



Alliance for Women's Health & Prevention



April 21, 2026

The Honorable Ron Mariano, Speaker of the House  
 The Honorable Michael Moran, Majority Leader  
 The Honorable Kate Hogan, Speaker Pro Tempore  
 The Honorable Alice Peisch, Asst. Majority Leader  
 The Honorable Aaron Michlewitz, Chair, House Ways and Means Committee  
 The Honorable Kip Diggs, Asst. Vice-chair, House Ways and Means Committee  
 The Honorable John Lawn, Chair, Joint Committee on Health Care Finance  
 The Honorable Marjorie Decker, Chair, Joint Committee on Public Health  
 State House  
 Boston, MA 02133

**RE: AMENDMENT 1693. PRESERVE GLP-1 OBESITY TREATMENT COVERAGE FOR GIC AND MASSHEALTH PATIENTS**

Dear Speaker Mariano, Leader Moran, Speaker Pro Tem Hogan, Leader Peisch, Chair Michlewitz, Asst. Vice-Chair Diggs, Chair Lawn, and Chair Decker:

**We write to respectfully urge you to preserve and maintain GLP-1 obesity treatment coverage for GIC and MassHealth patients by adopting Amendment 1693.** The proposals to eliminate this coverage reverses progress the state has made in addressing obesity and preventing the development of known comorbid conditions. Any projected short-term savings will quickly be negated due to

increased health care costs from the adverse impact of discontinuing coverage of GLP-1 medications.

Obesity is a chronic complex disease recognized by leading medical organizations, including the American Medical Association. And while obesity has been recognized as a chronic, pervasive, and relapsing disease for over a decade, it still carries stigma, blame, and a mischaracterization of being a lifestyle choice. Obesity is a leading driver of chronic disease that is associated with more than 200 comorbidities, and it is adversely impacting the health of Massachusetts residents and contributing to increased state health care expenditures.

GLP-1 medications represent a significant medical advancement in the treatment of obesity and metabolic disease. These medications are FDA-approved and clinician prescribed therapies to address an individual's disease of obesity. These treatments have quickly become one of the most important tools available to address obesity and related chronic conditions—diseases that affect hundreds of thousands of Massachusetts residents and drive healthcare spending each year. They improve mobility, overall health and quality of life. The economic benefits include reduced risk of associated comorbidities, fewer doctor visits and hospitalizations, and improved workplace productivity.

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 the general insured populations.

A recently published article, *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.

In addition, a recent AON study of 139,000 U.S. employees revealed significant reductions in medical cost trends.

- Patients treated with GLP-1 medications experienced a 7% lower medical cost trend by year two compared to similar patients who did not receive treatment for their obesity.
- In contrast, the untreated group saw their medical cost trend rise to 14%. This is a 50% reduction in health care spending for patients taking obesity medications.
- Most notably, GLP-1 use led to a greater than 40% reduction in major adverse cardiac events such as heart attacks and strokes and significantly reduced the incidence of diabetes—outcomes that directly benefit both patient lives and the state's healthcare expenditures. The study was so impactful that the benefits consulting firm started a program to cover these obesity medications for their own employees.

These studies clearly demonstrate that by addressing the underlying disease of obesity, GLP-1 therapies improve health outcomes and reduce costs in a significant quantifiable manner across many comorbidities.

At a time when Massachusetts continues to lead the nation in healthcare innovation and patient care, it is essential that our public health programs reflect the latest scientific evidence and clinical best practices. Maintaining coverage for GLP-1 medications aligns with the Commonwealth's commitment to prevention, chronic disease management, and equitable access to care.

### **Immediate Harm to Patients with Coverage Discontinuation**

In addition, putting patients on a treatment, then taking them off and leaving their coverage uncertain is not good health practice. The Yo-Yo effect is bad for patients and exacerbates underlying conditions. The state has invested in the health of these populations – pulling the rug out from them now is not prudent policy. Health gains that have been made will be lost, and health savings from better health outcomes will not be seen.

### **Increased Costs Down the Road**

Discontinuing access to GLP-1s may reduce short-term costs, but the long-term effects can be financially counterproductive. Unmanaged obesity can lead to worsening of comorbid conditions, additional costs from treating complications of the disease, and increased emergency room visits and hospitalizations. These all lead to higher long-term healthcare costs due to the treatment for obesity being delayed or denied.

### **Health Equity and Justice**

Coverage is also critical to advancing health equity in Massachusetts. Without insurance coverage, GLP-1 medications can be entirely out of reach for most patients. Eliminating coverage would create a two-tiered system where only individuals with significant financial means can access these therapies, while lower-income residents and public employees are left without the most effective treatment options. And we know that those most in need often face the greatest barriers to care when insurance coverage is restricted.

### **The State is Ignoring Market Developments and Existing Opportunities to Reduce GLP-1 Costs for Both Medicaid and the Group Insurance Commission (GIC).**

- Over the past several months the cost of these medications has declined significantly and will continue to do so.
- Manufacturers of GLP-1 therapies have publicly expressed their willingness to address cost.
- The Centers for Medicare and Medicaid Services (CMS) have invited all states to participate in the **BALANCE (Better Approaches to Lifestyle and Nutrition for Comprehensive health)** model, an essential initiative designed to expand access to evidence-based obesity treatments at significantly reduced costs due to CMS negotiations.
- Pharmacy Benefit Manager (PBM) contracts can be renegotiated to emphasize the importance of achieving cost savings for GLP-1 treatments.

ALL these factors and options should be considered and pursued before any coverage discontinuation decisions are proposed or finalized.

**Conclusion**

While cost control is a legitimate concern for the state, insurers and policymakers, restricting coverage for specific medicines is a blunt instrument that can do more harm than good. There are ways to cover treatment in a cost-effective manner versus blanket denial of access.

For these reasons, we respectfully urge the Legislature to ensure that GLP-1 medications remain covered for both state employees and MassHealth beneficiaries. Doing so will protect patient health, reduce long-term healthcare costs, and reaffirm Massachusetts’ leadership in delivering high-quality, equitable healthcare.

Sincerely,

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