



Obesity Groups Urge Pennsylvania's Pharmacy & Therapeutics Committee to Reinstate Medicaid Coverage for Obesity Medications

September 2, 2026

The American Society for Metabolic and Bariatric Surgery (ASMBS), Obesity Action Coalition (OAC), and The Obesity Society (TOS) remain strongly opposed to Governor Shapiro's 2025 decision to eliminate comprehensive obesity treatment for Medicaid enrollees in 2026, specifically FDA-approved obesity medications. We urge the Pennsylvania Pharmacy & Therapeutics (P&T) Committee to recommend that the Department of Human Services reinstate GLP-1 coverage for all Medicaid recipients or grandfather coverage to those recipients who were on a GLP-1 medication as of December 31, 2025.

We are attaching a May 13th letter to Governor Shapiro, which was signed by OAC, ASMBS, TOS, the American Diabetes Association (ADA), and numerous Pennsylvania-based organizations, providers, and patients who strongly disagree with the Governor's choice to eliminate coverage for GLP-1 medications. This coalition remains steadfast in its commitment to ensure that all Pennsylvanians have access to obesity treatments that have been proven safe and effective, including nutrition counseling, behavioral and lifestyle interventions, FDA-approved obesity management medications, endobariatric procedures, and metabolic and bariatric surgery.

Reduced GLP-1 Medication Costs

The cost of GLP-1 medications has significantly declined in the past year. Unfortunately, we believe that Governor Shapiro's Administration does not fully understand the magnitude of these reductions and continues to base their coverage decisions on outdated cost information. For example, manufacturers are now offering states substantial discounts on many GLP-1s medications. For Medicaid programs, federal government payments in accordance with the Federal Medical Assistance Percentage (FMAP) further reduce state expenditures for GLP-1 by 50% to 77%. Many state estimates of GLP-1 costs neglect to account for these federal funds paid to the state Medicaid program.

Breaking Down the Numbers for Pennsylvania Medicaid

Manufacturers have publicly agreed to provide a 30-day supply of all formulations of Foundayo[®], Wegovy[®], and Zepbound[®] Kwikpen for \$245. The State's Medicaid cost for the GLP-1 medication is then further reduced by the Federal Medical Assistance Percentage (FMAP) payment, which for Pennsylvania is 57.4%, resulting in 30-day cost of \$104.37 for the state – less than \$3.50 a day!

Establishing robust Medicaid coverage for comprehensive obesity care is essential to ensuring that Medicaid beneficiaries who are affected by obesity have access to affordable, individualized medical coverage for science-based treatments in the same way other chronic diseases are managed, allowing them to be treated with dignity, respect, and equality that is offered to their peers.

Please contact OAC, ASMBS, TOS Policy Consultant Chris Gallagher at chris@potomaccurrents.com should you have questions or need additional information.

The Honorable Josh Shapiro
Governor of Pennsylvania
501 North 3rd Street
508 Main Capitol Building
Harrisburg, PA 17120

May 13, 2026

Dear Governor Shapiro,

The Obesity Action Coalition (OAC), The Obesity Society (TOS), The American Society for Metabolic and Bariatric Surgery (ASMBS), the American Diabetes Association (ADA), and the undersigned organizations, providers, and patients strongly oppose your decision to eliminate comprehensive obesity treatment for Medicaid enrollees in 2026, specifically FDA-approved obesity medications. We are writing today to urge your administration to reinstate access to all Medicaid recipients or grandfather coverage to those recipients who were on a GLP-1 medications.

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

Patients who were previously stable on GLP-1 medications are now facing abrupt disruptions in their treatment due to loss of coverage, undermining continuity of care and placing them at risk for worsening health outcomes such as the risk of weight regain, poor glycemic control, and the return of related health complications. The sudden removal of access not only reverses clinical progress but also creates uncertainty, forcing patients and providers to navigate gaps in therapy that can have lasting physical and emotional impacts.

As is evident by the quotes below, GLP-1s play a pivotal role in the treatment of obesity and significantly impact the health and well-being of patients.

"Obesity is a chronic, often progressive, disease, and medications are no longer optional add-ons to lifestyle recommendations," said Jonathan Purnell, MD, FTOS, Vice President of TOS. "For many patients, they are a foundational part of care that improves not only weight, but also complications such as sleep apnea and cardiovascular disease."

"Access to comprehensive obesity care has transformed my life. My type 2 diabetes is well controlled, my joints are healthier, my cholesterol and blood pressure have improved, allowing me to reduce or stop several medications. Through weight loss surgery, medication, nutrition therapy, and increased movement, I truly feel like I'm aging in reverse." A. Michele Tedder, MSN, RN, BCC

"I have been impacted by the disease of obesity since childhood and faced weight-related knee surgery at just 25 years old. While I was able to lose 150 lbs. following bariatric surgery, keeping the weight off ten years later is still a struggle. Obesity medications have been critical to managing my obesity in the long-term, and when I didn't have access to my GLP-1 for four months, I rapidly gained 20 lbs. I'm scared of losing access again and of the consequences that would have on my future health." Ava J. Zebrick, Patient Advocate, Pittsburgh

"Ending coverage for life-changing GLP-1 medications has disrupted care and will lead to rebound weight gain and associated health conditions, putting patients at risk for ongoing costly and preventable illnesses, including type 2 diabetes." Monica Billger, State Government Affairs Director, American Diabetes Association

"Cutting off access to GLP-1 therapies for people with obesity isn't cost control—it's care disruption that predictably leads to worse health and higher long-term costs. Pennsylvania has an opportunity to lead by

restoring coverage and treating obesity as the chronic disease it is.” — Ted Kyle, Founder, ConscienHealth, Pittsburgh

Coverage for these treatments, which began in 2023, has transformed health care for Pennsylvanians across the state. Comprehensive obesity treatment, including new-generation FDA-approved obesity medications, has the potential to help approximately 3.4 million people in Pennsylvania who live with obesity and ultimately could protect our state from incurring future medical costs by treating other chronic health illnesses linked to obesity. The roll-back of coverage for obesity treatment will bring an end to the progress made to invest in the health of Pennsylvanians and prematurely cut cost savings for the state, health care systems, and patients in the long term.

Throughout the last 5 years, there have been numerous studies and reports issued on the cost effectiveness of providing coverage for obesity treatment. Clinical evidence consistently show that these therapies can help patients achieve sustained weight loss while improving or preventing serious comorbidities such as type 2 diabetes, cardiovascular disease, hypertension, and sleep apnea. These significant health improvements associated with access to GLP-1s have been documented in both the Medicaid and generally insured populations.

A [January 2026 study](#) from the American Diabetes Association evaluated the clinical, economic, and social impacts of treating obesity among Medicaid adult beneficiaries. The study found 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. For these reasons, we find Governor Shapiro’s proposal to eliminate Pennsylvania Medicaid coverage for GLP-1 medications penny wise and pound foolish. The Institute for Clinical and Economic Review (ICER) Evidence Report from October 2025 assessing the comparative clinical effectiveness and value of semaglutide and tirzepatide found these 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.

The costs of obesity treatments continue to decrease, and states like Pennsylvania could further negotiate for lower prices. Given the profound impact that investments in obesity treatments have had for Pennsylvanians, we strongly urge the restoration of coverage to ensure continued access to FDA-approved, life-saving medications as part of comprehensive, patient-centered care. We appreciate your longstanding commitment to expanding health care access across Pennsylvania and welcome the opportunity to partner in addressing the ongoing challenges of obesity in the state.

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

Sincerely,

Obesity Action Coalition

American Society for Metabolic and Bariatric Surgery

The Obesity Society

American Diabetes Association

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