



**Obesity Groups Support Passage of SB 250 to Allow for Louisiana
State Employee Health Plan Coverage of FDA-Approved Obesity Management Medications
While Opposing Coverage for Unregulated Compounded GLP-1 Medications
April 10, 2026**

The Obesity Action Coalition (OAC), The Obesity Society (TOS) and the American Society for Metabolic and Bariatric Surgery (ASMBS) support Senate Bill (SB) 250, which is sponsored by Senator McMath and would allow the state employee health plan under the Office of Group Benefits to provide coverage for “FDA-approved medications and clinically appropriate compounded therapies...” as part of... “comprehensive weight management services.”

Our organizations support 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 – treatment avenues that are critical to ensuring the health and productivity of all state residents.

Our organizations recognize that the healthcare system is failing the patient community by not covering affordable obesity treatments as part of the standard insurance benefit design. We recognize that this is the core issue why people have to turn to alternative options. We have long expressed serious concerns about using compounded GLP-1's. The main reason is FDA's own words about compounding: “Compounded drugs are not FDA approved. This means the agency does not review compounded drugs for safety, effectiveness or quality before they are marketed,” Our ultimate challenge is knowing whether compounded GLP-1's are safe and effective. Simply put, we don't know that answer. Scanning the environment, we would say there are likely both good compounders and bad compounders, but our ultimate challenge is we don't have enough evidence to say which ones are good and which ones are bad. It is truly buyer beware and we believe nearly impossible to assure that patients are getting safe medicine.

Louisiana ranks third in states impacted by obesity with nearly 40 percent of adults living with obesity and another 32 percent affected by overweight. The total cost of obesity in the United States is \$1.7 trillion and healthcare costs are 34% higher for people with obesity. Expanding access to obesity care will help decrease the numerous illnesses and associated medical problems that plague citizens of Louisiana, while improving health outcomes and healthcare savings.

An 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.

Meanwhile, increased competition and innovation continue to place downward pressure on GLP-1 prices and manufacturers have shown a willingness to negotiate directly with states. As such, adding coverage for FDA-approved obesity management medications would be a critical step toward ensuring that state employees 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. We collectively believe

that expanding access to obesity medications and treatment for state employees will not only improve health outcomes for state residents but will also reduce healthcare costs to the state.

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