



May 29, 2025

Ohio Senate Finance Committee
1 Capitol Sq.
Columbus, OH 43215-4275

Dear Finance Committee members:

We represent millions of Ohio residents impacted by the chronic disease of obesity. In that capacity, we ask you to direct the Ohio Department of Medicaid to remove the prohibition against coverage for obesity medications (OMs), as outlined in [§5160-9-03](#) of the Ohio Administrative Code by inserting this request into the budget bill.

In your role as a legislative leader demanding swift action, you will open the door to improving the overall health of Ohio while strengthening our state's fiscal wellbeing by improving worker productivity and health.

ABOUT US

The American Diabetes Association® (ADA) is the nation's leading voluntary health organization fighting to bend the curve on the diabetes epidemic. Founded in 1940, the ADA is made up of people with diabetes, healthcare professionals, research scientists, and other concerned individuals. The Obesity Association is a division of the ADA, focused on reducing the prevalence of obesity and improving health in at-risk and affected communities.

The Obesity Action Coalition (OAC) is a more than 85,000 member-strong 501(c)(3) national nonprofit organization with 3,562 members in Ohio. OAC is dedicated to giving a voice to the individual affected by the disease of obesity and helping individuals along their journey toward better health through education, advocacy and support. Our core focuses include raising awareness and improving access to the prevention and treatment of obesity, fighting to eliminate weight bias, and elevating the conversation of weight and its impact on health.

At the end of this letter, you will also see the names of other organizations and patients who also support this request.

ISSUE BACKGROUND

Obesity is a serious chronic disease that requires treatment and management similar to diabetes, cancer, or high blood pressure. Obesity is recognized as a disease by major medical organizations such as the American Diabetes Association, American Medical Association, American Academy of Family Physicians, American Association of Clinical Endocrinologists, American Heart Association, National Institutes of Health, and the World

Health Organization.¹

Nevertheless, stigma and bias associated with recognizing obesity and treating it as a chronic disease remains prevalent. We must work constantly to dispute the outdated and medically incorrect perception that obesity is a lifestyle choice and due to a lack of self-discipline or personal failing.

Our outreach to you comes as part of our multi-year effort to improve access to obesity treatments in Ohio. A group of physicians, patients, and representatives of our organizations most recently met with the Ohio Department of Medicaid on May 9, 2025.

During the meeting, we were encouraged to contact members of the legislature directly. Medicaid Department representatives stated that “this is your time to go and speak to your legislature...because a lot of what we are able to do has to do with how much money we are appropriated.” In discussing the prohibition language for coverage of obesity medications, Medicaid again pointed to the need for the legislature to address this issue even though some may feel the Department already has that authority to repeal the Administrative Code.

While we appreciate that the Ohio Department of Medicaid was willing to meet with us, it’s clear that legislative intent will be critical to effectuate this coverage. We believe it is important for the Department to hear directly from you on two points: the importance of removing the Ohio Administrative Code language; and your commitment to improving the health of Ohio residents through expanded OM access.

This first action has no fiscal impact. Removal of the language from the Ohio Administrative Code is necessary. The Department would then be able to utilize the regular coverage considerations process used for new medical treatments. The Administrative Code prohibition language is discriminatory and is stopping the Department from its regular process to consider coverage for obesity treatments.

With the state budget process at a critical point, we are asking you to remove the prohibition as part of the budget bill. Ohio residents with obesity have been waiting for access to safe and effective interventions to improve their health. If individuals with other chronic conditions, such as diabetes, high cholesterol, and depression are not denied access to the treatments they need, a double standard should not be applied to those with obesity.

FACTS ON OHIO AND OBESITY

Ohio ranks ninth in states impacted by obesity.² More than 71% of Ohioans are experiencing overweight (33.4%) or obesity (37.7%).³ Knowing that there is a strong correlation between obesity and type 2 diabetes, it is not surprising that more than 4.4 million Ohioans, or nearly 46% of the adult population have diagnosed diabetes (12.3%) or prediabetes (33.6%).⁴ According to a 2024 report by *U.S. News*, southern Ohio’s Scioto County is the second highest county in America by percentage of the population

¹ Jastreboff A. et.al. “Obesity as a Disease: The Obesity Society 2018 Position Statement.” Obesity. Jan 2019 <https://onlinelibrary.wiley.com/doi/10.1002/oby.22378>, Accessed January 2, 2024

² <https://www.obesityaction.org/wp-content/uploads/Ohio2023.pdf>

³ <https://www.obesityaction.org/wp-content/uploads/Ohio2023.pdf>

⁴ https://diabetes.org/sites/default/files/2023-09/ADV_2023_State_Fact_sheets_all_rev_Ohio.pdf

experiencing obesity.⁵

Obesity in Ohio, which is most prevalent among those between 25-44 years of age (39.2%) and 45-64 years of age (43.7%),⁶ is documented to be driving reduced productivity and hours worked. The high rates of obesity among Ohio's workforce are impacting the state's fiscal health, tax revenues and driving up costs for the state.

In its report "Obesity's Impact on Ohio's Workforce,"⁷ the Buckeye Institute concludes that those experiencing obesity file twice as many workers' compensation claims, impose medical costs seven times higher, and missed 13 times more workdays due to injury or illness. Furthermore, a diagnosis of obesity is associated with higher rates of disability claims.⁸

The Buckeye Institute's economic analysis of Ohio data reveals that obesity keeps more than 32,000 Ohioans unemployed, reducing potential state income tax revenues by nearly \$20 million annually, as well as an average loss of wages of \$114,626 over a person's lifetime due to lost productivity.⁹

MEDICAID AND OBESITY TREATMENT ACCESS

There is significant data to support coverage of obesity in Medicaid, including a study conducted by the Cleveland Clinic which demonstrated that participants from the Clinic's Employee Health Plan were more likely to achieve over 7% weight loss when they received both the employer-based intensive behavioral therapy and OMs.¹⁰

Obesity often drives other health complications in addition to diabetes. A recent report found that treating obesity can reduce diabetes (-8.9%), hypertension (-2.3%), heart disease (-2.6%), cancer (-1.3%), and disability (-4.7%) over 10 years in private insurance coverage and Medicare.¹¹ A similar assumption may be applied to Medicaid programs.

ADA's Standards of Care in Diabetes - 2025¹² note that the U.S. Food and Drug Administration has approved several medications for weight management as adjuncts to reduced calorie diet and increased physical activity in individuals with BMI ≥ 30 kg/m² or ≥ 27 kg/m² with one or more obesity-associated comorbid conditions. ADA recommends that obesity pharmacotherapy should be considered for people with diabetes and overweight or obesity along with lifestyle changes.

Recent clinical guidelines from other professional organizations also recommend

⁵ <https://www.whio.com/news/local/new-study-ranks-ohio-county-among-most-obese-us/XPKCM55U4JBYVKPWIAUWSYSOY/>

⁶ <https://www.obesityaction.org/wp-content/uploads/Ohio2023.pdf>

⁷ <https://www.buckeyeinstitute.org/library/docLib/2023-03-30-Obesity-s-Impact-on-Ohio-s-Workforce-policy-report.pdf>. Accessed January 2, 2024

⁸ Henriksson P, Henriksson H, Tynelius P, et al. Fitness and body mass index during adolescence and disability later in life: a cohort study. *Ann Intern Med*. 2019;170(4):230-239. <https://www.acpjournals.org/doi/10.7326/M18-1861>. Accessed January 2, 2024

⁹ <https://www.buckeyeinstitute.org/library/docLib/2023-03-30-Obesity-s-Impact-on-Ohio-s-Workforce-policy-report.pdf>. Accessed January 2, 2024

¹⁰ Pantalone KM, Smolarz BG, Ramasamy A, Baz Hecht M, Harty BJ, Rogen B, Griebeler ML, Borukh E, Young JB, Burguera B. Effectiveness of Combining Antiobesity Medication With an Employer-Based Weight Management Program for Treatment of Obesity: A Randomized Clinical Trial. *JAMA Netw Open*. 2021 Jul 1;4(7):e2116595.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2781926>. Accessed January 2, 2024

¹¹ Sexton Ward, A. et.al. "Benefits of Medicare Coverage for Weight Loss Drugs." USC Schaeffer, April 2023.

<https://healthpolicy.usc.edu/research/benefits-of-medicare-coverage-for-weight-loss-drugs/> Accessed January 2, 2024

¹² https://diabetesjournals.org/care/issue/48/Supplement_1

comprehensive access to obesity treatment including the use of OMs, such as the American Gastroenterological Association's obesity management guidelines for adults¹³ and the American Academy of Pediatrics new "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity."¹⁴

OM coverage for eligible Medicaid beneficiaries will result in better health, a reduction in cardiovascular and diabetes risk factors, as well as a reduction in the risk of onset of other chronic and costly comorbidities.

CONCLUSION

Again, our request of you is simple but vitally important to eligible Medicaid enrollees: please contact the Ohio Department of Medicaid and urge them to immediately remove the prohibition against coverage for obesity medications (OMs), as outlined in [§5160-9-03](#) of the Ohio Administrative Code.

We welcome the opportunity to discuss this matter with you further. Should you have any questions or wish to schedule a meeting, please contact us at gdougherty@diabetes.org or sbramblette@obesityaction.org.

SUPPORTERS

- Donna and Jim Leitzel – patients
- Northeast Ohio Association for Hispanic Health
- Northeast Ohio Black Health Coalition
- Ohio Chapter of the American College of Cardiology
- Ohio/Kentucky Society for Bariatric Surgery (OKSBS)
- Ohio Life Sciences Association
- The Ohio River Region Society of Endocrinology (ORRSE)
- W. Scott Butsch, MC MSc – Director of Obesity Medicine, Bariatric and Metabolic Institute, Cleveland Clinic

¹³ American Gastroenterological Association. [https://www.gastrojournal.org/article/S0016-5085\(22\)01026-5/fulltext](https://www.gastrojournal.org/article/S0016-5085(22)01026-5/fulltext). Accessed January 2, 2024

¹⁴ American Academy of Pediatrics. <https://www.aap.org/en/news-room/news-releases/aap/2023/american-academy-of-pediatrics-issues-its-first-comprehensive-guideline-on-evaluating-treating-children-and-adolescents-with-obesity/>. Accessed January 2, 2024