



March 7, 2022

The Honorable Chiquita Brooks-LaSure, MPP
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1751-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs

Administrator Brooks-LaSure,

The American Academy of PAs (AAPA), on behalf of the more than 151,000 PAs (physician assistants) throughout the United States, appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services' (CMS) 2023 Medicare Parts C and D proposed rule. Specifically, AAPA would like to focus on the topic of obesity and what can be accomplished by CMS through this rule to assist beneficiaries in dealing with the obesity crisis.

Obesity, or the presence of excessive fat resulting in a Body Mass Index of 30 or higher, presents a significant health risk to nearly 32% of adults in the United States.¹ A medical concern in its own right, obesity has also been shown to be a compounding factor in other diseases such as diabetes, heart disease, certain cancers, high blood pressure, and more.² Obesity has also been shown to increase the risk of severe illness resulting from COVID-19.³ Like many chronic diseases, in addition to the direct health harms, obesity can affect an individual's mental health and reduce quality of life.⁴

The causes of obesity are numerous and complex, frequently resulting from some combination of lifestyle and nutritional choices, genetics, disease, age, stress, and a lack of awareness of, or access to, potential interventions. The COVID-19 pandemic has amplified these risk factors through increases in stress and sedentary lifestyles, as well as decreased options for physical activity without additional risk of exposure to COVID-19.

For many years, the issue of obesity has been of great importance to AAPA from both a public health and health equity perspective. The PA community continues to demonstrate its interest in this issue as obesity remains [one of the most popular](#) Continuing Medical Education topics for PAs. AAPA, in conjunction with other groups, developed

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https://nccd.cdc.gov/dnpao_dtm/rdPage.aspx?rdReport=DNPAO_DTM.ExploreByTopic&islClass=OWS&islTopic=&go=GO

2 <https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742#:~:text=Obesity%20is%20a%20complex%20disease,blood%20pressure%20and%20certain%20cancers.>

3 <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#obesity>

4 <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/health-effects/>

the [Primary Care Obesity Management Certificate Program \(PCOMCP\)](#), which supports PAs and NPs in treating patients who have obesity.

We have worked on strategies to mitigate the obesity epidemic through the Obesity Care Advocacy Network, providing [public comment](#) on the importance of a broad approach to treatment. AAPA has publicized obesity-related educational opportunities at our [national conferences](#), and has ongoing efforts surrounding [providing resources](#), [educating](#) and [training](#) PAs on issues such as nutritional intervention, one important tool in combating obesity. In light of the ongoing COVID-19 pandemic, AAPA has been [examining](#) the ways in which obesity and other national health priorities intersect with one another.

As a result of AAPA's well-established commitment to addressing obesity, we are writing to you today to reiterate our [previously stated](#) commitment to a broad approach to treatment. The interventions used to address the obesity epidemic are as multi-faceted as the contributing factors to the disease. Potential care management options include targeted education campaigns, increased access to healthy foods and physical activity programs, the development of, and adherence to, nutritional standards, and medical (including psychotherapy), surgical and pharmaceutical/medication options.

The effectiveness and need for various interventions will vary depending on the individual, their circumstances, and the contributing factors to their obesity. Therefore, each potential treatment option or set of options must be considered and made available to patients as appropriate and in consultation with their health care provider. CMS should ensure that medical and pharmaceutical interventions, including Food and Drug Administration-approved anti-obesity medications, are appropriately available to Medicare beneficiaries. As medical and pharmaceutical research allow us to better understand the complicated regimen of treating obesity, CMS should eliminate coverage policies that limit patient access to medically necessary obesity treatment options.

When Medicare beneficiaries obtain access to treatment for the disease of obesity, the quality of their lives are greatly improved. In addition, the high medical costs associated with obesity and the wide range of related comorbid conditions impact both patients and the Medicare program. The availability of a broad array of obesity treatments can provide long-term cost savings to the program.⁵

Thank you for the opportunity to provide feedback on the 2023 Medicare Parts C and D proposed rule. AAPA welcomes further discussion with CMS regarding these issues. For any questions you may have please do not hesitate to contact Michael Powe, AAPA Vice President of Reimbursement & Professional Advocacy, at michael@aapa.org.

Sincerely,



Lisa M. Gables, CPA
Chief Executive Officer

⁵ <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/#:~:text=Obesity%20Costs%20Are%20Rising%20Overall&text=Spending%20on%20obesity%2Drelated%20conditions,percent%20of%20private%2Dpayer%20spending>.