

January 31, 2023

Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Docket Number: CMS-2022-0186

Docket Name: Request for Information: Essential Health Benefits (CMS-9898-NC)

Dear Sir or Madam:

On behalf of MANA, A National Latina Organization, the oldest and largest Hispanic women's membership organization in the country, with chapters, affiliates, and members nationwide, we respectfully submit comments related to the coverage of benefits in health plans subject to the Essential Health Benefits (EHB) under the Patient Protection and Affordable Care Act, which we believe should be updated with regards to the coverage of prescription drugs for obesity treatment. According to the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics, 72.5% of the Hispanic population over the age of 20 has a Body Mass Index (BMI) of greater than or equal to 25.0, categorizing them as overweight or obese. 68.8% of Hispanic females fall into this category, and 1 in 10 (10.3%) Hispanic females have a BMI of greater than or equal to 40.0, categorizing them with Grade 3 obesity¹.

The chronic condition of obesity contributes significantly to heart disease, diabetes, hypertension and other diagnoses that severely impact the quality of life for many in the Hispanic community. The COVID-19 pandemic brought in to sharp focus how these underlying conditions, especially if left untreated, can be catastrophic. The CDC cites the leading causes of death for Hispanics as COVID-19 and heart disease². This underscores the urgent need for the drug classification system to be updated to include anti-obesity medications. The USP Drug Classification System (USP-DC) is a more agile and responsive system equipped to include drugs from the USP Medicare Model Guidelines (MMG) currently being utilized, as well as the common outpatient drugs that are included in commercial formularies.

Currently, only two states have specific provisions to cover anti-obesity medications, while only three more do not expressly exclude them. Due to the outdated USP guidelines, the remaining states currently explicitly exclude anti-obesity medications, allowing them to discriminate against individuals living with obesity by withholding

preventative care that could be combined with an integrated approach to fight this complex and chronic disease. With almost two-thirds of the Hispanic adult population living with obesity, this specific example explains why we strongly urge CMS to replace the current USP system with the USP-DC to keep individuals living with the chronic condition of obesity from falling through the cracks. This is a clear case where better access to preventative care will save lives.

Sincerely,

A handwritten signature in black ink that reads "Amy L. Hinojosa". The signature is written in a cursive, flowing style.

Amy L. Hinojosa
President and CEO

References:

¹Table 26. Normal weight, overweight, and obesity among adults aged 20 and over, by selected characteristics: United States, selected years 1988-1994 through 2015-2018. [Health, United States 2019 \(cdc.gov\)](https://www.cdc.gov/nchs/data/hestia/26-table-26.pdf)

² Underlying Cause of Death, 2018-2021, Single Race Results Deaths occurring through 2021. [Underlying Cause of Death, 2018-2021, Single Race Results Form \(cdc.gov\)](https://www.cdc.gov/nchs/data/hestia/ucdr-2018-2021-single-race-results.pdf)