November 3, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Re: Advancing Sustainable GLP-1 Coverage for Obesity in Medicare

Dear Administrator Oz:

The Alliance of Community Health Plans (ACHP) urges CMS to partner with health plans to shape the future of Medicare GLP-1 coverage and develop a long-term strategy to prevent and treat obesity, reduce chronic disease and help make America healthy again. GLP-1 medications can offer meaningful benefits for some patients with obesity when prescribed appropriately and used under ongoing clinical supervision. Comprehensive care, including nutrition, physical activity, behavioral support and care management, can help patients achieve and sustain those benefits. Continued monitoring and research are also important to better understand potential long-term risks as evidence develops.

The Innovation Center's Bridge Model offers an opportunity to pair clinically appropriate GLP-1 treatment with comprehensive care and build the evidence needed to assess long-term health outcomes, affordability and sustainable coverage. **As CMS evaluates future Medicare coverage options for GLP-1 treatment of obesity, ACHP recommends an approach that supports this full continuum of care while ensuring treatment is affordable for beneficiaries and financially sustainable for the program.**

As you know, ACHP is the only national organization promoting the unique payer-provider aligned model in health care. Through ACHP's Chronic Disease Pledge, our nonprofit member companies are investing in prevention and working with local clinical partners to improve the health of tens of millions of Americans. That commitment extends to comprehensive obesity care that delivers the right treatment at the right time and at an affordable price.

The Bridge Model's first utilization reports, released September 30 and covering July and August, offer an early look at Medicare beneficiaries' growing interest in GLP-1s, medication choices and switching patterns. In that data, ACHP member companies have identified inconsistent quantity and days' supply values, discrepancies in service-provider fields and changing product identifiers across fills. CMS' commitment to using technology to improve care must include timely, accurate data and clear metrics to demonstrate results and safeguard taxpayer dollars. The Bridge Model's substantial public investment demands reliable reporting to track utilization, assess outcomes and guide future coverage decisions. ACHP urges CMS to address reporting issues promptly and work with health plans to strengthen data collection and evaluation.

To strengthen the Bridge Model's operations and inform decisions about any future Medicare GLP-1 coverage for obesity, ACHP continues to urge CMS to:

- **Engage health plans in decisions about any future coverage pathway.** Convene plans, including locally-accountable organizations, to review Bridge Model experience and establish the design, timing, data and payment requirements for any extension or alternative coverage approach. Involve plans early to support implementation planning and maintain beneficiary access.
- **Coordinate utilization management across the Bridge Model and Part D.** Establish clear responsibilities and a process for identifying, reviewing and resolving potentially duplicative GLP-1 use while preserving clinically appropriate Part D access.
- **Deliver timely, accurate utilization data.** Automatically provide monthly Bridge Model reports to authorized compliance, pharmacy and actuarial staff. Currently, plans must request reports through their Medicare compliance officer, adding unnecessary burden. CMS should also standardize quantity, days' supply and product identifiers, and correct discrepancies in prescriber and dispensing-provider fields.
- **Ensure comprehensive obesity care.** Any future Medicare GLP-1 coverage approach should require structured nutrition, physical activity and behavioral support, including intensive behavioral therapy. CMS should also track participation and clinical outcomes to evaluate treatment effectiveness and persistence without placing an undue burden on health plans.

CMS can use lessons from the Bridge Model to inform decisions about obesity care in Medicare, guided by evidence of patient outcomes, affordability and program sustainability. ACHP urges CMS to take that approach in partnership with local, provider-aligned health plans and ensure that any future GLP-1 coverage approach includes policies to strengthen utilization oversight, deliver reliable data and set patients up for long-term health.

ACHP welcomes the opportunity to discuss these recommendations with CMS. Please contact Michael Bagel, ACHP Vice President, Policy, at mbagel@achp.org with any follow-up questions or to discuss these recommendations in greater detail.

Sincerely,

Ceci Connolly

Ceci Connolly
President and CEO
ACHP