Obesity Care Advocacy Network Urges HHS Secretary Kennedy to Support Obesity Prevention, Treatment and Research Programs

June 24, 2025

The Obesity Care Advocacy Network (OCAN) is pleased to provide the following statement regarding the President's proposed budget for Fiscal Year (FY) 2026 – specific to funding priorities for the U.S. Department of Health & Human Services (HHS) to address the complex and chronic disease of obesity.

Founded in 2015, OCAN is a diverse group of organizations focused on changing how we perceive and approach obesity in the United States. OCAN works to increase access to evidence-based obesity treatments by uniting key stakeholders and the broader obesity community around significant education, policy and legislative efforts. We aim to fundamentally change how the U.S. healthcare system treats obesity, and to shift the cultural mindset on obesity so that policymakers and the public address obesity as a serious chronic disease.

According to a study published in The Lancet, 213 million American adults are expected to have overweight or obesity by 2050 in the absence of any major public health and medical care policy changes. To make America healthy again, obesity must be addressed, treated, and managed effectively.

In order to make progress toward this goal, we recommend that HHS take the following steps:

Update Medicare Coverage Policies to Recognize Obesity as a Chronic Disease and Ensure Access to Comprehensive Care

Medicare & Medicaid Coverage of FDA-Approved Obesity Medications

OCAN enthusiastically supported the Centers for Medicare & Medicaid Services (CMS) proposed rule language regarding Part D coverage of obesity medications and application to the Medicaid Program that would have aligned coverage policy to reflect the prevailing medical consensus that obesity is a chronic disease. While we were disappointed that the Trump Administration did not finalize this policy through the rulemaking process, we are pleased that the agency is looking at a regulatory framework for providing Medicare and Medicaid beneficiary access to this treatment avenue in the future. Allowing coverage would remove a major barrier to treatment of obesity for older adults and Americans living with disabilities, and many dual eligible beneficiaries.

We are pleased that CMS recognizes the broad national support for enhancing coverage for obesity medications in the Medicare and Medicaid programs as demonstrated by the strong

number of public comments. Currently, regulatory prohibitions exclude 40 percent of Americans aged 60 and older who are living with obesity from accessing the evidence-based treatment they want, need, and deserve. Additionally, over 38 percent of individuals enrolled in Medicaid live with obesity and many states have committed to providing access to obesity medications. We believe that removing this prohibition for Medicare would be a significant step toward making Americans healthy.

Update Medicare's National Coverage Determinations (NCD) on Bariatric Surgery and Intensive Behavioral Therapy

While Medicare has provided coverage for bariatric surgery and intensive behavioral therapy (IBT) services since 2006 and 2012, respectively, CMS has failed to update these NCDs to reflect the latest standards or care and clinical practice guidelines.

For example, the American Society for Metabolic and Bariatric Surgery (ASMBS) and the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) issued new Guidelines on Indications for Metabolic and Bariatric Surgery in 2022. The new ASMBS/IFSO guidelines are meant to replace a consensus statement developed by National Institutes of Health (NIH) more than 30 years ago, which set standards most insurers and doctors still rely upon to make decisions about who should get weight-loss surgery, what kind they should get, and when they should get it.

The ASMBS/IFSO Guidelines now recommend metabolic and bariatric surgery for individuals with a BMI of 35 or more "regardless of presence, absence, or severity of obesity-related conditions" and that it be considered for people with a BMI 30-34.9 and metabolic disease and in "appropriately selected children and adolescents." But even without metabolic disease, the guidelines say weight-loss surgery should be considered starting at BMI 30 for people who do not achieve substantial or durable weight loss or obesity disease-related improvement using nonsurgical methods.

In terms of the IBT services, there have been several statutory and procedural changes to the United States Preventive Services Task Force (USPSTF) recommendation on Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions. Updating the 2012 IBT NCD would allow CMS to modify coverage policies to match the USPTF's current recommendations on preventive services, specifically with respect to the manner in which that care can be delivered. For example, additional providers (specialty physicians, nurse practitioners, clinical nurse specialists, and physician assistant (PAs), clinical psychologists, registered dietitians or nutrition professional, and Medicare Diabetes Prevention Programs) would be allowed to independently provide and bill for this service upon referral from their primary care provider without limitation to the primary care setting.

Support the CDC's National Center for Chronic Disease Prevention and Health Promotion

OCAN is deeply concerned about President Trump's budget proposal, which seeks to eliminate the Center for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion. This critical Center oversees the operation of nine chronic disease divisions, including the Division of Nutrition, Physical Activity, and Obesity (DNPAO). DNPAO focuses on obesity prevention and treatment through the identification and implementation of evidence-based interventions, quality standards, and epidemiologic surveillance of chronic

diseases through such tools as CDC growth charts, BMI calculators and annual obesity prevalence maps.

DNPAO plays a critical role in addressing obesity prevention and treatment. Good nutrition and adequate physical activity are essential for improving health across the lifespan and support optimal growth and development in children, reducing the possibility of developing costly chronic diseases that can increase premature mortality and foster strength and mobility in older adults helping to prevent falls. Falls are the leading cause of death by injury for people 65+. Elimination of DNPAO would have a devastating impact on national guidance, training, and data tools that millions of health professionals rely on to help them address obesity.

Protect NIH Obesity Research Funding

OCAN is also deeply concerned that the President's budget would reduce funding for the National Institutes of Health (NIH) by eighteen billion dollars and consolidate or eliminatine institutes and centers without congressional hearings or public input. A recent survey commissioned by Research!America shows that 9 out of 10 Americans across the political spectrum want President Trump and the U.S. Congress to assign a higher priority to ensuring faster medical progress.

NIH plays a central role in advancing the scientific understanding of obesity through robust research funding and interagency coordination. As the nation's primary biomedical research agency, the NIH supports a broad range of studies aimed at identifying the causes, consequences, prevention, and treatment of obesity. This critical funding also supports clinical trials, epidemiological studies, and translational science to explore genetic, behavioral, social, and environmental contributors to obesity, with a focus on both pediatric and adult populations.

Finally, NIH-funded research saves lives, drives medical breakthroughs, and fuels job creation in communities across all 50 states. At less than 1% of the federal budget, NIH delivers an outsized return on investment, generating $2.56 in economic activity for every $1 invested.

Obesity is one of the most pressing and costly public health challenges in the U.S. today. Access to evidence-based obesity care, CDC programs and NIH-funded research are all key to addressing and curbing this chronic disease.