Organizational Sign-On Letter Regarding the Medicare GLP-1 Bridge Program

June 30, 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 undersigned organizations representing patients, clinicians, researchers, public health professionals, and advocates committed to improving obesity prevention and treatment, we thank the Administration for its continued efforts to improve access to obesity care through the Medicare GLP-1 Bridge program.

Collectively, our organizations represent millions of Americans impacted by obesity and obesity-related chronic diseases. We share a commitment to advancing equitable, evidence-based, patient-centered obesity care and improving health outcomes for individuals living with obesity.

We applaud the Administration for recognizing obesity as a chronic disease and for taking this historic 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.

At the same time, while we strongly support implementation of the Bridge program, we respectfully urge CMS to consider additional policy refinements 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, metabolic and bariatric surgery/endobariatric procedures, and access challenges affecting TRICARE for Life beneficiaries.

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, heterogeneous chronic disease, and effective management requires individualized treatment approaches that may include medications with different mechanisms of action used alongside lifestyle and behavioral interventions.

As with other chronic diseases such as hypertension or diabetes, some individuals may require more than one medication or therapeutic strategy to achieve meaningful health outcomes. While GLP-1 and GLP-1/GIP medications have demonstrated substantial effectiveness for many patients, treatment response varies considerably among individuals. A substantial proportion of patients do not achieve clinically meaningful response to GLP-1 therapies alone, and some individuals cannot tolerate or safely use these therapies due to contraindications, adverse effects, access barriers, or other clinical considerations.

Multiple classes of FDA-approved obesity medications continue to provide clinically meaningful and often more affordable benefits for individuals living with obesity and should remain available treatment options in addition

to GLP-1 and GLP-1/GIP therapies. Expanding access to a broader range of obesity medications would provide patients and clinicians with individualized, cost-effective, evidence-based therapeutic choices that support long-term obesity management and improved health outcomes.

Recent expert guidance from leading obesity and clinical organizations 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. Obesity medications should not be viewed as interchangeable therapies or utilized through a one-size-fits-all approach.

Lifestyle and Behavioral Services

Comprehensive obesity treatment extends beyond medication access alone. Lifestyle and behavioral interventions remain foundational components of obesity care and are essential to promoting overall health and optimizing treatment outcomes.

We strongly encourage CMS to advance the National Coverage Determination currently under consideration regarding expanded coverage of obesity-related lifestyle and behavioral services. Broader coverage would significantly strengthen the continuum of obesity care and improve patient outcomes.

Individuals living with obesity often require services such as Medical Nutrition Therapy and Intensive Behavioral Therapy to support healthy behavior change and address conditions commonly associated with obesity and obesity treatment, including micronutrient deficiencies, sarcopenia, disordered eating, and metabolic complications.

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

Many primary care providers are not trained to provide 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 in settings outside primary care is not only more feasible but also clinically appropriate and cost-effective.

TRICARE for Life Beneficiaries

We are concerned about the exclusion of TRICARE for Life (TFL) beneficiaries from participation in the Medicare GLP-1 Bridge program. Many retired veterans and military spouses previously accessed obesity medications through TRICARE until coverage changes implemented in 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 effectively 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.

Prioritize Data Evaluation

Further, data evaluation is essential to demonstrating the clinical and financial value of the Medicare GLP-1 Bridge program and informing its long-term sustainability.

While CMS has access to all Medicare claims data, which serves as the foundational control population, it is recommended that CMS parse this data into two distinct cohorts: beneficiaries actively enrolled in the GLP-1 Bridge program and those not participating (recognizing that there will be bias). This segmentation will enable meaningful, direct comparisons across a range of critical outcome measures. Priority among these is pharmacy spend, where CMS may track and measure total drug expenditures over time across both groups to quantify net savings attributable to the program. Longitudinal analysis of pharmacy spend will also help CMS identify trends in de-prescribing (a stated priority of the agency) by revealing whether GLP-1 utilization reduces the need for concomitant medications used to manage comorbidities such as hypertension, dyslipidemia, and cardiovascular disease.

Beyond pharmacy and into medical, CMS should specifically examine the rate of progression from pre-diabetes to Type 2 diabetes among enrolled beneficiaries, assessing whether GLP-1 therapy materially slows or halts that progression compared to the non-participating comparator group. This would be a finding that would carry profound long-term cost and quality-of-life implications. Finally, CMS should evaluate the downstream effects on diabetes-related complications, including rates of other obesity related complications as listed in the clinical criteria for the Medicare GLP-1 Bridge program. These data would build a comprehensive picture of how the GLP-1 Bridge program is bending the cost curve while simultaneously improving beneficiary health outcomes across the Medicare population

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. Sustainable, long-term policy solutions are needed to ensure 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 evidence-based obesity care — including nutrition counseling, behavioral and lifestyle interventions, FDA-approved obesity medications, endobariatric procedures, and metabolic and bariatric surgery — is critical to improving the health and well-being of Americans living with obesity.

For more than a decade, there has been broad bipartisan support for passage of the Treat and Reduce Obesity Act (TROA), which would establish permanent Medicare coverage for obesity medications and expanded intensive behavioral therapy services. We are hopeful that data generated through the Bridge program will demonstrate the value of comprehensive obesity care for both Medicare beneficiaries and the long-term sustainability of the Medicare program.

We encourage the Administration to support long-term legislative and regulatory solutions that expand access to evidence-based obesity treatment and strengthen the continuum of care for individuals living with obesity.

Thank you for your leadership and your consideration of these recommendations. Our organizations stand ready to work collaboratively with CMS, the Administration, Congress, and other stakeholders to advance practical, evidence-based solutions that improve health outcomes while supporting patients, providers, and payers alike.

Sincerely,

Academy of Nutrition and Dietetics

Advocates for Better Children's Diets

Alliance for Patient Access
Alliance of Sleep Apnea Partners (ASAP)
Alliance for Women’s Health and Prevention
American Association of Clinical Endocrinology (AACE)
American Association of Nurse Practitioners
American College of Occupational and Environmental Medicine
American Gastroenterological Association
American Kidney Fund
American Liver Foundation
American Medical Women's Association
American Psychological Association Services
American Security Project
American Society for Metabolic and Bariatric Surgery
American Society for Nutrition
Ann & Robert H. Lurie Children's Hospital of Chicago
Association of Diabetes Care & Education Specialists
Association of State Public Health Nutritionists
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
California Chronic Care Coalition
Caregiver Action Network
Choose Healthy Life
Chronic Care Policy Alliance
Coalition for Metabolic Health
Color of Gastrointestinal Illnesses
Community Liver Alliance
ConscienHealth
Crohn’s & Colitis Foundation
Defeat Malnutrition Today
Diabetes Leadership Council
Diabetes Patient Advocacy Coalition
Gerontological Society of America
ICAN, International Cancer Advocacy Network
Looms For Lupus
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
MANA, A National Latina Organization
Movement is Life
National Association of Hispanic Nurses

National Association of Nutrition and Aging Services Programs (NANASP)

National Black Nurses Association

National Consumers League

National Council on Aging

National Kidney Foundation

Obesity Action Coalition

Obesity Care Advocacy Network

Obesity Medicine Association

Preventive Cardiovascular Nurses Association

Raymond A. Wood Foundation

RetireSafe

Robert Felderman, US Army, Retired. Former Deputy Director of NORAD USNorthcom Plans, Policy, and Strategy

The League of United Latin American Citizens (LULAC)

The Obesity Society

United Liver

cc:
The Honorable Robert F. Kennedy Jr., Secretary, U.S. Department of Health and Human Services
Relevant Congressional Committees and Leadership