Utilizing Coverage for Obesity Treatments

For women living with obesity, access to care can be difficult due to limited or no insurance coverage, limited access to qualified providers, stigma or weight bias from providers, and lack of appropriate care settings. For insured women, navigating insurance coverage for obesity can feel overwhelming and confusing. As you begin this journey, there are important things to consider about qualifying for care and navigating insurance coverage.

Qualifying for Care

Current guidelines recommend that providers screen for obesity, at minimum, annually and counsel patients with BMI ≥ 25 kg/m^2 on weight loss. All women for whom weight loss is recommended should be directed to lifestyle modifications (behavioral therapy, diet, and physical activity). If a woman has been unable to lose or sustain weight loss with lifestyle modifications, or if she has BMI ≥ 30 kg/m^2 or BMI ≥ 27 kg/m^2 with comorbidities or additional risk factors, additional interventions may be considered.[28,42] There are several specific factors which may qualify or disqualify a woman for prescribed obesity care. These qualifications may be similar to medical requirements for coverage by your insurance provider. For example, women who are eligible for bariatric surgery are women with a BMI ≥ 35 kg/m^2 or a BMI ≥ 30 kg/m^2 with metabolic disease (with adjusted thresholds in Asian populations of BMIs ≥ 27.5 kg/m^2 and ≥ 25 kg/m^2, respectively).[43] Women with a BMI ≥ 30-34.9 kg/m^2 who show they cannot achieve meaningful or durable weight-loss or co-morbid improvement using other methods can also become candidates for surgery. A woman may not qualify for surgery if she has an insufficient BMI (too low), severe psychological comorbidities, uncontrolled medical conditions, or is pregnant or planning for pregnancy soon.

Similarly, clinical guidelines recommend prescription medication for adults with obesity (typically defined as BMI ≥ 30 kg/m^2) or overweight (BMI ≥ 27 kg/m^2) with comorbidities, with specific recommendations based on comorbidities.[26] Guidelines recommend management of heart disease risk factors and obesity-related conditions regardless of engagement in obesity treatment.[28] Speak more to your provider about current guidelines for treatment and how or why you might qualify for different types of care.

Navigating Insurance Coverage

Coverage varies significantly depending on where you live, work, and what kind of health insurance plan you have. Most women in the United States ages 19-64 receive their health insurance through private-employer based plans. Alternatively, women may receive coverage from public insurance plans like **Medicaid** or **Medicare**.[44] When considering your treatment options, review the details of your policy and contact your insurance provider with questions. If you receive insurance through your job, you may want to talk to your benefits personnel about coverage and other benefits like reimbursement accounts. Pay close attention to whether your insurance plan has specific inclusion or exclusion criteria for obesity treatment. There also may be specific requirements in your plan for obesity care like showing that past medical treatments for obesity have failed before trying a new treatment (sometimes called **step therapy**).

The Affordable Care Act (ACA) requires most private health insurance plans, and some Medicaid plans, to cover preventive services related to healthy diet and obesity prevention. Behavioral interventions are also available to individuals with a BMI ≥ 30 kg/m^2. Other treatment coverage is highly variable, often requiring failed weight-loss attempts, **prior authorization** (review and approval prior to prescription), and step therapy (requirements to try and "fail" a lower cost treatment). To increase your chances of obtaining coverage, review your policy, collect necessary documentation, and inquire about prior authorization for your selected treatment plan.

Generally, Medicaid programs differ from state to state, and states can include obesity treatment services under several different benefit categories, which may be mandatory or optional. Recently, some states have stopped providing insurance coverage under Medicaid for obesity medications when prescribed solely for weight loss.

Medicare coverage of obesity services and treatments currently includes obesity screening, behavioral therapy, some bariatric surgical procedures, and some obesity medications. If you qualify for Medicare, there are many coverage options and benefits to consider. More information for Medicare beneficiaries can be found in SWHR's *Savvy and 65: A Woman's Guide to Understanding Medicare Toolkit* at www.medicareforwomen.org.

Private and public insurance providers are investigating new ways to make obesity care accessible. For example, from July 1, 2026, through December 31, 2027, CMS will launch the Medicare GLP-1 Bridge, a short-term test program that will provide eligible Medicare Part D beneficiaries with access to certain GLP-1 drugs. The program is intended to serve as a pathway to the BALANCE (Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth) Model, which is designed to expand access to GLP-1s and lifestyle support for eligible Medicare Part D and Medicaid beneficiaries.

The STOP Obesity Alliance offers a Comprehensive Obesity Benefits Checklist for patients to review their plans compared to recommended benefits. Check it out at stop.publichealth.gwu.edu.