

Trump Won't Force Medicaid To Cover GLP-1s for Obesity. A Few States Are Doing It Anyway.

The price that health insurance plans and beneficiaries pay for these drugs varies, but some GLP-1s cost more than \$1,000 per month.

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When Page Campbell's doctor recommended she try an injectable prescription drug called Wegovy to lose weight before scheduling bariatric surgery, she readily agreed.

"I've struggled with my weight for so long," said Campbell, 40, a single mother of two. "I'm not opposed to trying anything."

In early April, about four weeks after she'd started taking Wegovy, Campbell said she hadn't experienced any side effects, such as nausea or bowel irritation. But she doesn't use a scale at home, she said, so she didn't know whether she'd lost any weight since her most recent medical appointment earlier this year, when she weighed 314 pounds. Still, she was confident about achieving weight loss.

"It's going to work because I'm putting in the work. I'm changing my eating habits. I'm exercising," said Campbell, a shipping manager at a Michaels store. "I'm not going to second-guess myself."

Wegovy belongs to a pricey class of drugs called GLP-1s (short for glucagon-like peptide-1 agonists) that have upended the treatment of obesity in recent years, offering hope to patients who have tried and failed to lose weight in myriad other ways.

Campbell gained access to Wegovy through South Carolina Medicaid's decision in late 2024 to cover these weight loss drugs. But the medications remain out of reach for millions of patients across the country who could benefit from them, because many public and private health insurers have deemed the drugs too expensive.

A [report published in November](#) by KFF, a health information nonprofit that includes KFF Health News, found only 13 states were covering GLP-1s for the treatment of obesity for Medicaid beneficiaries as of August. South Carolina became the 14th in November.

Liz Williams, one of the report's authors and a senior policy manager for the Program on Medicaid and the Uninsured at KFF, said she was not aware of any other state Medicaid programs joining the list since then. Looking ahead, the remaining states may be reluctant to add a new, expensive drug benefit while they brace for potential federal cuts coming from Congress, she said.

"As the budget debate, federally, is developing, that may impact how states are thinking about this," Williams said.

The federal government won't be helping anytime soon, either. Medicare covers GLP-1s to treat diabetes and some other health conditions, including obstructive sleep apnea and cardiovascular disease, but not obesity. In early April, the Trump administration announced it will not finalize a rule proposed by the Biden administration that would have allowed an estimated 7.4 million people covered by Medicare and Medicaid to access GLP-1s for weight loss. Meanwhile, the FDA is poised to force less expensive, compounded versions of these drugs off the market.

And the barrier to entry remains high, even for Medicaid patients in those few states that have agreed to cover the drugs without a federal mandate.

Case in point: In South Carolina, where more than one-third of all adults, and nearly half of the African American population, qualify as obese, the state Medicaid agency estimates only 1,300 beneficiaries will meet the stringent prerequisites for GLP-1 coverage.

Under one of those requirements, Medicaid beneficiaries who wish to access these drugs to lose weight must attest to "increased exercise activity," said Jeff Leieritz, a spokesperson for the South Carolina Department of Health and Human Services.

Campbell, who is insured by Medicaid, was granted coverage for Wegovy based on her body mass index. First, though, she was required to submit six months' worth of documentation proving that she'd tried and failed to lose weight after receiving nutrition counseling and going on a 1,200-calorie-a-day diet, said Kenneth Mitchell, one of Campbell's doctors and the medical director for bariatric surgery and obesity medicine at Roper St. Francis Healthcare.

Campbell's Wegovy prescription was approved for six months, Mitchell said. When that authorization expires, Campbell and her health care team will need to submit more documentation, including proof that she has lost at least 5% of her body weight and has kept up with nutrition counseling.

"It's not just, 'Send a prescription in and they cover it.' It's rather arduous," Mitchell said. "Not a lot of folks are going to do this."

Mitchell said South Carolina Medicaid's decision to cover these drugs was met with excitement among those working in his medical specialty. But he wasn't surprised that the state anticipates relatively few people will access this benefit annually, since the approval process is so rigorous and the cost high. "The problem is the medicines are so expensive," Mitchell said.

Novo Nordisk, which manufactures Wegovy, announced in March that it was cutting the monthly price for the drug from \$650 to \$499 for cash-paying customers. The price that health insurance plans and beneficiaries pay for these drugs varies, but some GLP-1s cost more than \$1,000 per patient per month, Mitchell said, and many people will need to take them for the rest of their lives to maintain weight loss.

“That is a tremendous price tag that someone has to foot the bill for,” Mitchell said.

That’s the reason California Gov. Gavin Newsom on May 14 proposed eliminating Medicaid coverage of GLP-1s for weight loss starting January 1, to save an estimated [\\$680 million](#) a year by 2028.

And the North Carolina State Health Plan Board of Trustees voted last year to [end coverage of GLP-1s](#) for state employees, after then-North Carolina Treasurer Dale Folwell’s office estimated in 2023 that the drugs were projected to cost the State Health Plan \$1 billion over the next six years. The decision came only a few months after a separate North Carolina agency announced it would start covering these drugs for Medicaid beneficiaries. North Carolina Medicaid has estimated it will spend \$16 million a year on GLP-1s.

South Carolina Medicaid, which insures fewer than half the number of people enrolled in North Carolina Medicaid, anticipates spending less. Leieritz estimated GLP-1s and nutrition counseling offered to Medicaid beneficiaries in South Carolina will cost \$10 million a year. State funding will cover \$3.3 million of the expense; the remainder will be paid for by matching Medicaid funds from the federal government.

In a recent interview, Health and Human Services Secretary Robert F. Kennedy Jr. didn’t rule out the possibility that Medicare and Medicaid might cover GLP-1s for obesity treatment in the future as costs come down.

They’re “extraordinary drugs” and “we’re going to reduce the cost,” Kennedy told CBS News in early April. He said he would like GLP-1s to eventually be made available to Medicare and Medicaid patients who are seeking obesity treatment after they have tried other ways to lose weight. “That is the framework that we’re now debating.”

Meanwhile, public health experts have applauded South Carolina Medicaid’s decision to cover GLP-1s. Yet the new benefit won’t help the vast majority of the 1.5 million adults in South Carolina who are classified as obese, according to [data published](#) by the South Carolina Department of Public Health.

“We still have some work to do,” acknowledged Brannon Traxler, the public health department’s chief medical officer.

But the state’s new “Action Plan for Healthy Eating and Active Living,” written by a coalition of groups in South Carolina, including the Department of Public Health, makes no mention of GLP-1s or the role they might play in lowering obesity rates in the state.

The action plan, underwritten by a \$1.5 million federal grant, isn't meant to lay out an overarching approach for lowering obesity in South Carolina, Traxler said. Instead, it promotes physical activity in schools, nutrition, and the expansion of outdoor walking trails, among other strategies. A more comprehensive obesity plan might address the benefits of surgical intervention and GLP-1s, but those also carry risk, expense, and side effects, Traxler said.

"Certainly, I think, there is a need to bring it all together," she said.

Campbell, for one, is taking the comprehensive approach. On top of injecting Wegovy once weekly, she said, she is prioritizing protein intake and moving her body. She also underwent weight loss surgery in late April.

"Weight loss is my biggest goal," said Campbell, who expressed appreciation for Medicaid's coverage of Wegovy. "It's one more thing that's going to help me get to my goal."

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