



Rhode Island Senate Finance Committee
82 Smith Street
Providence, RI 02903

April 8, 2026

Dear Chair DiPalma, Vice-Chairs Ciccone and Felag and Members of the Rhode Island Senate Finance Committee,

As the CEO of the Alliance for Women's Health & Prevention (AWHP), I am writing to express my sincere disappointment with the recently proposed removal of Rhode Island Medicaid coverage for obesity management medications when prescribed solely for weight loss. As you work to finalize the state's FY2027 budget, I implore you to reconsider this harmful action and to protect the Medicaid beneficiaries who rely on this coverage to access needed obesity care.

Obesity is a complex, chronic disease that significantly impacts women as well as communities of color. Yet despite clear medical consensus that obesity requires comprehensive, evidence-based treatment, Governor McKee has proposed to eliminate Medicaid coverage of obesity management medications, leaving a critical gap in care. This policy falls hardest on women, who are not only disproportionately impacted by obesity, but also disproportionately reliant on Medicaid assistance.

Obesity management medications are not vanity drugs. They are critical interventions for a serious chronic disease and an important tool in helping to prevent the over 200 health complications associated with obesity, including many that specifically affect women, such as breast and ovarian cancers and fertility challenges.¹ Effectively addressing the obesity epidemic in Rhode Island, where the adult obesity rate is projected to increase to 47% by 2030, requires coverage for the full continuum of care—including behavioral therapy, nutrition services, bariatric surgery and FDA-approved medications.²

While we understand that Rhode Island must make difficult decisions in a time of rising healthcare costs, increasing access for comprehensive, evidence-based care could ultimately reduce the financial burden of obesity on the state. In 2023, obesity cost Rhode Island's Medicaid program \$58 million and the broader state economy \$96 million.³ Simply put, Rhode Island is going to pay either way—either by paying to treat the chronic disease now or paying for the consequences later.

¹ <https://www.ama-assn.org/topics/obesity>

² <https://diabetes.org/sites/default/files/2025-05/the-burden-of-obesity-rhode-island-05-08-25.pdf>

³ <https://www.globaldata.com/health-economics/US/RhodeIsland/Obesity-Impact-on-RhodeIsland-Factsheet.pdf>

What's more, the state of Rhode Island has an 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.⁴ AWHP encourages Rhode Island to pursue this patient-centered approach, which can preserve access to evidence-based care while responsibly addressing the state's budgetary constraints.

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 maintain Medicaid coverage of obesity management medications. In doing so, Rhode Island will continue its commitment to providing comprehensive, evidence-based care for the state's most vulnerable residents.

Thank you for your attention to this important issue.

Respectfully,
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⁴ <https://www.cms.gov/priorities/innovation/innovation-models/balance>