

June 12, 2026

The Honorable Jesse Gabriel
Chair, Assembly Budget Committee
1021 O Street, Suite 8230
Sacramento, CA 95814

The Honorable Dawn Addis
Chair, Assembly Budget Subcommittee on Health
1021 O Street, Suite 4120
Sacramento, CA 95814

The Honorable John Laird
Chair, Senate Budget Committee
1020 N Street, Room 502
Sacramento, CA 95814

The Honorable Caroline Menjivar
Chair, Senate Budget Subcommittee 3
1021 O Street, Room 1200
Sacramento, CA 95814

RE: Support for Assemblymember Ahrens' Budget Request to Reinstate Medi-Cal Coverage for Obesity Treatment in the 2026 Budget Act

Dear Chairs,

On behalf of the undersigned organizations, we strongly support Assemblymember Patrick Ahrens' request to restore Medi-Cal funding and access for GLP-1 medications used to treat obesity in the 2026 Budget Act. California has long been considered a national leader in public health, prevention, and health equity, but the decision to eliminate Medi-Cal coverage for proven, evidence-based obesity treatments moves the state in the opposite direction – prioritizing short-term budget savings over long-term health outcomes.

Eliminating coverage does not eliminate cost; it allows cost in areas affected by obesity to continue to grow. Obesity affects roughly 27% -- nearly 11 million – of adults in California, yet it is still seen as a matter of personal choice rather than the complex, chronic disease recognized by leading medical authorities. This stigma prevents patients – especially women and underserved Californians – from accessing comprehensive care, leading to costly and deadly co-occurring conditions including Type 2 diabetes, cardiovascular disease, stroke, kidney disease, and cancer. Untreated obesity also contributes to lost productivity and long-term disability, costing California almost $90 billion annually. Meanwhile, a 25% weight reduction, which is not uncommon among patients on GLP-1 medications, led to a $5,442 drop in yearly health care costs, or 31% in savings.

Despite the fact that "health equity" was adopted by California as a key consideration in state guidance documents (CWP, pg 16), thousands of Medi-Cal patients who had begun clinically appropriate treatment have now lost access due to the state's coverage decision, widening an already significant equity gap. This drop in access also exacerbates the women's health gap, considering metabolic and hormonal changes during pregnancy, postpartum recovery, perimenopause, and menopause significantly increase the risk of obesity and related chronic conditions.

Medi-Cal serves 15 million Californians, many of whom face higher risks of obesity-related illness and barriers to consistent care. Data from the Centers for Disease Control and Prevention (CDC) consistently shows that obesity is most prevalent among Black, Hispanic, and low-income populations. Geographic disparities highlight that obesity rates are highest in rural areas, where economic hardship and limited access to health care further compound the issue. These underserved communities need access the most, yet California is instead relegating Californians who make under $22,000 into a tier two system and denying them access to modern medical care.

Restoring Medi-Cal coverage for obesity treatments is not simply about restoring access to a class of drugs – a class that Medi-Cal has regularly covered since the early 2000s. This decision is about ensuring that California's largest public health program treats obesity like the chronic disease it is. For a state that has made health equity and disease prevention central to its health policy agenda, restoring access to effective obesity treatments should be a priority.

Sincerely,



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Melissa Horn
Director of State Legislative Affairs,
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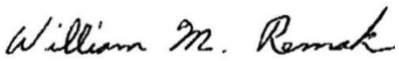
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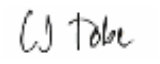
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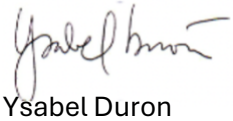
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