THE OBESITY SOCIETY
Professionals Collaborating to Overcome Obesity

June 2, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare GLP-1 Bridge Program and Comprehensive Obesity Care

Dear Administrator Oz:

On behalf of The Obesity Society (TOS), thank you for the Administration's continued efforts to improve access to obesity treatment through the Medicare GLP-1 Bridge Program. TOS is the leading scientific organization dedicated to the study, prevention, and treatment of obesity. Our members include researchers, clinicians, educators, and health professionals committed to advancing evidence-based obesity care and improving the lives of individuals living with obesity.

We applaud the Administration for recognizing obesity as a chronic disease and for taking this historic and monumental step toward expanding access to obesity medications for Medicare beneficiaries. Individuals living with obesity deserve access to the full continuum of evidence-based care, and the Bridge Program represents meaningful progress toward addressing longstanding gaps in treatment access. We are actively communicating with our members and the public about the program and encouraging individuals to seek treatment when it launches on July 1.

At the same time, while we support the implementation of the Bridge Program, we respectfully urge CMS to consider additional policy changes necessary to ensure comprehensive, patient-centered obesity care. Specifically, we encourage CMS to address critical gaps related to access to different classes of FDA-approved obesity medications, lifestyle and behavioral services, and access challenges affecting TRICARE for Life beneficiaries as outlined below.

Access to Different Classes of Obesity Medications

Ensuring access to multiple evidence-based obesity medication options is essential to supporting appropriate clinical decision-making and equitable patient care. Obesity is a complex disease, and management requires medicines with multiple mechanisms of action used in conjunction with lifestyle and behavioral interventions. Like other chronic diseases, such as hypertension or diabetes, some patients will require more than one medication to achieve their health goals.

While newer GLP-1 and GLP-1/GIP obesity medications have demonstrated substantial effectiveness for many patients, obesity is a heterogeneous chronic disease. Treatment response varies considerably among individuals. A substantial proportion of patients do not achieve clinically meaningful response to

GLP-1 therapies alone, with some studies suggesting that approximately 20 percent of patients may not respond to the medication. In addition, some individuals cannot tolerate or safely use these therapies due to medical contraindications, adverse effects, access barriers, or other clinical considerations.

Multiple classes of FDA-approved obesity medications continue to provide less costly, clinically meaningful benefits for individuals living with obesity and should be covered and available as treatment options in addition to GLP-1 and GLP-1/GIP medications. Expanding access to a broader range of obesity medications would provide patients and clinicians with cost-effective, individualized, evidence-based therapeutic choices that support long-term obesity management and improved health outcomes.

Importantly, the recently published Joint TOS/OMA/OAC Expert Guidance Statement on the Pharmacological Management of United States Adults With Overweight or Obesity Using the GRADE Approach[i] reinforces that obesity treatment should be individualized and person-centered, with medication selection based on factors including treatment response, obesity-related complications, tolerability, cost, access, patient preferences, and quality of life. The guidance statement further emphasizes that obesity medications represent an important component of long-term chronic disease management and should not be viewed as interchangeable therapies or used as part of a one-size-fits-all approach.

We urge CMS to consider changing the title of the program to the Medicare Obesity Bridge Program.

Lifestyle and Behavioral Services

Comprehensive obesity treatment extends beyond access to medication alone. Lifestyle and behavioral interventions remain foundational components of obesity care and are necessary to promote overall health and optimize treatment outcomes.

Individuals living with obesity often require specialized services such as Medical Nutrition Therapy and Intensive Behavioral Therapy. These interventions are essential not only to support healthy behavior change but also to address conditions commonly associated with obesity and obesity treatment, including micronutrient deficiencies, sarcopenia, disordered eating, and other metabolic complications.

For some individuals, lifestyle and behavioral interventions may be the primary treatment option because medications or surgery are medically inappropriate or inaccessible. For others, these services are critical adjuncts to pharmacologic or surgical treatment.

Many clinicians are not trained to deliver intensive nutrition and behavioral interventions at the level required for comprehensive obesity treatment. Referring patients to qualified providers working at the top of their scope of practice is both clinically appropriate and cost-effective.

Accordingly, TOS strongly encourages CMS to advance the National Coverage Determination currently under consideration regarding expanded coverage of obesity-related lifestyle and behavioral services.

Numerous organizations representing patients, clinicians, and public health stakeholders support these efforts, and broader coverage would significantly strengthen the continuum of obesity care.

TRICARE for Life Beneficiaries

TOS is also concerned about the exclusion of TRICARE for Life (TFL) beneficiaries from participation in the Medicare GLP-1 Bridge Program. Many retired veterans and their spouses previously accessed obesity medications through TRICARE until coverage changes implemented in September 2025 resulted in discontinued access.

Under the current structure of the Bridge Program, beneficiaries must be enrolled in a Medicare Part D prescription drug plan or a Medicare Advantage plan with prescription coverage to qualify for participation. Because TRICARE administers pharmacy benefits independently of Medicare Part D, TFL beneficiaries are excluded from eligibility.

As a result, many retired veterans and military spouses face substantial barriers to accessing evidence-based obesity care. We respectfully urge CMS and the Department of Defense to engage in intra-agency collaboration to identify pathways that support access for this population and prevent disruptions in care.

Need for Long-Term Solutions

The Bridge Program is an important and commendable first step toward improving access to obesity treatment under Medicare. However, individuals living with obesity deserve more than a temporary bridge to care. TOS supports the development of permanent policy solutions that ensure sustainable access to comprehensive, evidence-based obesity treatment for all eligible beneficiaries.

Obesity is a chronic, often progressive disease requiring sustained, comprehensive, and individualized treatment approaches. Improved access to obesity treatments that have been proven safe and effective, including nutrition counseling, behavioral and lifestyle interventions, FDA-approved obesity medications, endobariatric procedures, and metabolic and bariatric surgery, is critical to ensuring the health and productivity of all Americans.

For more than a decade, there has been continuous broad bipartisan support for passage of the Treat and Reduce Obesity Act (TROA), which would implement statutory coverage under Medicare for both obesity medications (not just GLP-1s) and robust IBT services. We are hopeful that the 18 months of data from the Bridge program - with the above suggested modifications - will demonstrate the benefits for both Medicare beneficiaries and for the long-term viability of the Medicare program. **We ask the administration to support this legislative solution and encourage congressional action.**

The Bridge Program demonstrates important progress but must evolve into a long-term strategy that addresses the realities of chronic disease management and patient-centered care. TOS stands ready to work collaboratively with CMS, the Administration, and other stakeholders to identify practical,

evidence-based solutions that improve health outcomes while supporting patients, providers, and payers alike.

Thank you for your leadership and your consideration of these recommendations. Please do not hesitate to contact us should we be able to provide additional information or serve as a resource. Contact Jeanne Blankenship, MS RDN, jblankenship@obesity.org, with any questions or requests for information.

Sincerely,

Jackie Stephens, PhD FTOS
President
The Obesity Society

[i] L.Alexander, J. Q.Purnell, K.Burridge, et al., "Joint TOS/OMA/OAC Expert Guidance Statement on the Pharmacological Management of United States Adults With Overweight or Obesity Using the GRADE Approach," Obesity34, no. 4 (2026): 851–870, **https://doi.org/10.1002/oby.70164**.