



The Honorable Louis P. DiPalma, Chair
The Honorable Members of the Senate Finance Committee
State of Rhode Island General Assembly
82 Smith Street
Providence, RI 02903

April 8, 2026

RE: Written Testimony Opposing the Removal of GLP-1s from Rhode Island’s Medicaid Formulary

Dear Senator DiPalma and the honorable members of the Senate Finance Committee-

The National Consumers League (NCL) is a private, nonprofit consumer education and advocacy organization founded in 1899 to represent the voice of consumers on matters affecting social justice, consumer protection, and the wellbeing of the American public.

Especially as our work relates to nutrition and health, NCL is deeply concerned that Governor Dan McKee is recommending the removal of coverage through the state Medicaid program of GLP-1 drugs effective October 1, 2026, except if these drugs are prescribed to treat type 2 diabetes. While our organization recognizes that Rhode Island faces fiscal challenges, the governor’s budget-balancing move is likely to cost the state much more in added health expenditures for obesity-related chronic diseases than the dollars spent on GLP-1 medicines.

Why is this the case? Because approximately 300,000 adults in Rhode Island, or 32% of the adult population, have obesity,¹ a serious chronic disease that also worsens the outcomes of over 230 obesity-related chronic diseases,² from type 2 diabetes and heart disease to some forms of cancer. Due to this link, obesity is responsible for approximately 400,000 premature deaths each year,³ and costs the U.S. economy an estimated \$1.72 trillion annually.⁴

For the state of Rhode Island, a 2023 study estimates a yearly price tag of nearly \$96 million in health care spending on obesity,⁵ which is far more than the Governor’s projected \$6.3 million in general revenue and \$20.3 million from all funds of savings in the Medicaid program. Thus, the economic burden of obesity will remain a paramount concern for the state, especially if the disease goes untreated among a large segment of the population and the financial burden for managing the health

¹ National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. (2023). BRFSS Prevalence & Trends Data. Centers for Disease Control and Prevention. <https://www.cdc.gov/brfss/brfssprevalence/>

² Obesity Care Advocacy Network. Fact Sheet: Obesity Care Beyond Weight Loss

³ Hurt Ryan T et al. Obesity epidemic: overview, pathophysiology, and the intensive care unit conundrum. J Parenter Enteral Nutr. 2011 Sep;35(5 Suppl):4S-13^

⁴ Milken Institute (October 2018), “America’s Obesity Crisis: The Health and Economic Costs of Excess Weight.”

⁵ GlobalData Plc. (2023). Obesity’s impact on Rhode Island’s economy and labor force. <https://www.globaldata.com/health-economics/US/RhodeIsland/Obesity-Impact-on-RhodeIslandFactsheet.pdf>

conditions associated with obesity increase along with the costs related to lost productivity when people miss work, are less productive while at work, or die prematurely.

This lack of understanding about the costs of obesity is commonplace across the country, which is why obesity continues to be overlooked as a serious disease and often goes undiagnosed and insufficiently treated. For this reason, the National Consumers League partnered with the National Council on Aging (NCOA) and leading obesity specialists to issue the first *Obesity Bill of Rights* for the nation in 2024. Specifically, the *Obesity Bill of Rights* defines quality obesity care as the right of all adults and establishes eight essential rights, including the right to coverage for the full range of treatment options so Americans with obesity will get the care specified in medical guidelines.

Based on our understanding of obesity from developing the *Obesity Bill of Rights*, NCL is calling on Governor McKee and the Senate Finance Committee to maintain coverage for GLP-1 drugs for state Medicaid beneficiaries not only to improve their health but also, to realize significant savings to the Rhode Island economy. Demonstrating what is possible, there is substantial evidence that even a modest weight loss of 5-10 percent reduces LDL (“bad”) cholesterol and triglycerides in the blood while a 10-15 percent weight loss achieves a maximum therapeutic benefit for cardiovascular disease, GERD and such conditions as urinary stress incontinence. Additionally, a 15-20 percent weight loss produces remission of type 2 diabetes and a maximum therapeutic benefit for congestive heart failure and cardiovascular mortality.⁶

Translating these therapeutic benefits into cost savings for the state, a cross-sectional study of privately insured adults and Medicare beneficiaries published December 5, 2024, in *JAMA Network Open* estimates that not treating obesity increases annual health spending by \$326 per person for each percentage-point increase in body mass index (BMI).⁷ Conversely, the study projected annual savings from weight loss among a cohort of 3,774 Medicare beneficiaries, finding that those with one or more comorbid condition who achieved a 5 percent weight loss had a reduction in healthcare spending of \$1,262. A 10 percent weight loss nearly doubled the savings to \$2,430 and for a 25 percent weight loss, the reduction in health expenditures was \$5,444 per person.

Moreover, new research reported in the journal *Diabetes, Obesity and CardioMetabolic CARE*⁸ finds that treating adult Medicaid beneficiaries for obesity could generate social return on investment of \$3.81 per dollar nationally and \$8.57 from states’ perspective. This could translate into 75,800 added quality-adjusted life-years (\$7 billion value), \$11.8 billion in mortality reductions, \$847 million in productivity benefits, and nearly \$1 billion in medical cost savings, totaling \$15 billion in net social value nationally.

⁶ Ryan, DH et al. Weight loss and improvement in comorbidity: differences at 5%, 10%, 15%, and over. *Current Obesity Reports*, 2017;6(2), 187-194.

⁷ Thorpe KE, et al. Estimated Reduction in Health Care Spending Associated with Weight Loss in Adults. *JAMA Netw Open*. 2024;7(12): e2449200

⁸ Livingston T, et al. The Benefits and Costs of Treating Obesity Among Adults in the Medicaid Program. *Diabetes, Obesity, and Cardiometabolic CARE* 2026;1(1):128–139

Finally, it is important to note that the Institute for Clinical and Economic Review (ICER) released a draft evidence report on GLP-1 drugs in September 2025⁹ finding that GLP-1 medications are cost-effective and clinically effective. This is especially relevant now that the cost of FDA-approved GLP-1 weight loss drugs has decreased significantly. While it is true that the list price of these drugs once was around \$1,000 a month, due to agreements between the GLP-1 drug makers and the White House, officials announced that the injectable GLP-1s will cost state Medicaid programs \$245 per month through existing Supplemental Rebate Agreements.

Considering the significant health benefits and reduced medical costs from treating obesity, NCL urges the members of the Senate Finance Committee to ensure that one of the essential rights established by the *Obesity Bill of Rights* -- the Right to Coverage for Treatment” – applies to the state’s Medicaid beneficiaries. While some difficult decisions must be made, the governor’s budget proposal to end coverage for GLP-1s will worsen health outcomes and increase overall health expenditures. It is a price tag that is much too high.

Thank you in advance for your consideration of these comments.

Sincerely,



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CC:

The Honorable Frank A. Ciccone, III, First Vice Chair
The Honorable Walter S. Felag Jr., Second Vice Chair
The Honorable Jonathon Acosta, Secretary
The Honorable Alana M. DiMario, Member
The Honorable Elaine J. Morgan, Member
The Honorable V. Susan Sosnowski, Member
The Honorable Brian J. Thompson, Member
The Honorable Lammis J. Vargas, Member
The Honorable Samuel D. Zurier, Member

⁹ Pearson SD, et al. Affordable Access to GLP-1 Obesity Medications: Strategies to Guide Market Action and Policy Solutions. April 9, 2025. Accessible at: <https://icer.org/wp-content/uploads/2025/04/Affordable-Access-to-GLP-1-Obesity-Medications--ICER-White-Paper--04.09.2025.pdf>