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118TH CONGRESS
2D SESSION

H. R. 10272

To amend title XVIII of the Social Security Act to provide coverage of weight loss agents for certain individuals under part D of the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 3, 2024

Mrs. CHERFILUS-MCCORMICK (for herself and Mr. KELLY of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To amend title XVIII of the Social Security Act to provide coverage of weight loss agents for certain individuals under part D of the Medicare program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Dual Eligible Americans Living with Obesity Act of 2024'' or the ''DEAL with Obesity Act of 2024''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) According to the Kaiser Family Foundation, 12.5 million people are dually enrolled in both Medicare and Medicaid.

(2) Dual Eligible beneficiaries overwhelmingly possess limited financial resources, with 87 percent having an income of less than $20,000 annually.

(3) A one month's supply of a GLP–1 receptor agonist, on average, costs between $900 and $1,350.

(4) Coverage of GLP–1 medications can lower out-of-pocket monthly costs to as little as $25 per month, according to a study published in JAMA.

(5) Data from the Centers for Medicare and Medicaid show that 38 percent of Medicaid beneficiaries and 48 percent of Medicare beneficiaries are affected by obesity.

(6) Obesity is the second leading cause of death in the U.S., leading to 300,000 deaths per year, according to the National Institutes of Health.

(7) Adults in the U.S. living with obesity experience higher annual out-of-pocket medical costs of $2,505, on average, compared to those with normal weight.

(8) Obesity in the U.S. costs the healthcare system $173 billion annually and is projected to cost the U.S. $550 billion annually by 2030.

SEC. 3. PROVIDING COVERAGE OF WEIGHT LOSS AGENTS FOR CERTAIN INDIVIDUALS UNDER PART D OF THE MEDICARE PROGRAM.

Section 1860D–2(e) of the Social Security Act (42 U.S.C. 1395w–102(e)) is amended—

(1) in paragraph (2)(A), in the first sentence—

(A) by striking ''and other than'' and inserting ''other than''; and

(B) by inserting ''and, with respect to plan years beginning on or after January 1, 2026, other than subparagraph (A) of such section if the drug is approved under section 505 of the Federal Food, Drug, and Cosmetic Act or licensed under section 351 of Public Health Service Act for long-term weight reduction in individuals with obesity (as defined in section 1861(yy)(2)(C)) or who are overweight (as defined in section 1861(yy)(2)(F)(i)) and is used for the treatment of obesity for a specified individual (as defined in paragraph (5)) or for weight loss management for such an individual

who is overweight,'' after ''benzodiazepines),'';

and

(2) by adding at the end the following new paragraph:

''(5) SPECIFIED INDIVIDUAL DEFINED.—For purposes of paragraph (2)(A), the term 'specified individual' means an individual who is eligible for medical assistance under a State plan under title XIX (or under a wavier of such plan).''.

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