



March 31, 2026

82 Smith St, Providence, RI 02903

Re: Coverage removal for GLP-1 medications from Medicaid in 2027 budget proposal

Dear Senate Finance Committee Members,

On behalf of the American Diabetes Association (ADA), we write to respectfully urge you to preserve Medicaid coverage for FDA-approved GLP-1 receptor agonist medications prescribed for the treatment of obesity.

Governor McKee is proposing to remove coverage for most GLP-1 medications from the state's Medicaid program as part of his fiscal year 2027 budget proposal. This change would primarily affect GLP-1 drugs used for weight loss rather than their use to treat diabetes, although this will negatively affect those who take these medications for the treatment of obesity.

Obesity is a chronic, progressive, and relapsing disease that significantly increases the risk of developing type 2 diabetes, cardiovascular disease, stroke, kidney disease, and other serious health complications. Rhode Island communities, particularly those served by Medicaid, are disproportionately affected by these conditions, including obesity. Limiting access to effective, evidence-based treatments will deepen health inequities and increase long-term health care costs.

GLP-1 receptor agonists represent one of the most significant therapeutic advances in obesity treatment in decades. These medications not only support meaningful and sustained weight reduction, but also improve glycemic control, reduce cardiovascular risk, and lower the likelihood of progression to type 2 diabetes in high-risk individuals. For many patients, these therapies are medically necessary interventions, not elective or cosmetic treatments.

While we recognize the fiscal pressures facing the state, short-term savings achieved by eliminating coverage may result in substantially higher long-term expenditures related to diabetes complications, hospitalizations, cardiovascular events, and disability. Preventing diabetes and its complications is not only clinically sound, but also fiscally responsible.

Medicaid beneficiaries often face significant barriers to preventive care and chronic disease management. Removing coverage for effective obesity treatments would disproportionately impact low-income individuals who have limited alternative options for care. Ensuring equitable

access to evidence-based therapies aligns with Rhode Island's commitment to public health, health equity, and cost-effective care.

We respectfully urge you to maintain Medicaid coverage for FDA-approved GLP-1 medications when prescribed for obesity treatment. Doing so affirms Rhode Island's leadership in evidence-based health policy and its commitment to preventing diabetes and reducing long-term health care costs.

The ADA stands ready to provide clinical expertise, data, and policy guidance as you consider this matter.

Thank you for your attention and for your continued commitment to improving the health of Rhode Islanders.

Sincerely,

A handwritten signature in cursive script, appearing to read "Christine Fallabel".

Christine Fallabel, MPH
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The American Diabetes Association
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