AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

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January 27, 2025

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4208-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly

Dear Administrator Brooks-LaSure:

The American Geriatrics Society (AGS) appreciates the opportunity to submit comments on the Contract Year 2026 Medicare Advantage and Part D Proposed Rule specifically the proposal around coverage of anti-obesity medications (AOMs).[1] The AGS is a not-for-profit organization comprised of nearly 6,000 physician and non-physician practitioners (NPPs) who are devoted to improving the health, independence and quality of life of all older adults. Our 6,000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician associates, pharmacists, and internists who are pioneers in serious illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. The AGS believes in a society where we all are supported by and able to contribute to communities where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. AGS provides leadership to healthcare professionals, policy makers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy.

Under current Medicare policy, anti-obesity medications are only coverable in Part D if the drug is being used to treat another condition that is a medically accepted indication other than weight loss or weight management, for example, type 2 diabetes. The Centers for Medicare and Medicaid Services (CMS) is now reconsidering this exclusion given medical consensus towards recognizing obesity as a chronic disease and the increasing prevalence of obesity in the Medicare-eligible population. CMS now proposes for 2026 to reinterpret the statute to permit coverage of AOMs for the treatment of obesity when such drugs are indicated to reduce excess body weight and maintain weight reduction long-term for individuals with obesity.

[1] 89 Fed Reg. 99340 (Dec. 10, 2024)

The AGS appreciates CMS' efforts to address and manage obesity in the Medicare population. We wanted to share the following comments as you consider this proposal.

Lack of Research in People Over Age 65 and in Diverse Populations

There are currently nine AOMs approved by the Food and Drug Administration (FDA) for the treatment of obesity, however there is limited clinical trial evidence of AOM use among older adult populations. The limited evidence that does exist is mostly focused on incretin therapy with glucagon-like peptide-1 receptor agonists (liraglutide, semaglutide, and tirzepatide).[2] Most studies focus on younger populations, with only recent heart failure trials including participants with a mean age of ~65 years. However, these trials have limited age variability, and few, if any, participants are over 75 years old.[3] More research, particularly effectiveness studies of AOMs for long-term weight management in older adults with obesity, is urgently needed.

The AGS is also concerned whether there is sufficient data on AOMs for diverse racial and ethnic groups. A 2022 report by the Institute for Clinical and Economic Review (ICER) noted that most trials for weight loss medications included mostly White patients though prevalence of obesity is higher for Black individuals. We believe it is important to ensure representative study populations that are inclusive of older adults from diverse backgrounds. When medical evidence is generated from study populations that do not resemble most of the people who ultimately will be the ones treated, we miss opportunities to learn how to optimize health and resilience and avoid suffering. Clinical trials examining AOM in older adults should ensure that diverse older adults also include those with medical complexity, multimorbidity and frailty. Chronic diseases related to aging, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people 65 and older[4] and clinical trials should be representative of that.

Balancing Lifestyle Modifications with Pharmaceutical Interventions

A recent JAMA Internal Medicine editorial[5] highlighted the importance of a patient-centered approach that combines comprehensive lifestyle interventions with AOMs. While these medications hold great promise, we believe a one-size-fits-all approach is inappropriate, as it fails to address the heterogeneity of both aging and obesity as a chronic disease. This is particularly complex in older adults, who face the added challenge of sarcopenia—the age-related loss of muscle mass and strength.[6] Lifestyle interventions should remain a cornerstone of chronic disease management and health promotion, but they must be personalized and adapted to meet the unique needs of older adults.

Providers should also reconsider the primary outcome for older adults, shifting the focus from "weight loss" to overall health, physical function, or quality of life. This distinction is crucial—losing weight is not always the best option, nor do we fully understand the ideal "sweet spot" for weight management in this population. Additional research is urgently needed to balance these considerations and guide evidence-based decision-making.

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[2] Henney AE, Wilding JPH, Alam U, Cuthbertson DJ. Obesity pharmacotherapy in older adults: a narrative review of evidence. Int J Obes (Lond). 2024 May 6. doi: 10.1038/s41366-024-01529-z. Epub ahead of print. PMID: 38710803.

[3] Zile MR, Borlaug BA, Kramer CM, Baum SJ, Litwin SE, Menon V, Ou Y, Weerakkody GJ, Hurt KC, Kanu C, Murakami M, Packer M; SUMMIT Trial Study Group.Circulation. 2024 Nov 18. doi: 10.1161/CIRCULATIONAHA.124.072679. Online ahead of print.PMID: 39556714

[4] National Prevention, Health Promotion, and Public Health Council. Healthy Aging in Action: Advancing the National Prevention Strategy. November 2016. Accessed September 2024.

[5] Richman I, Rittenberg E. Lifestyle Modification for Obesity Management—A Cornerstone and Not a Roadblock. *JAMA Intern Med.* Published online November 25, 2024. doi:10.1001/jamainternmed.2024.6453

[6] Batsis JA, Villareal DT. Sarcopenic obesity in older adults: aetiology, epidemiology and treatment strategies. Nat Rev Endocrinol. 2018 Sep;14(9):513-537. doi: 10.1038/s41574-018-0062-9. PMID: 30065268; PMCID: PMC6241236.

Accessibility to Lifestyle Modifications

A major challenge is the lack of accessibility to lifestyle modifications and medications in many areas, which exacerbates existing health inequities. It is essential to ensure equitable access to care and advocate for these interventions to be available to all populations. In an article outlining lifestyle modification for obesity in adults and its short- and long-term benefits, the authors noted that the majority of the findings described are from large, funded trials in which treatment was delivered in person by experienced clinicians working in academic medical centers.[7] Often, clinicians in other settings do not have the training and time to deliver these interventions. For patients, treatment can be costly and accessibility can be an issue especially for those in rural and economically disadvantaged areas.

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Thank you for taking the time to review our feedback. For additional information or if you have any questions, please do not hesitate to contact, Alanna Goldstein at agoldstein@americangeriatrics.org.

Sincerely,

Mark Supiano, MD
President

Nancy E. Lundebjerg, MPA
Chief Executive Officer

[7] Wadden TA, Tronieri JS, Butryn ML. Lifestyle modification approaches for the treatment of obesity in adults. Am Psychol. 2020 Feb-Mar;75(2):235-251. doi: 10.1037/amp0000517. PMID: 32052997; PMCID: PMC7027681.