



# PAN Rapid Poll

## Access to Treatment for Obesity

### *Among Medicare Beneficiaries*

Harris on Demand Platform  
August 2025

# Background and Objectives

The PAN Foundation is a national charitable foundation and healthcare organization committed to accelerating access to affordable, equitable healthcare through financial assistance, advocacy and education. PAN understands the profound impact that financial assistance has on treatment adherence and quality of life for people living with life-threatening, chronic and rare diseases.

PAN regularly commissions research to better understand patient experience as well as challenges faced when accessing care. As part of PAN's commitment to understand the patient experience, and in support of the passage of the Treat and Reduce Obesity Act (TROA), PAN recently commissioned this research to understand Medicare beneficiaries' challenges when accessing needed treatment for obesity.

The Treat and Reduce Obesity Act (TROA) is a proposed bill that aims to expand Medicare coverage for obesity treatment, including behavioral therapy and medications, to address the growing obesity epidemic in the U.S. The legislation recognizes obesity as a complex, chronic condition, affecting – according to the Obesity Action Coalition – nearly 93 million Americans and seeks to improve access to treatment for those living with obesity.

# Methodology

**Audience:**

2,090 U.S. adults 18+ including 618 Medicare/Medicare Advantage Beneficiaries

**Field Timing:**

August 12 –14, 2025

**Mode:**

5-minute online survey via Harris on Demand (HOD) omnibus platform

**Weighting:**

Data are weighted to ensure results are projectable to the population of U.S. adults age 18+

**Method Statement** *(to be included in all press materials):*

This survey was conducted online within the United States between August 12 - 14, 2025, among 2,090 adults (aged 18 and over), including 618 who self-report as being a Medicare/Medicare Advantage beneficiary, by The Harris Poll on behalf of PAN Foundation via its Harris On Demand omnibus product. Data were weighted where necessary by age, gender, race/ethnicity, region, education, marital status, household size, household income, and political party affiliation, to bring them in line with their actual proportions in the population. Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within  $\pm 2.5$  percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.

All sample surveys and polls, whether or not they use probability sampling, are subject to other multiple sources of error which are most often not possible to quantify or estimate, including, but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.

# Notation Guide

Please refer to this slide for explanations of the various notation and formatting used throughout this deck:

## In Tables and Charts:

- *Throughout the report, “Adults” refers to data among adults who are Medicare/Medicare Advantage beneficiaries*
- Percentages may not add up to 100% due to weighting and/or computer rounding.
- Results based on small samples (n<100) should be interpreted as directional only.
- An asterisk (\*) indicates a percentage greater than zero but less than 1%; a “ – ” indicates a value of zero.

## Base Notes: ▼

- Each slide includes a base note that displays the full question text as shown to the survey respondents as well as the number of respondents who answered each question, for reference.
- Some response labels on slides are shortened for brevity; see notes section for full description provided.

# Executive Summary

# Executive Summary

**A quarter of Medicare/Medicare Advantage beneficiaries have been diagnosed with obesity, and many have been prescribed medications to treat it.**

- 1 in 4 (26%) Medicare/Medicare Advantage beneficiaries have ever been diagnosed with obesity by a healthcare provider.
- Among those who have been diagnosed, more than 2 in 5 beneficiaries (46%) have been prescribed medications to treat their obesity.

**Medicare beneficiaries face challenges accessing and affording obesity medications.**

- The most common issue is that healthcare providers need to change prescriptions to those covered by insurance, this was experienced by 51%\*\* of Medicare/Medicare Advantage beneficiaries who were prescribed medication to treat obesity. Two in five beneficiaries (40%\*\*) also report never starting treatment because of lack of insurance coverage or because they couldn't afford them.\*\*
- Paying out-of-pocket for obesity medication was a challenge for 17 out of the 18\*\*\* beneficiaries that had to do so.

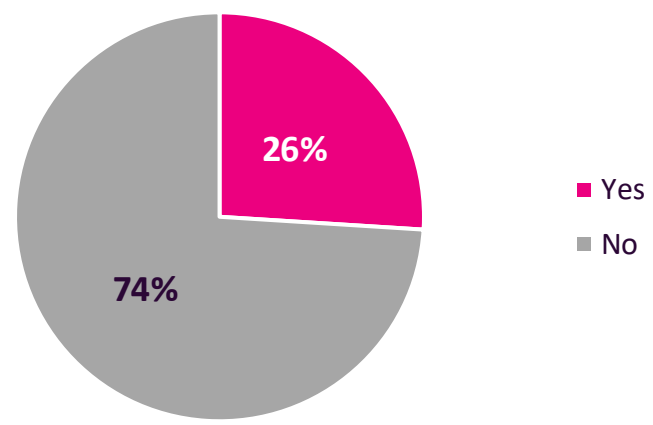
**If covered by insurance, most Medicare/Medicare Advantage would seek out HCP services to support their obesity treatment.**

- More than 4 in 5 Medicare/Medicare Advantage beneficiaries (84%) would be at least somewhat likely to seek out the services of other healthcare professionals (such as a registered dietitian or obesity specialist) to support them in their obesity treatment if they knew their services were covered by Medicare/Medicare Advantage. This includes over half (53%) who would be very or extremely likely to do so.

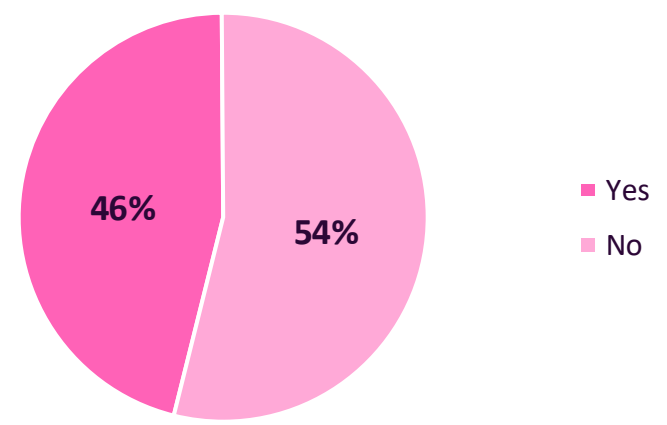
# Detailed Findings

# 1 in 4 Medicare beneficiaries have been diagnosed with obesity, of which nearly half have been prescribed medications to treat it

Ever Diagnosed with Obesity  
*(among Medicare/Medicare Advantage Beneficiaries)*



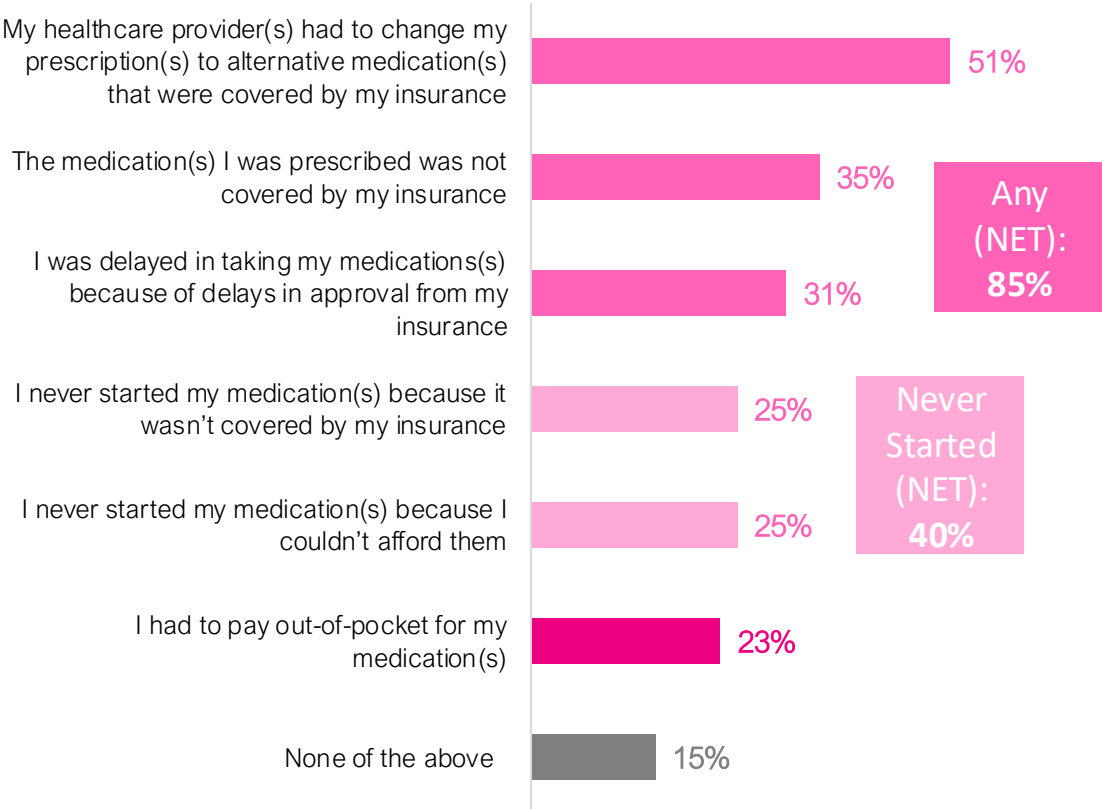
Ever Prescribed Obesity Medication(s)  
*(among Medicare/Medicare Advantage Beneficiaries ever diagnosed with obesity)*



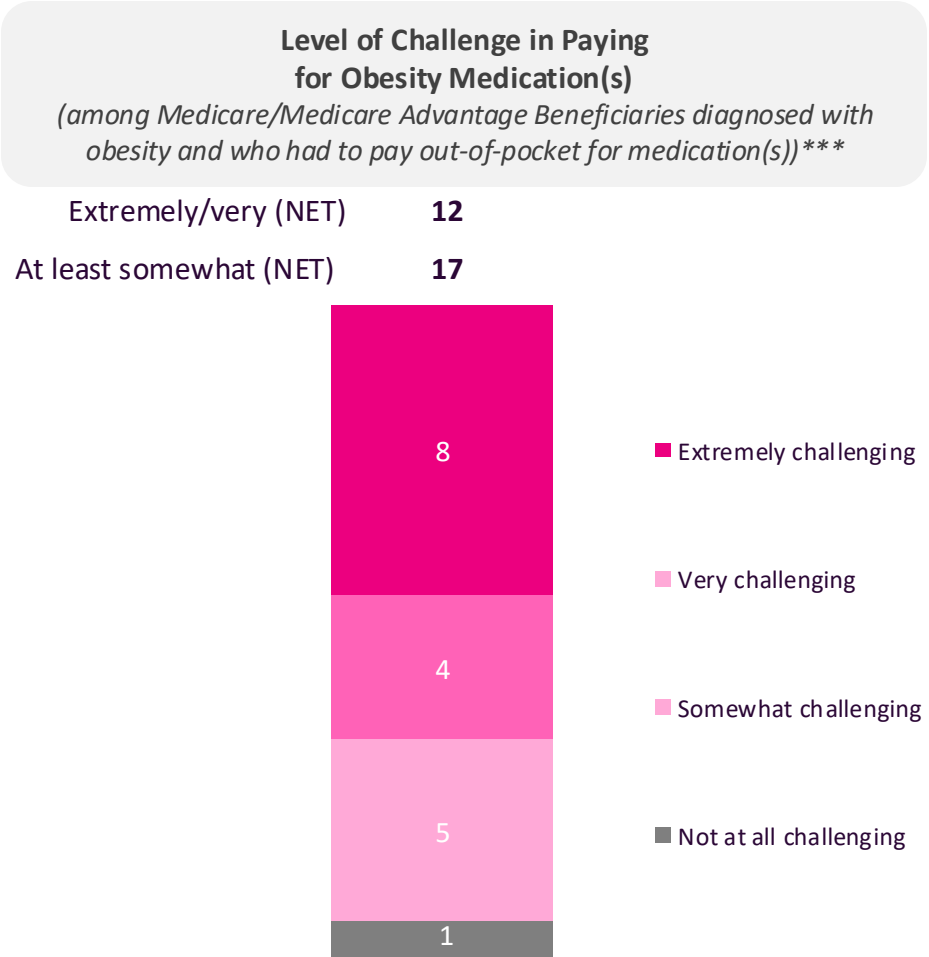


# Medicare beneficiaries face challenges accessing and affording obesity medications

**Issues with Obesity Medications**  
*(among Medicare/Medicare Advantage Beneficiaries ever diagnosed with and prescribed medications for obesity)\*\**

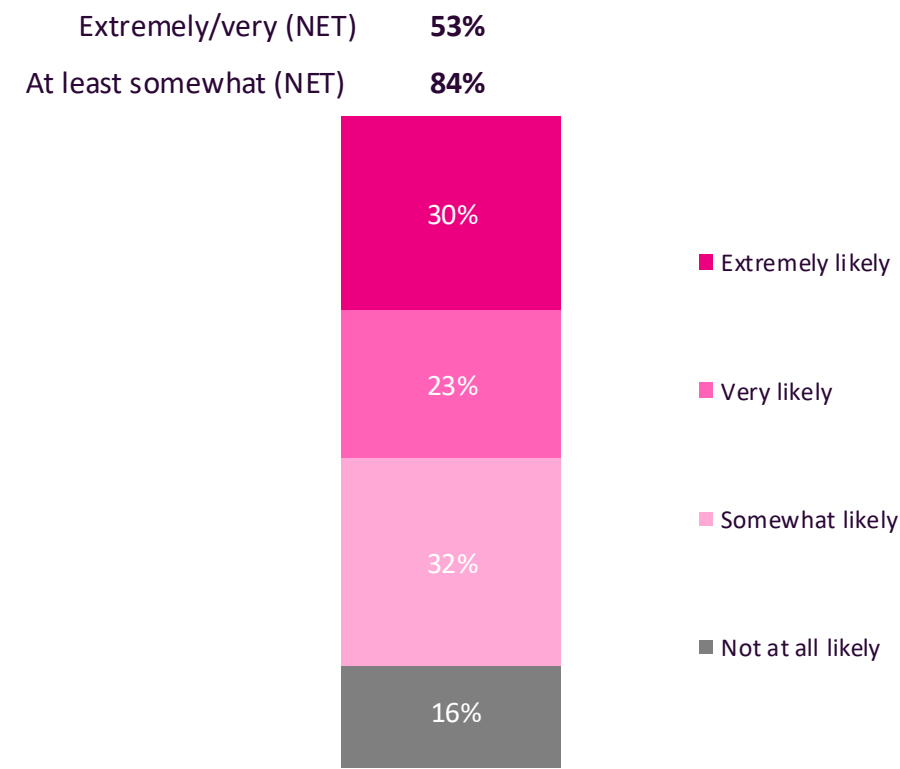


# Many Medicare beneficiaries find it extremely challenging to pay for obesity medications



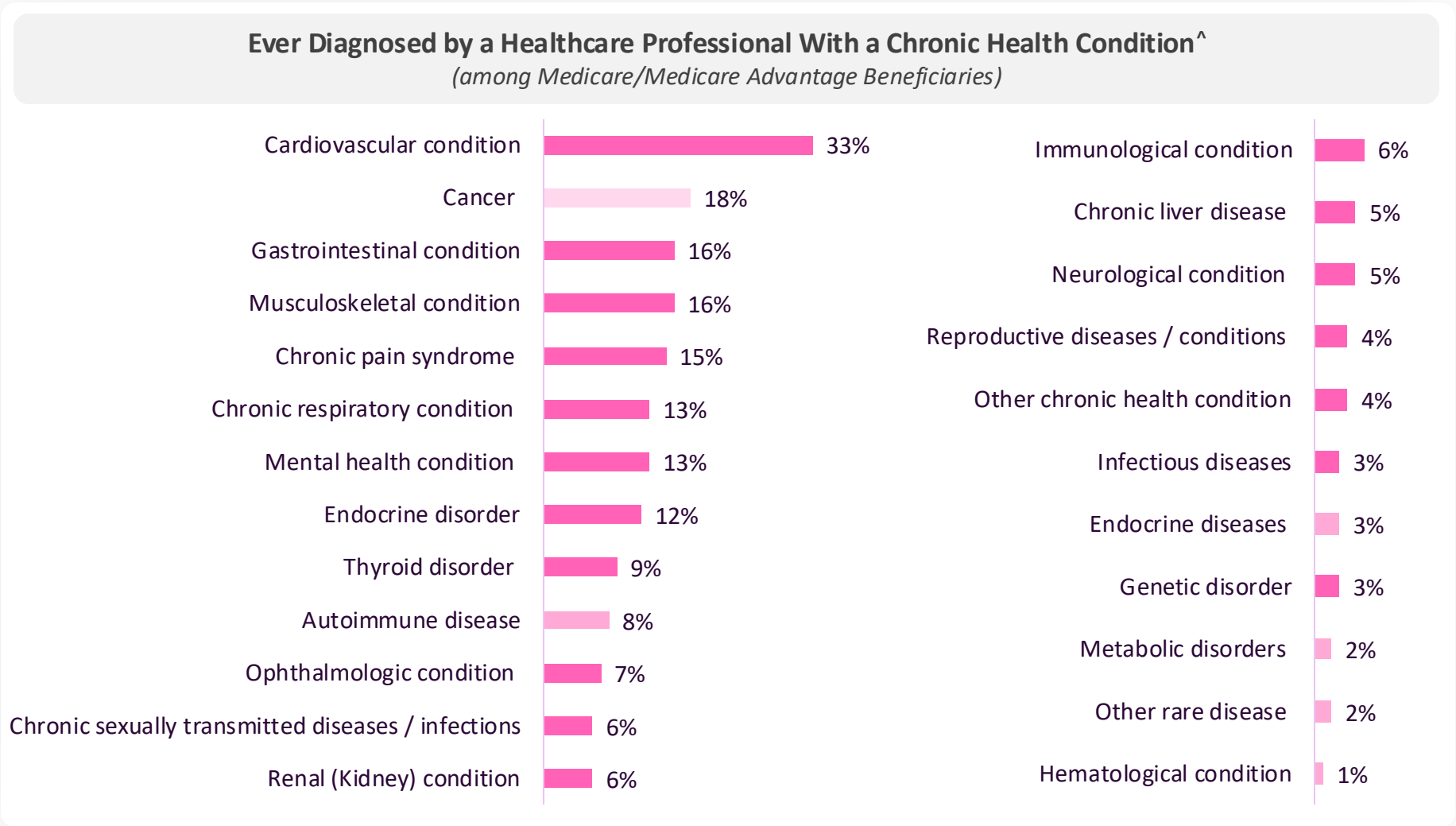
# 84% of Medicare beneficiaries would be likely to seek services from other HCPs to support their obesity treatment if it were covered by insurance

Likelihood of Seeking Services from Other HCPs to Support Obesity Treatment If Services Covered by Medicare/Medicare Advantage  
*(among Medicare/Medicare Advantage Beneficiaries ever diagnosed with obesity)*



# Demographics

# Chronic Condition Status



# Demographics

	Among Medicare/Medicare Advantage Beneficiaries n=618		Among Medicare/Medicare Advantage Beneficiaries n=618		Among Medicare/Medicare Advantage Beneficiaries n=618
<b>Gender</b>		<b>Region</b>		<b>Urbanicity</b>	
Man	51%	Northeast	15%	Urban	26%
Woman	47%	Midwest	19%	Suburban	54%
Other/prefer not to answer	2%	South	41%	Rural	19%
<b>Age</b>		West	24%	<b>Race/Ethnicity</b>	
18-34	15%	<b>Education</b>		White (not Hispanic)	69%
35-44	9%	HS or less	25%	Hispanic	13%
45-54	6%	Some college	38%	Black (not Hispanic)	10%
55-64	7%	College grad+	38%	Asian (not Hispanic)	4%
65+	62%	<b>Employment Status</b>		Other (not Hispanic)	4%
Mean	61	Employed (FT, PT, self)	40%	<b>Primary Residence</b>	
<b>Household income</b>		Not employed	9%	Homeowner	73%
<\$50k	27%	Retired	49%	Renter	26%
\$50k - \$74.9k	16%	Other	5%	None of these	<1%
\$75k – \$99.9k	10%	<b>Marital Status</b>		<b>Children under 18 in HH</b>	
\$100k+	47%	Married	47%	Yes	23%
Decline to answer	1%	Not married	53%	No	77%