

Jamie Plume

From: Wendy Leonard, MS, RDN <wendy@rinutritiontherapy.com>
Sent: Monday, April 6, 2026 4:37 PM
To: Senate Finance
Subject: Advocating for Medicaid coverage of obesity management medications (OMMs)

Follow Up Flag: Follow up
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The Honorable Louis P. DiPalma (Chairman) and honorable members of the Senate Finance Committee,

My name is Wendy Leonard, and I am a resident of Rhode Island. I am a registered dietitian, business owner and mom of four. I live in Warwick, RI and I have offices in Warwick, North Kingstown, East Greenwich and Northern Rhode Island. I am writing to respectfully urge you to oppose Governor McKee's proposal in the EOHHS 2027 budget that would eliminate Medicaid coverage of obesity management medications (OMMs).

We have many patients who are on obesity medication and they have been life-changing for them. We have even had patients on disability due to weight and chronic diseases, and the turning point for them was starting on obesity medications. They were able to lose the weight with the help of the medication, while incorporating nutrition and lifestyle behavior modifications. Eventually, they are able to wean off of these medications when they have the tools needed to manage their health and weight through the nutrition and lifestyle modifications we have helped them to integrate into their daily lives.

Obesity is a complex, chronic disease that requires access to evidence-based care. It should be treated the same as other chronic diseases, such as diabetes and hypertension, where consistent access to treatment is essential for managing health and preventing complications. For many Rhode Islanders covered by Medicaid, these medications are an important part of improving health and quality of life. Removing coverage would create significant barriers to care and limit treatment options for individuals seeking to manage their health.

I respectfully ask that you protect access to comprehensive obesity care and reject this proposal.

Thank you for your time and consideration, and for your commitment to the health of our community.

With gratitude,



Wendy Leonard, MS, RDN
Registered Dietitian | CEO & Founder
Rhode Island Nutrition Therapy
320 Phillips St, Ste 203
North Kingstown, RI 02852

Jamie Plume

From: Stephen Finney <stephenfinneymd@gmail.com>
Sent: Monday, April 6, 2026 4:44 PM
To: Senate Finance
Subject: Protect Rhode Island Medicaid Coverage for Obesity Medications

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Dear Louis P. DiPalma, Chairman of the Senate Finance Committee, and Honorable Members of the Committee,

I am writing to respectfully urge you to protect and maintain Rhode Island Medicaid coverage for evidence-based obesity medications. As a physician dedicated to caring for patients with obesity and related chronic conditions, I have seen firsthand the profound and life-changing impact these treatments can have.

Obesity is a complex, chronic disease that contributes to diabetes, cardiovascular disease, sleep apnea, and many other costly and debilitating conditions. Effective treatment is not simply about weight loss—it is about restoring health, preventing complications, and improving quality of life. Modern anti-obesity medications, when combined with lifestyle support, represent one of the most powerful tools we have to address this epidemic.

Beyond the clinical data, I want to share what this looks like in real life.

I cared for a grandmother who had struggled with obesity for years. Her mobility was limited, and she felt disconnected from the activities that once brought her joy. After starting appropriate medical therapy, she lost a meaningful amount of weight, improved her physical function, and—most importantly—played with her grandchildren again. What may seem like a small moment is, in reality, a restoration of dignity, independence, and family connection.

I also treated a young woman preparing for her wedding. She had tried for years to lose weight without success and felt discouraged and defeated. With medical support, she achieved significant weight loss, improved her health, and confidently fit into her wedding dress. That moment was not just about appearance—it was about confidence, self-worth, and entering a new chapter of life feeling her best.

These are not isolated stories. They represent the real-world impact of access to appropriate obesity treatment. When coverage is removed or restricted, patients are left without effective options, often leading to worsening health outcomes and higher long-term healthcare costs for the system.

Protecting Medicaid coverage for obesity medications is not only a compassionate decision—it is a fiscally responsible one. By investing in prevention and treatment now, Rhode Island can reduce downstream costs associated with hospitalizations, complications, and chronic disease management.

I respectfully ask that you continue to support policies that ensure access to these life-changing treatments for Rhode Island's most vulnerable populations. Your leadership has the power to improve lives, strengthen families, and promote a healthier future for the state.

Thank you for your time, consideration, and commitment to the health of Rhode Island residents.

Sincerely,

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Stephen Finney, MD, FAAFP, DABOM

Primary Care & Obesity Medicine Physician | [Southcoast Health](#)

Clinical Assistant Professor | The Warren Alpert Medical School of Brown University

Treasurer, Board of Directors | Massachusetts Academy of Family Physicians

[LinkedIn](#)

Jamie Plume

From: Joseph Zucchi <jzucchi@transitionsalem.com>
Sent: Tuesday, April 7, 2026 2:29 PM
To: Senate Finance
Subject: Written Testimony in Opposition to H 7127, Article 8

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To: The Honorable Louis P. DiPalma, Chairman, and the Honorable Members of the Senate Finance Committee
Re: H 7127, Article 8
Position: CON, as drafted

Dear Chairman DiPalma and Honorable Members of the Senate Finance Committee,

My name is Joseph Zucchi, PA-C, MPAS, and I am the Clinical Supervisor at Transition Medical Weight Loss in Salem, New Hampshire. I am also a board member of the New England Obesity Society. Thank you for the opportunity to submit written testimony in opposition to the proposed budget language in H 7127, Article 8, that would eliminate Medicaid coverage of obesity medications while preserving coverage when these same medications are prescribed for type 2 diabetes.

As a clinician who treats obesity every day, I can tell you that obesity is not a cosmetic issue or a lifestyle choice. It is a chronic, progressive, relapsing disease that increases the risk of type 2 diabetes, heart disease, sleep apnea, fatty liver disease, hypertension, joint pain, and many other serious health problems. When we deny treatment for obesity, we are not saving patients from medical costs. We are often just delaying those costs until they show up in even more serious and expensive ways.

It is especially troubling to draw a line that says these medications remain worthy of coverage for diabetes, but not for obesity. That approach ignores the fact that obesity is often the root driver of many of the very diseases Medicaid programs spend so much money treating later on. It makes little sense to wait until a patient becomes sicker before allowing access to evidence-based treatment.

I have also seen firsthand what happens when patients lose access to obesity medication that has been helping them. Many experience weight regain, worsening health, emotional distress, and a sense that they are being abandoned by the healthcare system. For lower-income patients on Medicaid, these coverage decisions can be especially devastating, because they often do not have the financial means to continue treatment on their own. In practice, this creates a two-tiered system where those with resources can continue care while the most vulnerable patients are left behind.

I have been involved in advocacy efforts across New England to protect access to obesity treatment, including speaking at the Massachusetts State House and supporting efforts related to Medicaid and public coverage in other states. The message has been consistent: if we truly recognize obesity as a disease, then we must treat it like one. Coverage should not disappear simply because the therapy

carries an upfront cost. Many treatments in medicine require long-term investment, especially when they are helping prevent more serious disease down the road.

Obesity medications are not the whole answer, but they are an important tool. In the right patients, they can improve health, reduce complications, and help people engage more successfully in nutrition, physical activity, and long-term behavior change. Removing coverage sends the wrong message to patients and providers and moves care backward at a time when we should be expanding evidence-based treatment, not restricting it.

I respectfully urge the committee to reject this proposal and preserve Medicaid coverage for obesity medications in Rhode Island. Patients with obesity deserve the same seriousness, compassion, and access to treatment as patients living with any other chronic disease.

Thank you for your time and consideration.

Sincerely,

Joseph Zucchi, PA-C, MPAS

Clinical Supervisor

Transition Medical Weight Loss

(603) 685-0462 | TransitionSalem.com

22 Main Street, Salem, NH 03079

Jamie Plume

From: Michael Donnelly-Boylen <mdonnellyboylen@gmail.com>
Sent: Wednesday, April 8, 2026 9:19 PM
To: Senate Finance
Subject: Testimony in Opposition to Proposal to Eliminate Medicaid Coverage of Obesity Management Medications (EOHHS FY2027 Budget)

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Position: CON (Oppose)

Name: Michael Donnelly-Boylen

Affiliation: Individual; Member, American Diabetes Association Obesity & Weight Management Advisory Group; Member, Obesity Action Coalition Access to Care Committee

Contact Information: mdonnellyboylen@gmail.com

Dear Chairman DiPalma and Members of the Committee,

I write to express my opposition to the proposal within the Executive Office of Health and Human Services FY2027 budget to eliminate Medicaid coverage of obesity management medications.

While I am not a Rhode Island resident, I have worked at Roger Williams University School of Law for the past 24 years. For much of that time, I served as Dean of Admissions, where I have been deeply committed to helping build the bench and bar of this state. I also currently serve as cohost of *Law 401*, a podcast focused on explaining law and policy in Rhode Island. I share this context only to explain my long-standing connection to the state. I write today in my personal capacity.

I also serve as a member of the American Diabetes Association's Obesity and Weight Management Advisory Group and the Obesity Action Coalition's Access to Care Committee. More importantly, I write as someone who has personally experienced the impact of GLP-1 medications.

Obesity is not a matter of personal failure. It is a chronic, metabolic disease recognized as such by both the American Medical Association and the World Health Organization. For many patients, including those on Medicaid, GLP-1 medications are the first effective treatment that addresses the underlying biology of the disease.

Eliminating access to these medications will disproportionately affect Rhode Island's most vulnerable residents. These are communities already shaped by structural barriers such as limited access to affordable, healthy food and a higher prevalence of low-cost, calorie-dense options. Removing treatment does not address these conditions. It compounds them.

For patients currently receiving these medications, this proposal does not simply maintain the status quo. It actively reverses progress. Individuals whose disease is being effectively treated will be forced off therapy, increasing the likelihood that their condition will worsen and that associated comorbidities such as type 2 diabetes, cardiovascular disease, and hypertension will follow.

This is also a short-sighted fiscal decision. While eliminating coverage may reduce costs within a single budget cycle, the long-term consequences will be more expensive. Untreated obesity drives higher healthcare utilization across multiple systems. Effective treatment reduces those downstream costs. The question is not whether the state will pay. It is when and how.

Rhode Island has an opportunity to align its policies with modern medical understanding and long-term fiscal responsibility. I urge the Committee to reject this proposal and maintain Medicaid coverage for obesity management medications.

Thank you for your consideration.

Sincerely,
Michael Donnelly-Boyles
mdonnellyboyles@gmail.com