

I am Jodi Godfrey and I am here today as Deputy Director of the American Medical Women's Association and a resident of New Jersey. I wish to address the importance of ensuring access to evidence-based obesity treatments for New Jerseyans —especially our most vulnerable populations who are covered under New Jersey FamilyCare Medicaid.

The rate of obesity continues to rise in our state. According to New Jersey's own State Health Assessment Data, the age-adjusted prevalence of adult obesity increased from 23.8% in 2011 to 29.7% in 2023.

(<https://www-doh.nj.gov/doh-shad/indicator/summary/Obese.html>) This growing burden has serious implications for our healthcare system, our economy, and the overall health of our communities.

The medical understanding of obesity has evolved significantly over recent decades. Once viewed primarily as a behavioral issue, obesity is now recognized by leading authorities, including our concurrence with the American Medical Association (<https://policysearch.ama-assn.org/policyfinder/detail/obesity%20?uri=%2FAMADoc%2FHOD.xml-0-3858.xml>) and the World Health Organization (<https://www.who.int/health-topics/obesity>), as a chronic, multifactorial disease. It is closely associated with type 2 diabetes, cardiovascular disease, hypertension, sleep apnea, and several cancers -- conditions that collectively drive a substantial share of healthcare spending. Effective treatment of obesity is therefore not optional; it is foundational to preventing downstream chronic disease.

Today we have newer and far more effective medications, such as the GLP-1–based therapies and other anti-obesity medications, that target the underlying biology of obesity in ways that older treatments simply could not. These medications are already covered under New Jersey FamilyCare for certain FDA-approved indications—for example, Wegovy for cardiovascular disease and Zepbound for sleep apnea ([https://www.nj.gov/humanservices/dmahs/news/GLP1\\_Memo.pdf](https://www.nj.gov/humanservices/dmahs/news/GLP1_Memo.pdf)). However, they are not covered for the treatment of obesity itself, despite the overwhelming evidence supporting their role in improving health outcomes.

Expanding access to obesity medications would not only improve the health and quality of life for New Jersey residents but could also reduce long-term healthcare costs.

Analysis from the USC Schaeffer Center (<https://schaeffer.usc.edu/obesity/>) projects that treating obesity earlier and more effectively can lower the incidence of associated chronic diseases and decrease overall healthcare expenditures.

AMWA has long emphasized the importance of addressing obesity as a critical women's health issue. While obesity affects men and women at similar overall rates, women are disproportionately affected by severe obesity, according to CDC data -- placing them at higher risk for serious complications

(<https://www.cdc.gov/nchs/products/databriefs/db508.htm>).

One of the most persistent barriers to treatment has been cost. However, with recent federal discussions around potential price negotiations and with new lower-cost oral formulations expected to enter the market, there is real potential for these therapies to become more affordable

(<https://www.whitehouse.gov/fact-sheets/2025/11/fact-sheet-president-donald-j-trump-announces-major-developments-in-bringing-most-favored-nation-pricing-to-american-patients/>). If realized, these pricing shifts would make equitable Medicaid coverage even more feasible.

I urge you to support policies that expand access to advanced, effective, and evidence-based treatments for obesity. We cannot afford to ignore a chronic disease that contributes so heavily to preventable illness and rising healthcare costs. Nor should we allow New Jersey patients—especially those relying on Medicaid—to be denied treatments that could profoundly improve their health and well-being.

Thank you for your leadership and for the opportunity to speak today.

**Affordable Access to GLP-1 Obesity Medications: Strategies to Guide Market Action and Policy Solutions**  
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