA State Alliance
New York State Academy of Nutrition and Dietetics
New York State Chapter of the American Society for Metabolic and Bariatric Surgery
North Dakota Academy of Nutrition and Dietetics
North/South Carolina State Chapter of the American Society for Metabolic and Bariatric Surgery

Ohio Academy of Nutrition and Dietetics
Oklahoma Academy of Nutrition and Dietetics
Oklahoma/Arkansas State Chapter of the American Society for Metabolic and Bariatric Surgery
Oregon Alliance of YMCAs
Oregon State Chapter of the American Society for Metabolic and Bariatric Surgery
Pennsylvania State Chapter of the American Society for Metabolic and Bariatric Surgery
South Carolina Academy of Nutrition and Dietetics
South Dakota Academy of Nutrition & Dietetics
Street Soccer USA Philadelphia
Tennessee Academy of Nutrition and Dietetics
Tennessee State Chapter of the American Society for Metabolic and Bariatric Surgery
Texas Academy of Nutrition and Dietetics
Texas Association for Bariatric Surgery
Texas State Chapter of the American Society for Metabolic and Bariatric Surgery
Ultimate Bariatrics
VIC Valley InterCommunity Council
Washington State Academy of Nutrition and Dietetics
Washington State Chapter of the American Society for Metabolic and Bariatric Surgery
Wisconsin Academy of Nutrition and Dietetics
Wisconsin State Chapter of the American Society for Metabolic and Bariatric Surgery

CC:

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