Will Medicare and Medicaid coverage for anti-obesity drugs survive RFK Jr.?

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Last month, as one of its last major health policy actions, the Biden administration filed a proposed rule change by the Centers for Medicare & Medicaid Services (CMS) that would require Medicare and Medicaid to provide coverage for anti-obesity medications beginning in 2026.

Without insurance coverage, many of these drugs—Trulicity, Byetta, Ozempic, Wegovy, and Zepbound—could easily cost more than $1,200 per month out of pocket, making them prohibitively expensive for working people.

Presently, CMS regulations prohibit Medicare from covering drugs for weight loss, including those that promote fertility, smoking cessation and various other conditions it deems medically unnecessary. These drugs are only allowed for Medicare and Medicaid recipients with diabetes and heart disease. The rule change reflects the growing scientific recognition of obesity also as a chronic disease and the importance of weight loss in improving the well-being and health of obese people, beyond any cosmetic concerns.

A White House factsheet noted that 3.4 million Medicare recipients and 4 million adult Medicaid enrollees would gain low-cost access to these medications. The statement did not note, however, that the CMS approval has been delayed so long that the incoming Trump administration will have the opportunity to block it.

CMS has estimated the additional coverage will cost the federal government about $25 billion for Medicare and $11 billion for Medicaid over a decade with an extra $4 billion from states participating in Medicaid. These figures make no allowance for anticipated cost savings because those who use the weight-loss drugs will be in better health.

However, approval for these changes to Medicare and Medicaid drug coverages will require the endorsement of the incoming Trump administration, which has unequivocally stated it plans to cut federal spending. In particular, Robert F Kennedy Jr., as secretary of the Department of Health and Human Services, has expressed his disdain for weight loss treatments. Kennedy said on Fox News before the election, “If we just gave good food, three meals a day, to every man, woman and child in our country, we could solve the obesity and diabetes epidemic overnight.”

Irrespective of Kennedy’s disinformation campaigns and ignorant and irresponsible opinions, this new class of anti-obesity prescription medications has grown in popularity and acceptance, with the latest Kaiser Family Foundation (KFF) poll finding that one in eight adult Americans has taken a Glucagon-like peptide-1 (GLP-1), the technical name for anti-obesity drugs. One-third of those polled had heard of these drugs. Four of 10 who take such treatments have diabetes, and another quarter have heart disease. One in five using the drugs have been diagnosed with obesity.

Half of those who say they take the medications said it was difficult to afford the cost, and one in five said it was very difficult. And while most insured adults said that insurance covered at least a part of the costs, more than half said that the cost was still difficult to afford.

To place the obesity crisis into perspective, a recent *Lancet* study found that in 2021 an estimated 15.1 million children and adolescents (5 to 14 years), 21.4 million older adolescents (15 to 24 years), and 172 million adults (25 years and older) were overweight or obese in the US. This means that half of adolescents and three-quarters of adults in America suffer from being clinically overweight or obese. This is double the rate in 1990. And without intervention, it is estimated the rates of adolescents classified as overweight or obese would rise to 60 percent by 2050, while for adults that figure will reach 80 percent.

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Normal weight defined as a body-mass index (BMI) of 18.5 to 24.9. Overweight is defined as a BMI 25 to 29.9, and obesity a BMI of 30 or more. Severe obesity includes anyone over a BMI of 40 and morbid obesity as anyone with a BMI over 50. The current rate of obesity in the US has been steady at 40 percent, but the rate of severe obesity has continued to rise. Also, one in five children and adolescents aged two to 19 lives with obesity.

This is compounded by the fact that for every 100 people who are obese, only one can expect to reach a healthy weight again. In a UK-based study from 2015, among more than 177,000 people over 20 who were considered obese with a BMI [body-mass index] of 30 to 35 (excluding those who had bariatric surgery), the annual probability of attaining normal weight was one in 210 for men and one in 124 for women. However, for those with morbid obesity (BMI of 40 to 45) the probability of a successful weight loss dwindled considerably to one in 1,290 for men and one in 677 for women.

In one fundamental way, obesity has been a causative factor for the lower life expectancy and slower health improvements in the US compared to other high-income countries. A global burden of disease study found that in 2021, the US experienced 335,000 obesity-related deaths. They noted that obesity was the leading and fastest-growing risk factor for poor health and early death. It contributes to a host of chronic illnesses that include diabetes, heart attacks, strokes, cancer, and mental health disorders.

An article published in *The Conversation* last week took note of a report by Republican members of the Joint Economic Committee of the US Congress, published in 2024, which predicted that obesity-related healthcare costs will rise to $9.1 trillion by 2034.

This report laid out the reasons why the capitalist class is concerned about obesity, not because of its impact on health and well-being but because of its impact on corporate profits:

> Ultimately, we estimate that the US will lose between $10.9 to $11.9 trillion in GDP due to labor supply reductions from obesity over the next 10 years. … Using CBO's estimates for income as a percent of GDP, we estimate that this would result in $1.93 to $2.12 trillion in lost tax revenue.

The Republican report also raises concerns that obesity will lower an employee's ability to work at full capacity due to illness and other related reasons, leading to a 2 percent reduction in overall productivity, causing an additional loss of as much as $2.6 to $2.8 trillion over the next decade.

The report acknowledges the efficacy of the GLP-1 class of medications, which help regulate insulin and improve blood sugar levels while at the same time suppressing appetite. They also reduce cardiovascular events and all-cause mortality in patients with diabetes and obesity.

With some of these drugs are coming off patent, their prices could drop considerably. Another 74 anti-obesity medications are in clinical trials, adding competition and potentially lowering prices further.

Still, the report noted, "Price is of major importance when the market and economic potential of these drugs is so large. Briggs and Kodnani estimate that the potential market for GLP-1s could be 133 million Americans, with 74 million of the individuals of the potential market using the drug specifically to treat obesity rather than exclusively Type 2 diabetes. They estimate that within five years 10 to 70 million Americans could be taking GLP-1 medications. The wide range for the estimate depends on a variety of factors, including clinical trial approval of drugs being tested, price of generics and general take-up and usage rates."

The report goes on to note a potential downside—for giant corporations that profit from the manufacture of food products that contribute to obesity. Weight-loss drugs could alter "consumer food choices" and leave the restaurant and food industry in a lurch. The report cites a comment made by CEO of Walmart in October 2023 that they had seen a decline in overall food purchases that may be attributable to GLP-1 usage.

These economic calculations underscore the actions both of the outgoing Biden administration and the incoming Trump administration, both of which function as defenders of the profit system.

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