



4511 North Himes Ave., Suite 250
Tampa, FL 33614

(800) 717-3117
(813) 872-7835
Fax: (813) 873-7838

info@obesityaction.org
www.ObesityAction.org

**Obesity Action Coalition Statement in Response to Department of Management Services'
Fiscal Analysis of House Bill 977 regarding Expansion of Comprehensive
Obesity Care Coverage for State Employees and their Families**

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The [Obesity Action Coalition](http://www.ObesityAction.org) (OAC), a national nonprofit organization representing individuals affected by obesity. OAC strongly objects to the Florida Department of Management Services' (DMS) January 23rd fiscal analysis of House Bill 977. The Fiscal analysis overestimates the financial risk by focusing on the initial investment to provide intensive lifestyle and behavioral therapy and short-term pharmacy spending while failing to incorporate real-world evidence on the resulting medical cost offsets, reduced disease progression, and workforce productivity gains.

Obesity is a chronic, relapsing disease that drives the most expensive and preventable health conditions facing Florida's workforce today, including type 2 diabetes, cardiovascular disease, and musculoskeletal disorders. Florida's existing weight management pilot program has demonstrated that evidence-based interventions work—participants achieved meaningful health improvements within one year—but the pilot's structural limitations prevent the state from sustaining results, evaluating long-term outcomes, or realizing the full return on investment of treatment.

HB 977 would improve the limited pilot with a comprehensive, accountable obesity management benefit that aligns with current clinical standards of care. The bill requires a documented medical diagnosis of obesity, mandates participation in intensive lifestyle and behavioral therapy, and authorizes coverage of FDA-approved weight management medications under DMS oversight, with annual reporting to the Legislature. This comprehensive treatment approach in combination with utilization guardrails and accountability tools is precisely the model that health economists consistently identify as necessary to control costs while improving outcomes.

For these reasons, we are deeply troubled by the estimates published in the fiscal analysis, which overstate long-term fiscal risk by focusing on the up-front costs to provide intensive lifestyle and behavioral therapy and short-term pharmacy spending while failing to incorporate real-world evidence on the resulting medical cost offsets, reduced disease progression, and workforce productivity gains.

A recent independent, large-scale analysis conducted by Aon claims data from approximately 50 million commercially insured lives, demonstrates that individuals using GLP-1 medications experience **slower medical cost growth over time in both medical and non-GLP-1 pharmacy spending**, particularly when adherence is supported through structured care models like those required in HB 977.¹

¹ Phase 2 study link - <https://www.aon.com/en/insights/articles/workforce-focused-analysis-on-glp-1s> and press release <https://aon.mediaroom.com/2026-01-13-Aons-Latest-GLP-1-Research-Reveals-Long-Term-Employer-Cost-Savings-and-Significant-Reductions-in-Cancer-Risk-for-Women>

Among users being treated for obesity with at least 80 percent adherence, saw a seven-percentage point improvement was seen in medical spend growth compared to non-users. For those with diabetes and at least 80 percent adherence, they found a nine-point improvement was documented in medical spend growth compared to non-users. In both groups, decreased medical spending was attributed to statistically significant reductions in hospitalizations related to major adverse cardiovascular events and lower claims incidence for a variety of conditions. Medical and non GLP-1 pharmacy spending experienced slower growth across both groups compared to non-users. Importantly, the bill analysis assumes utilization patterns without accounting for the bill's mandatory lifestyle intervention requirement, clinical supervision, and continuation standards—features that directly drive adherence and, in turn, control costs. Aon's findings make clear that adherence is the primary determinant of achieving improved health outcomes and reduced health care spending. Poorly structured coverage—not evidence-based comprehensive programs—is what leads to runaway costs.

The FL fiscal analysis also does not reflect current and anticipated additional significant downward pressure on GLP-1 pricing due to evolving rebate negotiations, new pricing models, and forthcoming oral formulations – factors Aon identifies as likely to further compress costs over the next several years. As a result, the fiscal estimates may be considerably overstated rather than realistic projections under a well-managed benefit.

Beyond direct medical savings, DMS' own evaluation of the existing pilot found meaningful improvements in employee health, while independent modeling projects **\$7.8 million in direct medical savings and \$12.8 million in indirect savings from improved workforce participation** under a comprehensive program. These workforce-related benefits—reduced absenteeism, lower disability claims, and improved productivity—are entirely absent from the bill analysis despite their material relevance to state government operations. DMS must acknowledge these benefits if their analysis is to be credibly viewed by policymakers and the public.

For more information, please feel free to contact OAC Policy Consultant Chris Gallagher at chris@potomaccurrents.com.