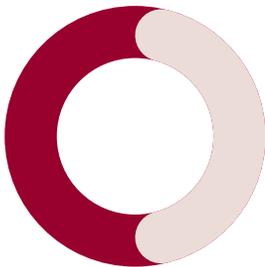


TREAT AND REDUCE OBESITY ACT (TROA)

TROA (S. 1973, H.R. 4231) is a bipartisan effort that expands Medicare coverage of new health care specialists and FDA anti-obesity medications and will provide regular screenings.



Without treatment, it is estimated that **1 in 4** individuals will be obese by 2035.



MASH could increase by **over 50% by 2030** without addressing obesity.



Allowing access to anti-obesity medications now helps prevent the burden of liver disease in the future.

Preventing liver disease is directly associated to treating and reducing obesity

Research has shown that obesity is a major risk factor for metabolic dysfunction-associated steatotic liver disease (MASLD/NAFLD) and its advanced form, metabolic dysfunction-associated steatohepatitis (MASH/NASH), which already affects roughly 15 million people Americans.

Without addressing obesity, experts predict MASH could increase by over 50% by 2030. Twelve percent of those with MASH will develop liver cancer, and 20% will progress to advanced fibrosis and cirrhosis — the leading cause of liver transplantation. The long-term impact of obesity on rising rates of MASH, and consequently liver cancer and liver failure, is a costly and preventable burden that can be reduced through effective obesity prevention and treatment. By allowing patient access to effective obesity treatment, TROA would lessen the long-term burden of liver disease.

TROA would transform care for people living with obesity

- TROA provides more treatment options, including FDA-approved medication coverage for obesity to Medicare recipients.
- All patients, including those with private health insurance, would benefit from this change, 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.

