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April 27, 2026

Ms. Shevaun L. Harris
Secretary
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308

CC:
The Honorable Ron DeSantis, Governor of Florida
The Honorable Jay Collins, Lieutenant Governor of Florida

Re: Support for the Florida Medicaid Department to Participate in the CMS BALANCE Model

Dear Secretary Harris,

On behalf of the Obesity Action Coalition, we strongly support **the Agency for Health Care Administration (AHCA) in pursuing Florida Medicaid's participation** in the CMS BALANCE Model—an essential initiative aimed at increasing access to evidence-based obesity treatments, promoting **program sustainability, improving health outcomes, and achieving cost savings within Florida Medicaid**. This innovative CMS opportunity aligns with Section 2 of President Trump's Make America Healthy Again (MAHA) Executive Order #14212, **which emphasizes addressing chronic disease through coordinated federal and state efforts, stating**, "It shall be the policy of the Federal Government to aggressively combat the critical health challenges facing our citizens, including the rising rates of mental health disorders, obesity, diabetes, and other chronic diseases."

Nearly **30 percent of adults in Florida—including a disproportionate share of Medicaid beneficiaries—live with obesity**, making it one of the most significant drivers of long-term healthcare utilization and cost within the Medicaid program. Obesity is a complex, multi-factorial, chronic disease that requires a comprehensive medical approach to care. It is the second leading preventable cause of death in the U.S. and is associated with numerous comorbid conditions, including diabetes, heart disease, kidney disease, liver disorders, and other largely preventable illnesses that **contribute to avoidable hospitalizations and increased Medicaid expenditures**.

The resulting medical costs and lost productivity are substantial—studies estimate that obesity-related conditions cost Florida over \$102 billion annually in direct healthcare expenses and indirect economic losses. **Within Medicaid, these costs are particularly concentrated among high-risk populations with multiple chronic conditions**. By improving prevention, access to care, and early treatment, participation in the BALANCE Model has the potential to **reduce downstream utilization, improve care coordination, and generate long-term savings for the program** while improving the quality of life for millions of Floridians.

A recently published article, "The Benefits and Costs of Treating Obesity Among Adults in the Medicaid Program," shows that providing evidence-based obesity treatments can markedly decrease the occurrence of high-cost chronic conditions and enhance population health outcomes. Its findings include:

- Among individuals with no prior history of type 2 diabetes, results show that second-generation obesity medications (GLP-1s) can prevent up to 45% of new cases compared to no treatment.



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- Second-generation obesity medicines can also lower the incidence of hypertension by 45% and were the most effective among all interventions.
- The use of second-generation obesity medications would reduce the incidence of coronary heart disease, heart attack, and stroke by 18%, 31%, and 27%, respectively.

From a Medicaid program perspective, the decreased occurrence of these preventable, chronic, and costly conditions **presents a significant opportunity to reduce costs while enhancing beneficiary outcomes.**

The BALANCE Model represents a comprehensive and pragmatic approach that:

- Aligns with federal and state priorities to reduce obesity and related comorbidities through prevention and access to evidence-based treatments.
- Expands access to effective medications like GLP-1s **within a structured, outcomes-focused framework.**
- Incorporates lifestyle and behavioral interventions that support sustained health improvements.
- Lowers disparities impacting rural, low-income, and minority populations **served by Medicaid.**
- Integrates prevention and early intervention, thereby lowering long-term healthcare costs and reducing avoidable utilization.
- Allows Florida Medicaid to provide access to GLP-1 medications at significantly reduced costs through **CMS-supported pricing and model design.**

Beyond its clinical benefits, addressing obesity is a strategic investment in Medicaid program performance. Every dollar invested in prevention and treatment can lead to future savings through reduced acute care use, better management of chronic diseases, and increased beneficiary productivity and stability. **These results directly support AHCA's goals of providing high-quality, cost-effective care to Florida's Medicaid population.**

We respectfully urge AHCA to prioritize participation in the BALANCE Model and position Florida as a leader in innovative, value-based approaches to managing chronic diseases within Medicaid. With OAC based in Tampa, we are afforded a front row seat to the policy discussions in the state, and we commend your leadership in developing policies that enhance health outcomes while ensuring the program's fiscal stewardship.

Thank you for your ongoing dedication to enhancing the health and well-being of Florida's Medicaid beneficiaries. Should you have any questions or need additional information, please feel free to contact OAC Policy Advisor Chris Gallagher at chris@potomaccurrents.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Gallagher", is placed above the typed name and title.

President & CEO
Obesity Action Coalition