

December 12, 2023

Dear members of the House Energy and Commerce, House Ways and Means, and Senate Finance, and the Senate Committee on Health, Education, Labor, and Pensions,

Our organizations were proud to join the rest of the country as we commemorated National Hispanic Heritage Month, which celebrates the culture, history, and vast achievements of Hispanics and Latinos in the United States. However, we would be remiss if we did not take this opportunity to use our platform to address the significant healthcare disparities confronting our communities, which based on 2020 census data, comprises approximately <u>62 million</u> <u>Hispanic/Latino people, and makes up</u> 18.7% of the total United States population.

According to the <u>Hispanic Community Health Study/Study of Latinos</u> (HCHS/SOL)<sup>i</sup>, the largest and most representative study of an ever growing population with cultural roots across Latin America and the Caribbean, Hispanic people born in the United States may be at higher risk for multiple chronic diseases than their peers born in other countries. The study found that not only do Hispanic/Latino people born in the United States have higher levels of metabolites related to higher risks of diabetes, obesity, chronic kidney disease, and asthma, but the longer foreign-born Latinos live in the United States, the more prone they are to developing diseases that may be related to diet, lifestyle, and environmental factors. <sup>ii</sup>

Obesity is one of the most insidious chronic diseases that is facing all generations of Hispanics/Latinos. Close to 45% of Hispanic/Latino adults are living with obesity, in the United States, according to the January, 2023 <u>American Heart Association's statistical update</u>. It's also important to recognize that obesity raises the risk for cardiovascular disease, <u>the leading cause of death</u> in the United States. Obesity is also associated with other serious diseases, such as type 2 diabetes, many forms of cancer, asthma, pulmonary blood clots, arthritis, and stroke, to name a few. Unfortunately, obesity rates are expected to increase by 10 percent in the years to come, with close to <u>half of all American adults</u> on track to have obesity by 2030. These findings are amplified by comparing the Centers for Disease Control and Prevention (CDC) <u>Adult Obesity Prevalence Maps</u>, recently updated to include 2020-2022 data from previous 2018-2020 data. One of the more startling statistics reported was, while only 2 states had a 40-45% prevalence of obesity among Hispanic adults during 2018-2020, that prevalence increased to 9 states during 2020-2022! Economically, obesity has been found to result in <u>over \$170 billion in excess medical costs</u> per year (in 2021 dollars), with the highest costs occurring for adults 60-70.









In addition, the Black American obesity rate is the highest of all racial groups in the U.S. Currently, it stands at 49.6 percent, compared to 42% for Whites, 46% for Hispanics and 18% of Asian Americans. Black women have the highest rate of obesity of any cohort: 56.9%. This is all based on the Body Mass Index (BMI), which government agencies, physicians, and nutritionists have been using to estimate a person's fat composition. Still, there is wide acknowledgement that BMI-calculated by dividing weight by height in meters--is flawed and inexact. The tool cannot distinguish between fat, muscle, and bone. Nor does it take into account that Black bodies usually have higher bone density and less visceral fat, the type behind the abdominal muscle and the fat that endangers health.

From a policy perspective, the United States has been woefully lax in addressing this chronic disease, sacrificing our communities in the process. You could be instrumental in changing the trajectory! On July, 20, 2023, United States Senators Tom Carper (D-DE) and Bill Cassidy (R-LA) reintroduced the "Treat and Reduce Obesity Act (TROA)" to combat the obesity national health crisis in the United States (S.2407). Concurrently, Representatives Brad Wenstrup (R-OH), Raul Ruiz (D-CA.), Mariannette Miller-Meeks (R-IA ), and Gwen Moore (D-WI) introduced companion legislation in the House of Representatives (H.R. 4818).

We would like to thank these members for reintroducing this important bi-partisan piece of legislation that is long overdue for passage. We are grateful for Congressional support. This year is a significant year in the fight on obesity, as it marks the 10<sup>th</sup> anniversary of TROA's first introduction during the 113th Congressional session in 2013. It has been re-introduced in every Congress thereafter. We would sincerely appreciate your support as a Co-sponsor of <u>H.R</u> <u>4818/S.2407</u> to help bring the much-needed legislation over the finish line in this pivotal 118<sup>th</sup> Congress.

If enacted into law, TROA 2023 would establish Medicare Part D coverage for FDA-approved antiobesity medications and intensive behavioral therapy to ensure access to a full continuum of care for Medicare beneficiaries who have obesity. Researchers at USC Schaeffer Center for Health Policy found that covering anti-obesity medication could generate approximately \$175 billion in Medicare cost offsets in the first 10 years of coverage and \$700 billion after 30 years.<sup>III</sup> They also found that in the first 10 years alone, covering weight-loss therapies would save Medicare \$175 billion to \$245 billion, depending on whether private insurance joins Medicare in providing coverage, as they have historically done. Given the fact that Medicare covers life-saving medications for a range of chronic diseases, treating obesity should be no different, especially since other disease states could be avoided if obesity were addressed.











The health and economic benefits of providing coverage to those Americans who need various pharmacotherapies to lead healthier lives is well documented. It is essential that we address obesity policy in the United States <u>now</u>. Please see attached contact information for congressional staff who are handling co-sponsorship for their respective offices.

Ensuring that Hispanic/Latino patients living with obesity have access to the full continuum of care is extremely important to the below signed organizations, which collectively represent the interests of millions of Hispanic/Latino living in the United States.

Please contact Christine S. Perez (Director of Programs at NHCOA) at c.perez@nhcoa.org \_ or 202-347-9733 with any questions or concerns. We thank you for your consideration of this particularly important matter.

Sincerely,

-L.C

Yanira Cruz, DrPH, MPH President & CEO National Hispanic Council on Aging

And the following organizations:

- Aspira Association
- Concilio CDS, Inc
- Currax Pharmaceuticals LLC
- Diverse Elders Coalition
- Gerontological Society of America
- HealthyWomen
- League of United Latin American Citizens
- MANA, A National Latina Organization
- National Consumers League
- National Association of Hispanic Nurses
- National Council on Black Aging
- National Council on Aging
- Perfil Latino
- The Global Liver Institute
- YMCA of the USA









<sup>ii</sup> The findings are considered preliminary until the full results are published in a peer-reviewed journal.

<sup>iii</sup> Ward, Alison Sexton et al. « Benefits of Medicare Coverage for Weight Loss Drugs « USC Schaeffer. April 2023. 2023.04 Schaeffer Center White Paper Benefits of Medicare Coverage for Weight Loss Drugs.pdf (usc.edu)







<sup>&</sup>lt;sup>i</sup> The Hispanic Community Health Study / Study of Latinos (HCHS/SOL) is a multi-center epidemiologic study in Hispanic/Latino populations to determine the role of acculturation in the prevalence and development of disease, and to identify risk factors playing a protective or harmful role in Hispanics/Latinos. The study is sponsored by the National Heart, Lung, and Blood Institute (NHLBI) and six other institutes, centers, and offices of the National Institutes of Health (NIH).