

The Honorable Josh Shapiro  
Governor of Pennsylvania  
501 North 3rd Street  
508 Main Capitol Building  
Harrisburg, PA 17120

May 13, 2026

Dear Governor Shapiro,

The Obesity Action Coalition (OAC), The Obesity Society (TOS), The American Society for Metabolic and Bariatric Surgery (ASMBS), the American Diabetes Association (ADA), and the undersigned organizations, providers, and patients strongly oppose your decision to eliminate comprehensive obesity treatment for Medicaid enrollees in 2026, specifically FDA-approved obesity medications. We are writing today to urge your administration to reinstate access to all Medicaid recipients or grandfather coverage to those recipients who were on a GLP-1 medications.

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 is critical to ensuring the health and productivity of all state residents.

Patients who were previously stable on GLP-1 medications are now facing abrupt disruptions in their treatment due to loss of coverage, undermining continuity of care and placing them at risk for worsening health outcomes such as the risk of weight regain, poor glycemic control, and the return of related health complications. The sudden removal of access not only reverses clinical progress but also creates uncertainty, forcing patients and providers to navigate gaps in therapy that can have lasting physical and emotional impacts.

As is evident by the quotes below, GLP-1s play a pivotal role in the treatment of obesity and significantly impact the health and well-being of patients.

*“Obesity is a chronic, often progressive, disease, and medications are no longer optional add-ons to lifestyle recommendations,” said Jonathan Purnell, MD, FTOS, Vice President of TOS. “For many patients, they are a foundational part of care that improves not only weight, but also complications such as sleep apnea and cardiovascular disease.”*

*“Access to comprehensive obesity care has transformed my life. My type 2 diabetes is well controlled, my joints are healthier, my cholesterol and blood pressure have improved, allowing me to reduce or stop several medications. Through weight loss surgery, medication, nutrition therapy, and increased movement, I truly feel like I’m aging in reverse.” A. Michele Tedder, MSN, RN, BCC*

*“I have been impacted by the disease of obesity since childhood and faced weight-related knee surgery at just 25 years old. While I was able to lose 150 lbs. following bariatric surgery, keeping the weight off ten years later is still a struggle. Obesity medications have been critical to managing my obesity in the long-term, and when I didn't have access to my GLP-1 for four*

*months, I rapidly gained 20 lbs. I'm scared of losing access again and of the consequences that would have on my future health." Ava J. Zebrick, Patient Advocate, Pittsburgh*

*"Ending coverage for life-changing GLP-1 medications has disrupted care and will lead to rebound weight gain and associated health conditions, putting patients at risk for ongoing costly and preventable illnesses, including type 2 diabetes." Monica Billger, State Government Affairs Director, American Diabetes Association*

*"Cutting off access to GLP-1 therapies for people with obesity isn't cost control—it's care disruption that predictably leads to worse health and higher long-term costs. Pennsylvania has an opportunity to lead by restoring coverage and treating obesity as the chronic disease it is." — Ted Kyle, Founder, ConscienHealth, Pittsburgh*

Coverage for these treatments, which began in 2023, has transformed health care for Pennsylvanians across the state. Comprehensive obesity treatment, including new-generation FDA-approved obesity medications, has the potential to help approximately 3.4 million people in Pennsylvania who live with obesity and ultimately could protect our state from incurring future medical costs by treating other chronic health illnesses linked to obesity. The roll-back of coverage for obesity treatment will bring an end to the progress made to invest in the health of Pennsylvanians and prematurely cut cost savings for the state, health care systems, and patients in the long term.

Throughout the last 5 years, there have been numerous studies and reports issued on the cost effectiveness of providing coverage for obesity treatment. Clinical evidence consistently show that these therapies can help patients achieve sustained weight loss while improving or preventing serious comorbidities such as type 2 diabetes, cardiovascular disease, hypertension, and sleep apnea. These significant health improvements associated with access to GLP-1s have been documented in both the Medicaid and generally insured populations.

A [January 2026 study](#) from the American Diabetes Association evaluated the clinical, economic, and social impacts of treating obesity among Medicaid adult beneficiaries. The study found 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 expanded Medicaid 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. For these reasons, we find Governor Shapiro's proposal to eliminate Pennsylvania Medicaid coverage for GLP-1 medications penny wise and pound foolish.

The Institute for Clinical and Economic Review (ICER) Evidence Report from October 2025 assessing the comparative clinical effectiveness and value of semaglutide and tirzepatide found these 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.

The costs of obesity treatments continue to decrease, and states like Pennsylvania could further negotiate for lower prices. Given the profound impact that investments in obesity treatments have had for Pennsylvanians, we strongly urge the restoration of coverage to ensure continued access to FDA-approved, life-saving medications as part of comprehensive, patient-centered care. We appreciate

your longstanding commitment to expanding health care access across Pennsylvania and welcome the opportunity to partner in addressing the ongoing challenges of obesity in the state.

If you have any questions or if you would like more information, please contact public policy consultant Chris Gallagher at [chris@potomaccurrents.com](mailto:chris@potomaccurrents.com).

Sincerely,

Obesity Action Coalition

American Society for Metabolic and Bariatric Surgery

The Obesity Society

American Diabetes Association

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Terry Cathers, Director of Pharmacy, DHS  
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