



Obesity Groups Urge Massachusetts' House and Senate Budget Conferees to maintain MassHealth and GIC Coverage for Comprehensive Obesity Care

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The Obesity Action Coalition (OAC), The Obesity Society (TOS) and the American Society for Metabolic and Bariatric Surgery (ASMBS) strongly oppose Governor Healey and the Group Insurance Commission's (GIC) efforts to eliminate Medicaid and state employee coverage for GLP-1 medications and we urge House and Senate budget conferees to maintain this critical treatment avenue for both programs. Our organizations strongly support coverage of Food & Drug Administration (FDA) – approved obesity management medications in the context of comprehensive obesity care for state employees and Medicaid beneficiaries. Improved access to obesity treatments that have been proven safe and effective, including nutrition counseling, behavioral and lifestyle interventions, FDA-approved obesity management medications, endo-bariatric procedures, and metabolic and bariatric surgery is critical to ensuring the health and productivity of all state residents.

For years, the State has been a leader in providing coverage for a broad spectrum of obesity treatment services, which has resulted in Massachusetts having one of the lowest obesity rates in the country. Despite this significant achievement, more than 27% of the population are living with obesity and another 35% are affected by overweight. Altogether, that's more than 62% of people living in Massachusetts who experience overweight or obesity.

MassHealth Coverage

The total cost of obesity in the United States is \$1.7 trillion and healthcare costs are 34% higher for people with obesity. Maintaining access to obesity care will continue to help decrease the numerous illnesses and associated medical problems that plague Massachusetts residents, while improving health outcomes and healthcare savings. In addition, continuing Medicaid coverage for FDA-approved obesity management medications will ensure 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.

We know that obesity disproportionately affects people of color and of lower socioeconomic status which are important factors that often determine access to health care. Disparities further exacerbate Massachusetts obesity statistics and health outcomes with 35.4% of black and 34.3% of Hispanic state residents living with obesity compared to 27% of white residents. Persons with low incomes are more likely to be Medicaid recipients or uninsured, have poor-quality health care, and seek health care less often; when they do seek health care, it is more likely to be for an emergency.

GIC State Employee Coverage

State employees have also benefited from access to these medications for many years. The GIC has over 280,000 subscribers and 460,000 members and provides health insurance and other benefits to state employees and retirees, and their dependents and survivors. GIC also provides coverage to participating municipalities, Housing, and

Redevelopment Authorities' personnel as well as to retired municipal employees and teachers in certain governmental units. Eliminating coverage would cause significant harm to individuals who are successfully managing their health and would also negatively affect the productivity and well-being of the state's workforce.

Treating Obesity is Good Public Policy

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) [Evidence 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. **Please see the [Massachusetts Global Data State Fact sheet](#), which highlights the fiscal impact on state and local government spending and revenue.**

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 generations 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 maintaining Medicaid and state employee 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.

Of course, the state can also participate in the Centers for Medicare and Medicaid Services' [BALANCE \(Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth\)](#) model, which broadens access to evidence-based obesity treatments at lower costs through federal negotiations. 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.

Maintaining Medicaid and GIC coverage for FDA-approved obesity management medications is essential to ensuring that Medicaid beneficiaries and 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 access to all

obesity treatment avenues will not only improve health outcomes for state residents but will also reduce healthcare costs to the state.

The goal of healthcare is not simply to save money, but to improve the health and quality of life of people. Current state employee and MassHealth coverage for obesity management medications as part of a comprehensive obesity care plan meet these goals. Therefore, we strongly urge legislative leadership and the House and Senate budget conferees to oppose Governor Healey's efforts to hold obesity care to a different standard than other medical conditions when it comes to insurance coverage.

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