

Support the Treat and Reduce Obesity Act, (H.R. 4818/S. 2407)

The Treat and Reduce Obesity Act (TROA) is a bipartisan bill expanding Medicare coverage of new health care specialists and FDA-approved chronic weight management medications. It will also mitigate the obesity epidemic by providing regular screenings.

TROA will transform care for people living with obesity.

- It will provide more treatment options such as FDA-approved medication coverage for obesity to Medicare recipients.
- Medicare recipients directly benefit from this bill, but everyone benefits as health insurance companies traditionally model their coverage plans after Medicare.
- Better access to healthcare allows for better living for all people, including the vital caregivers that support people living with obesity.

Preventing liver disease is directly associated with treating and reducing obesity.

It is important to recognize the relationship obesity has with other burdensome and costly conditions such as nonalcoholic fatty liver disease (NAFLD), and its advanced form, nonalcoholic steatohepatitis (NASH). Worldwide, NASH affects more than 148 million people and continues to become more prevalent each year. Research has closely linked the presence of NASH to metabolic comorbidities such as obesity and diabetes. Diabetes contributes to a faster fibrosis progression of NASH and can accelerate the progression to cirrhosis and liver cancer. With the expectation that 1 in 4 individuals will be obese by 2035, it is crucial that we utilize unbiased and science-based approaches to both NASH and obesity care.

Obesity leads to complications from liver disease, increased liver cancer and transplantation.

Additionally, without addressing obesity, experts predict NASH could increase by over 50 percent by 2030. Twelve percent of people with NASH will go on to have liver cancer. Chronic liver failure due to cirrhosis is the most common reason for liver transplantation, and 20 percent of individuals with NASH progress to advanced fibrosis and cirrhosis caused by NASH. The long-term implications of obesity for increased incidence of NASH, and therefore liver cancer and liver failure leading to transplantation, is a cost and a burden that is imminently preventable by preventing and treating obesity.

TROA is bipartisan.

In the Senate, TROA was introduced by Senators Tom Carper (D-DE) and Bill Cassidy (R-LA). In the House, TROA was introduced by Representatives Raul Ruiz (D-CA) and Brad Wenstrup (R-OH) to combat the obesity crisis in the United States.

The liver disease community stands alongside the obesity advocacy community in recognizing obesity as a serious and complex condition that is a risk factor for developing NASH.