

The Honorable Gavin Newsom
Governor of California
1021 O Street, Suite 9000
Sacramento, CA 95814

August 25, 2026

Dear Governor Newsom,

The Obesity Action Coalition (OAC), The Obesity Society (TOS), The American Society for Metabolic and Bariatric Surgery (ASMBS), the National Council on Aging (NCOA), the Chronic Obesity Prevention and Education Alliance (cHope), the American Diabetes Association (ADA), and the undersigned organizations, providers, and patients strongly oppose your Administration's decision to eliminate coverage for FDA-approved GLP-1 medications in the Medi-Cal program for those affected by the chronic disease of obesity as of January 1, 2026.

We equally oppose elimination of the previously existing "continuity of care" protection that would have allowed Medi-Cal patients already taking GLP-1 medications for the treatment of obesity to maintain coverage, thereby effectively removing a continuation/grandfathering pathway after December 31, 2025. We are writing today to urge your administration to reinstate access for GLP-1 medication for the treatment of obesity for all Medi-Cal recipients or grandfather coverage to those recipients who were previously on a GLP-1 medications.

Unfortunately, some states are making decisions about access to obesity medications on incorrect financial projections that rely upon outdated historical cost information. Over the past year, the cost of GLP-1 medications has decreased significantly.

In recent months, manufacturers have publicly agreed to provide a 30-day supply of all formulations of Foundayo®, Wegovy®, and Zepbound® Kwikpen for \$245. The state cost for the GLP-1 medication is further reduced by 50% through federal payments related to California's 50% Federal Medical Assistance Percentage (FMAP). For only \$122.50 a month, California can provide Medi-Cal beneficiaries living with obesity access to a wide range of GLP-1 medications. This is a small price to pay compared to the human and financial toll associated with untreated obesity as outlined in the remainder of this letter. These numbers demonstrate that the state can no longer hide behind over inflated internal cost projections as an excuse to not cover GLP-1 medications for those affected by obesity.

Improved access to obesity treatments that have been proven safe and effective—including nutrition counseling, behavioral and lifestyle interventions, FDA-approved obesity medications, endobariatric procedures, and metabolic and bariatric surgery—is critical to ensuring the health and productivity of Californians across the state.

Patients who have achieved stability and improved health outcomes through GLP-1 medications face serious harmful consequences when access is disrupted. Interruptions in treatment undermine continuity of care and place patients at increased risk for weight regain, poor glycemic control, and the return of obesity-related complications. Sudden loss of GLP-1 access not only reverses clinical progress and anticipated medical savings to the state but also creates emotional and financial uncertainty for patients and providers navigating treatment disruptions.

As reflected in the statements below, GLP-1 medications play a pivotal role in the treatment of obesity and significantly improve patient health and quality of life.

"I have lived with chronic obesity since infancy, and despite years of diet, exercise, and bariatric surgery, I was unable to effectively manage my disease until I gained access to GLP-1 treatment. For the first time in my life, I reached a healthy BMI and saw major improvements in related conditions, including high blood pressure and sleep apnea. When that treatment was taken away, my weight began to return and my health declined. Obesity is a chronic disease that requires ongoing medical care. I urge California to restore Medi-Cal coverage for GLP-1 medications so patients like me can continue accessing the treatment we need."

- Shekinah Samaya-Thomas, patient, advocate, and educator residing in Oakland

"Continuity of care is a cornerstone of good medicine. For many patients, FDA-approved GLP-1 medications are an essential component of comprehensive obesity treatment, helping improve health, prevent complications, and reduce the long-term burden of chronic disease. Abruptly eliminating access to these medications disrupts continuity of care, jeopardizes hard-earned health gains, and ultimately increases the risk of more costly medical complications. I urge the Administration to restore Medi-Cal coverage for FDA-approved obesity medications to protect continuity of care for patients who have already achieved meaningful health improvements through treatment"

- Lydia C. Alexander, MD, Chief Medical Officer, Enara Health
Immediate Past President, Obesity Medicine Association

"Healthy aging is built across the lifespan. Ensuring continuous access to evidence-based obesity care through Medi-Cal recognizes obesity as a chronic disease that requires long-term management. Restoring coverage for FDA-approved obesity medications will improve health outcomes, help prevent complications from chronic disease, and empower more Californians to age with health, independence, and dignity."

- Dorothea Vafiadis, Senior Strategist, Healthy Aging, NCOA

"Obesity in low-income families is driven by financial strain, job instability, and limited access to healthy food or safe exercise spaces. Obesity is a chronic, progressive disease requiring evidence-based treatments like GLP-1 medications to prevent long-term health consequences. Restoring access to FDA-approved obesity medications in the Medi-Cal programs improves patient health outcomes and reduces the overall financial burden on California's healthcare system."

- Seema Munir, DO, Board certified Family and Obesity Medicine. Educator and Patient Advocate.
ICNA Relief, Crescent Clinic.

"Obesity is one of California's most prevalent chronic diseases, and addressing it requires sustained access to evidence-based care, not interruptions in treatment. FDA-approved GLP-1 medications are an important component of comprehensive obesity care for many patients and have the potential to reduce the burden of diabetes, cardiovascular disease, and other costly chronic conditions. Preserving access to these therapies is not only the right decision for patients, but also a smart investment in the long-term health and sustainability of California's healthcare system."

- Liz Helms, Chronic Obesity Prevention and Education Alliance (cHope), a program of the California Chronic Care Coalition

"Obesity is a chronic disease that requires long-term, evidence-based treatment, just like diabetes, hypertension, or heart disease. For many Medi-Cal recipients, GLP-1 medications have been life-changing, improving health, reducing complications, and enhancing their quality of life. Eliminating access to these proven treatments not only disrupts care but also puts people at significant risk. California must protect access to obesity care for those who need it most."

- Nikki Massie, Chair of the Board, Obesity Action Coalition

“Obesity is a chronic, often progressive disease, and medications are no longer optional add-ons to lifestyle recommendations. For many patients, they are a fundamental part of care that improves not only weight, but also complications such as sleep apnea and cardiovascular disease.”

- Jonathan Purnell, MD, FTOS, Vice President, The Obesity Society (TOS)

“Ending coverage for life-changing GLP-1 medications disrupts care and leads to rebound weight gain and associated health conditions, putting patients at risk for ongoing costly and preventable illnesses, including type 2 diabetes.”

- Christina Fallabel, State Government Affairs Director, American Diabetes Association

Since 2023, Medi-Cal's coverage of FDA-approved obesity medications has expanded access to evidence-based obesity treatment for Californians across the state. Comprehensive obesity treatment, including new-generation FDA-approved obesity medications, has the potential to help millions of Californians living with obesity and could ultimately protect California from incurring significant future medical costs by preventing and treating the many chronic diseases linked to obesity. Rolling back coverage for obesity treatment would reverse important progress made in improving the health of Californians and undermine long-term cost savings for the state, health care systems, employers, and patients. Maintaining access to these evidence-based treatments is an investment in a healthier California and a more sustainable health care system.

Throughout the last 5 years, there have been numerous studies and reports issued on the cost effectiveness of providing coverage for obesity treatment – such as the release of the October 29, 2025, Institute for Clinical and Economic Review (ICER) Report assessing the comparative clinical effectiveness and value of semaglutide and tirzepatide. ICER found all three medications to be highly cost-effective at conventional thresholds with incremental cost-effectiveness ratios estimated at \$53,400 per quality-adjusted life year gained for tirzepatide, \$61,400 for injectable semaglutide, and \$69,300 for oral semaglutide.

Another example is the October 2025 report from Global Data, entitled the [“Economic Benefits of Obesity Treatment,”](#) which assessed previous literature findings on the value of obesity treatments to help policymakers be better informed regarding coverage and policy decisions. This included 31 studies (2012–2025) on the economic value of four major interventions -- lifestyle programs, first-generation medications, modern medications, and metabolic and bariatric surgery. The report’s key take away was that investing in effective obesity treatments not only improves health outcomes and quality of life but also delivers meaningful savings. The estimated annual medical savings (adjusted to 2025 dollars; varies by insurance type) would be as follows: \$200-\$1,220 for lifestyle programs and first-gen medications; \$760-\$4,720 for modern medications; and \$940-\$5,830 for metabolic and bariatric surgery.

Finally and most relevant, a recently published article in *Diabetes, Obesity and CardioMetabolic Care* entitled the [“Benefits and Costs of Treating Obesity Among Adults in the Medicaid Program,”](#) demonstrates that changes in body weight and cardiometabolic risk factors associated with providing specific obesity treatments would reduce the incidence of several chronic conditions generating multiple social benefits such as medical cost savings, productivity improvements, additional quality-adjusted life-years, and mortality reductions.

- Among people with no prior history of type 2 diabetes, results indicate that second-generation obesity medicines (GLP-1s) can prevent 45% of new cases compared with no treatment.
- Second generation obesity medicines also would reduce hypertension incidence by 45% and were the most effective across all interventions.
- Coronary heart disease, heart attack and stroke incidence would decline by rates of 18%, 31% and 27% respectively with use of second-generation OMs.

These studies demonstrate that while medical savings offset only a portion of treatment costs, obesity interventions generate substantial social value through improved long-term health and productivity. These findings support expanded Medicaid coverage as a strategic investment in population health, demonstrating value that challenges conventional short-term, budget-focused coverage decisions that currently limit access to evidence-based obesity treatments for millions of adults.

Given the profound impact that investments in obesity treatments have had on patient health and quality of life, we strongly urge your administration to preserve and strengthen access to FDA-approved obesity treatments as part of comprehensive, patient-centered care.

We appreciate your longstanding commitment to healthcare equity and innovation and welcome the opportunity to partner with your administration in addressing the ongoing challenges of obesity throughout California.

If you have any questions or would like additional information, please contact public policy consultant Chris Gallagher at chris@potomaccurrents.com.

Sincerely,

American Diabetes Association

Christine Fallabel
Managing Director, State Government Affairs

American Society for Metabolic and Bariatric Surgery

C. Joe Northup, MD FACS FASMB DABS-FPMBS
President

Angela Miatke RDN, CSOWM

Arthritis Foundation

Melissa Horn
State Legislative Affairs Director

California Black Health Network

Rhonda Smith
Executive Director

California Chronic Care Coalition

Liz Helms
President/CEO

Chronic Care Policy Alliance

Liz Helms
President/CEO

Chronic Obesity Prevention and Education Alliance

Liz Helms
President/CEO

Health Equity Coalition for Chronic Disease
Kate Schumaker

ICAN, International Cancer Advocacy Network
Marcia K. Horn, JD
President & CEO

International Pain Foundation
Ken Taylor
Executive Director and Co-Founder

Kevin Stephens, Patient and Advocate

Lydia C. Alexander, MD, Chief Medical Officer, Enara Health

Looms for Lupus
Estela Mata
President

Lupus and Allied Diseases Association, Inc.
Kathleen Arntsen
President & CEO

Monica McCorkle, Patient Advocate

National Council on Aging
Dorothea Vafiadis
Senior Strategist, Healthy Aging

Obesity Action Coalition
Joseph Nadglowski, Jr.
President and CEO

Seema Munir, DO, ICNA Relief, Crescent Clinic

Shekinah Samaya-Thomas, Patient, Advocate, and Educator

The Defeating Epilepsy Foundation
Natalie Boehm, MBA, PC
President and Founder

The Obesity Society
Jonathan Purnell, MD, FTOS
Vice President

We Win Foundation
Zenay R Arnold
Co-Founder and Patient

CC: Robert Rivas, Speaker, California State Assembly
Cecilia M. Aguiar-Curry, Majority Leader, California State Assembly
Alexandra M. Macedo, Republican Leader, California State Assembly
Buffy Wicks, Chair, Assembly Appropriations Committee
Josh Hoover, Vice Chair, Assembly Appropriations Committee
Mia Bonta, Chair, Assembly Health Committee
Kate Sanchez, Vice Chair, Assembly Health Committee
Alex Lee, Chair, Assembly Human Services Committee
David J. Tangipa, Vice Chair, Assembly Human Services Committee
Lisa Calderon, Chair, Assembly Insurance Committee
Greg Wallis, Vice Chair, Assembly Insurance Committee
Monique Limón, President pro Tempore, California State Senate
Angelique Ashby, Majority Floor Leader, California State Senate
Brian W. Jones, Minority Leader, California State Senate
Sabrina Cervantes, Chair, Senate Appropriations Committee
Kelly Seyarto, Vice Chair, Senate Appropriations Committee
Akilah Weber Pierson, M.D., Chair, Senate Health Committee
Suzette Martinez Valladares, Vice Chair, Senate Health Committee
Steve Padilla, Chair, Senate Insurance Committee
Roger Niello, Vice Chair, Senate Insurance Committee

