



Kentucky General Assembly
Administrative Regulation Review Subcommittee
702 Capital Avenue
Frankfort, KY 40601

March 6, 2026

Dear Members of the Kentucky General Assembly Administrative Regulation Review Subcommittee:

As the CEO of the Alliance for Women's Health & Prevention (AWHP), I am writing to express my strong support for the proposal to remove Kentucky Medicaid's ban on coverage for obesity management medications.¹ This change would expand access to evidence-based, comprehensive care for some of the state's most vulnerable populations.

Obesity is a complex, chronic disease that disproportionately affects women as well as communities of color. Yet, despite clear medical consensus that obesity requires comprehensive, evidence-based treatment, Kentucky's Medicaid program currently prohibits coverage of medications prescribed for weight loss—even those that are FDA-approved and clinically proven to improve health outcomes.

As you consider reversing this administrative ban, I urge you to view expanded access to obesity management medications as a smart investment in the long-term health of Kentuckians, particularly women, as well as the broader state economy. Here's why:

- **Obesity Takes a Toll on Physical Health:** Obesity is associated with over 200 health complications, including many that specifically affect women, such as breast and ovarian cancers and fertility challenges.²
- **Obesity Weakens Kentucky's Economy:** Increased absenteeism, higher disability costs and lower workforce participation among adults with obesity reduced Kentucky's economic activity by an estimated \$6.9 billion in 2023.³ The impact is particularly significant for women with obesity, who earn up to 9% less and have 20% lower odds of being employed compared to women with healthy weight.^{4,5}

¹ Kentucky Cabinet for Health and Family Services, Department for Medicaid Services, 907 KAR 23:010: *Outpatient Pharmacy Program*, <https://apps.legislature.ky.gov/law/kar/titles/907/023/010/REG/>.

² American Medical Association, "Obesity," *American Medical Association*, <https://www.ama-assn.org/topics/obesity>.

³ GlobalData, *Obesity's Impact on Kentucky's Economy and Labor Force*, slide 3, <https://khcollaborative.org/wp-content/uploads/2024/04/Obesity-Impact-on-Kentucky-Dall-4.23.24.pdf>.

⁴ GlobalData, *Obesity's Impact on Kentucky's Economy and Labor Force*, slide 4, <https://khcollaborative.org/wp-content/uploads/2024/04/Obesity-Impact-on-Kentucky-Dall-4.23.24.pdf>.

⁵ Global Data, *Obesity Economic and Labor Force Impact per Million U.S. Population*, page 2, <https://www.globaldata.com/health-economics/US/perMillion/Obesity-Impact-Per-Million-Population.pdf>

- **Expanding Access to Care Can Save Money:** In addition to significantly improving the quality of life for adults living with obesity, expanding access to comprehensive, evidence-based care could reduce the financial burden of the disease on the state of Kentucky. In 2023, obesity cost Kentucky’s Medicaid program approximately \$160 million. Statewide, the disease cost nearly \$800 million.⁶

Improved access to comprehensive obesity care is key to addressing the obesity epidemic both nationally and in Kentucky. When obesity is left untreated, it increases the risk of chronic diseases such as diabetes, cancer and heart disease—conditions that require costly treatment and hospitalization, placing an additional strain on Kentucky’s Medicaid program. In fact, a recent study from Aon found that use of certain obesity management medications can improve medical cost growth, adherence and women’s health.⁷ In this study, GLP-1 users who maintain at least 80 percent adherence to therapy saw greater cost reductions, and statistically significant decreases in hospitalizations and condition incidence than those with lower adherence.⁷ What’s more, women taking these medications were observed to have lower incidence of ovarian cancer, breast cancer and osteoporosis than female non-users.⁷

Once the ban is lifted, Kentucky will also have the opportunity to provide Medicaid beneficiaries with access to obesity management medications at a lower cost by participating in the Center for Medicare & Medicaid Services’ recently announced BALANCE (Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth) Model.⁸ AWHP encourages Kentucky to pursue this patient-centered approach, which can preserve access to evidence-based care while responsibly addressing the state’s budgetary constraints.

No other chronic disease faces this level of scrutiny when it comes to covering evidence-based treatment. Patients deserve better. Obesity care should be covered just like care for any other chronic disease—it’s only fair. As such, AWHP respectfully urges you to remove the ban on Medicaid coverage of obesity management medications.

Thank you for your attention to this important issue.

Respectfully,
Millicent Gorham
CEO, Alliance for Women’s Health & Prevention

⁶ GlobalData, *Obesity’s Impact on Kentucky’s Economy and Labor Force*, slide 6 and 7, <https://khcollaborative.org/wp-content/uploads/2024/04/Obesity-Impact-on-Kentucky-Dall-4.23.24.pdf>.

⁷ Aon, “Workforce-Focused Analysis on GLP-1s: Phase Two Findings,” *Aon Insights*, <https://www.aon.com/en/insights/articles/workforce-focused-analysis-on-glp-1s>.

⁸ Centers for Medicare & Medicaid Services, “BALANCE (Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth) Model,” *CMS Innovation Center*, <https://www.cms.gov/priorities/innovation/innovation-models/balance>.