

A Prescription for Disaster: The Case Against Broad Coverage of Weight-Loss Drugs

America's Obesity Epidemic is at a Crossroads.

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Commentary

Obesity has become a crisis in the United States, with 42 percent of adults and 20 percent of children classified as obese. The government's recent proposal to cover weight-loss drugs under Medicare and Medicaid marks a pivotal moment in how we approach this epidemic. While these medications offer short-term solutions for some, their widespread adoption could have devastating consequences for public health, financial sustainability, and the future of preventive care.



Instead of addressing the root causes of obesity—poor diet, lack of exercise, and systemic health disparities—this policy shifts the focus to costly pharmaceuticals, creating a long-term dependency while ignoring the broader societal changes needed to improve health outcomes.

The Problem With Weight-Loss Drugs— Impact on Children and Families

Expanding access to weight-loss drugs risks normalizing their use among children and families. Childhood obesity rates have tripled since the 1970s, but tackling this issue requires fundamental changes in lifestyle, education, and nutrition. Weight loss drugs are generally not approved for widespread use in children, and their long-term effects on growth, metabolism, and mental health are poorly understood.

Normalizing pharmaceutical interventions risks sending a dangerous message to parents and children: that managing weight is best achieved through a syringe rather than whole foods, exercise, and healthier habits. The ripple effects of this mindset could lead to a generation dependent on medication while ignoring the preventive steps necessary for sustainable health.

Unknown Long-Term Risks

Drugs which mimic hormones to suppress appetite, have shown promising short-term results in weight loss. However, the risks are significant:

- **Muscle Loss:** Emerging studies suggest these drugs may reduce muscle mass alongside fat, which can lead to long-term frailty.
- **Rebound Weight Gain:** Many patients regain weight once the medication is discontinued.
- **Psychological Toll:** Relying on medication to regulate appetite may exacerbate mental health challenges.
- **Side Effects:** Gastrointestinal distress, pancreatic issues, and potential cardiovascular risks further complicate the safety profile.

The long-term impacts, particularly for children and adolescents, could be catastrophic, affecting both physical development and emotional well-being.

Economic Burden on Taxpayers

At over \$1,000 per month per patient, the cost of these drugs under Medicare and Medicaid would reach an estimated \$35 billion over the next decade. With approximately 28 million Americans on Medicaid qualifying for obesity treatment, the financial burden on taxpayers is unsustainable.

To put this into perspective, instead of promoting weight loss prescriptions and injections, the U.S. could fund programs to provide organic, nutrient-dense food and gym memberships for underserved communities. Investing in preventive care would address the root causes of obesity rather than masking the symptoms with pharmaceuticals.

Misguided Focus on Quick Fixes

This policy perpetuates the dangerous notion that chronic conditions like obesity can be solved with a quick fix. By prioritizing pharmaceutical interventions, we undermine efforts to:

- Improve nutritional education in schools.
- Expand access to community fitness initiatives.
- Address mental health factors contributing to overeating and obesity.

This approach ignores systemic issues like food deserts, income disparities, and lack of access to preventive care, all of which perpetuate obesity rates in underserved communities.

A Better Way Forward: Prevention Over Prescription

To combat the obesity epidemic effectively, we must shift from reactive pharmaceutical solutions to proactive, preventive strategies:

1. Nutritional Access

Subsidize programs that provide organic, whole foods. Research consistently shows that poor diet is a leading driver of obesity.

2. Education and Early Intervention

Expand school-based programs focused on nutrition, cooking skills, and physical activity to instill healthy habits from a young age.

3. Behavioral and Mental Health Support

Address underlying issues like stress, trauma, and emotional eating through counseling and behavioral therapy.

4. **Community Fitness Programs**

Invest in subsidized gym memberships, local fitness initiatives, and incentives for active lifestyles.

5. **Support for Regenerative Agriculture**

Promote farming practices that make healthy food accessible and affordable while supporting environmental sustainability.

6. **Increase Tax-Free Flexible Spending:** Expand access to HSA/FSA accounts for all Americans and raise the annual contribution limits, allowing families to set aside more tax-free dollars for healthcare, wellness, and preventive care expenses.

A Call to Action: Prioritize Root Cause Solutions

As [RFK Jr. has aptly stated](#), “For half the price of Ozempic, we could purchase regeneratively raised, organic food for every American, three meals a day, and a gym membership for every obese American.” This sentiment underscores the need to prioritize root-cause interventions over pharmaceutical dependency.

If we continue down the path of normalizing weight-loss drugs as the primary solution, we risk creating a generation dependent on expensive medications, further widening health disparities and burdening future taxpayers. This policy is not just a short-term solution—it is a long-term failure to address the real drivers of America’s obesity epidemic.

The stakes are high. With changes in healthcare leadership on the horizon, it’s critical that we steer the national conversation toward prevention and empowerment. By focusing on education, access to

nutritious food, and systemic changes, we can build a healthier future for our children and ensure that solutions are sustainable, not just profitable.

This proposal isn't just about weight-loss drugs—it's a referendum on how we approach public health. Let's choose a path that prioritizes the well-being of our children and future generations over short-term gains for the pharmaceutical industry. The time to act is now.

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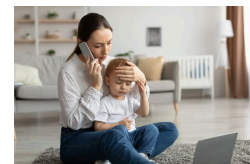
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