CommunHealth
Policy proposal • Public summary • November 14, 2026

Targeted obesity-treatment coverage

CommunHealth asks Texas Medicaid to evaluate a targeted coverage pathway for selected FDA-approved obesity medicines for adults with serious obesity-related medical complications, supported by qualified-prescriber oversight and financial accountability.

A focused clinical pathway

Prioritize adults age 18 and older with obesity and a serious complication to which obesity materially contributes. Use individualized clinical evidence, product labeling and a documented care plan. Type 2 diabetes should not be required for an otherwise appropriate, label-consistent obesity indication. A diagnosis alone would not guarantee approval.

Current therapies and future review

Evaluate selected GLP-1 and dual GIP/GLP-1 products for relevant FDA-approved indications, rather than unrestricted coverage of every medicine in these classes. Future triple GIP/GLP-1/glucagon agonists would receive separate review only after relevant FDA approval, with product-specific evidence, safety, cost, legal-authority and funding review. Approval would not automatically establish coverage.

Oversight, access and continuity

Require a physician or other qualified prescribing clinician to assess baseline health, monitor safety and effectiveness, and review treatment regularly. Use product-specific precautions, prevent duplicate therapy and support timely authorizations and applicable appeals. Continue effective, safe maintenance when clinically appropriate; improved BMI alone should not force discontinuation.

Preserve existing benefits and assess net costs

Preserve independently covered diabetes and other disease-indication pathways and applicable under-21 rights. No Medicare benefit expansion or change to Medicaid eligibility is requested. The dental proposal's HCBS exclusion does not apply to pharmacy coverage. Ask HHSC to assess the affected population, clinical evidence, five-year net costs, rebates, implementation, legal authority, funding and required policy changes. Include a conservative scenario with no assumed medical savings.

This is a requested policy change, not a statement of current benefits, approved legislation or agency endorsement.

Tracy L. Jackson | Chairman & CEO, CommunHealth
advocacy@communhealth.com