Policy Maker Brief

Selected findings for legislators, governors' policy offices, and congressional staff

This brief summarizes selected findings from the 2026 Baseline Edition of *The State of Metabolic Health in America*, an independently authored annual reference report. It does not recommend legislation, regulation, or any specific policy action, and nothing here should be read as advocacy for a particular position.

The National Baseline

- 40.3% of U.S. adults have obesity; severe obesity continues to rise even as the overall rate has leveled off.
- More than 40 million Americans have diabetes; more than 115 million adults have prediabetes.
- 47.7% of U.S. adults have hypertension.
- ~37 million adults have chronic kidney disease; an estimated 9 in 10 do not know it.
- 83.7 million adults have obstructive sleep apnea; more than 80% are undiagnosed.
- 38.5% of adults meet the clinical definition of metabolic syndrome.

Medicaid

- Enrollment fell from 78.6 million (March 2025) to 74.3 million (March 2026), a 5.5% decline, following the end of the pandemic-era continuous enrollment provision.
- The enacted 2025 federal budget reconciliation law is projected by CBO to reduce federal Medicaid spending by approximately $911 billion over ten years and increase the uninsured population by roughly 7.5 million people by 2034.
- Only 13 states covered GLP-1 medications for obesity under fee-for-service Medicaid as of January 2026, down from 16 in October 2025.
- 25 Section 1115 health-related social needs waivers are approved nationally (6 more pending); federal posture toward approving new waivers of this kind narrowed in 2025.
- North Carolina's Healthy Opportunities Pilots — the largest evaluated state test of this model — showed an estimated $164/member/month reduction in Medicaid expenditure but no clear, statistically significant improvement in A1c or blood pressure. The state legislature did not fund its continuation despite federal authorization through December 2029.

Medicare

- Weight-related chronic conditions affect 76% of beneficiaries at normal weight, rising to 87% among beneficiaries with obesity.
- CBO's February 2026 baseline projects Medicare spending will grow 88% between 2026 and 2036; the Hospital Insurance Trust Fund is now projected to be depleted by 2040 — twelve years sooner than the prior baseline.
- The Medicare GLP-1 Bridge, effective July 1, 2026, provides temporary coverage of select GLP-1 medications for weight loss at a $50 monthly copayment — the first instance of Medicare covering an anti-obesity medication for weight loss specifically.
- The ACCESS model, a 10-year Medicare payment model launched July 5, 2026, is the first to define eligibility and outcome measures directly around cardio-kidney-metabolic risk. No utilization or outcome data yet exist for it.

- The Medicare Diabetes Prevention Program had only 941 active participants nationally as of its most recent count, against more than 17.7 million beneficiaries already diagnosed with diabetes.

State Variation

- Adult obesity prevalence ranges from 25.0% (Colorado) to 41.4% (West Virginia).
- Rural adults have meaningfully higher diagnosed diabetes prevalence than urban adults nationally (12.3% vs. 9.3%).
- Hypertension prevalence ranges from 24.6% (Colorado) to 40.6% (Mississippi), concentrated in the Southeast and Appalachia.

What This Report Does Not Say

This report does not recommend legislation, regulation, or policy change; endorse any treatment, product, vendor, or health plan; or estimate return on investment for any program. It documents opportunities for better measurement, not policy prescriptions.

Derived from: Knox, James M. The State of Metabolic Health in America — 2026 Baseline Edition. Tampa, Florida: Eagles Benefits by Design, Inc.; August 2026. Full sourcing, methodology, and data-gap disclosures for every figure above appear in the complete report.

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