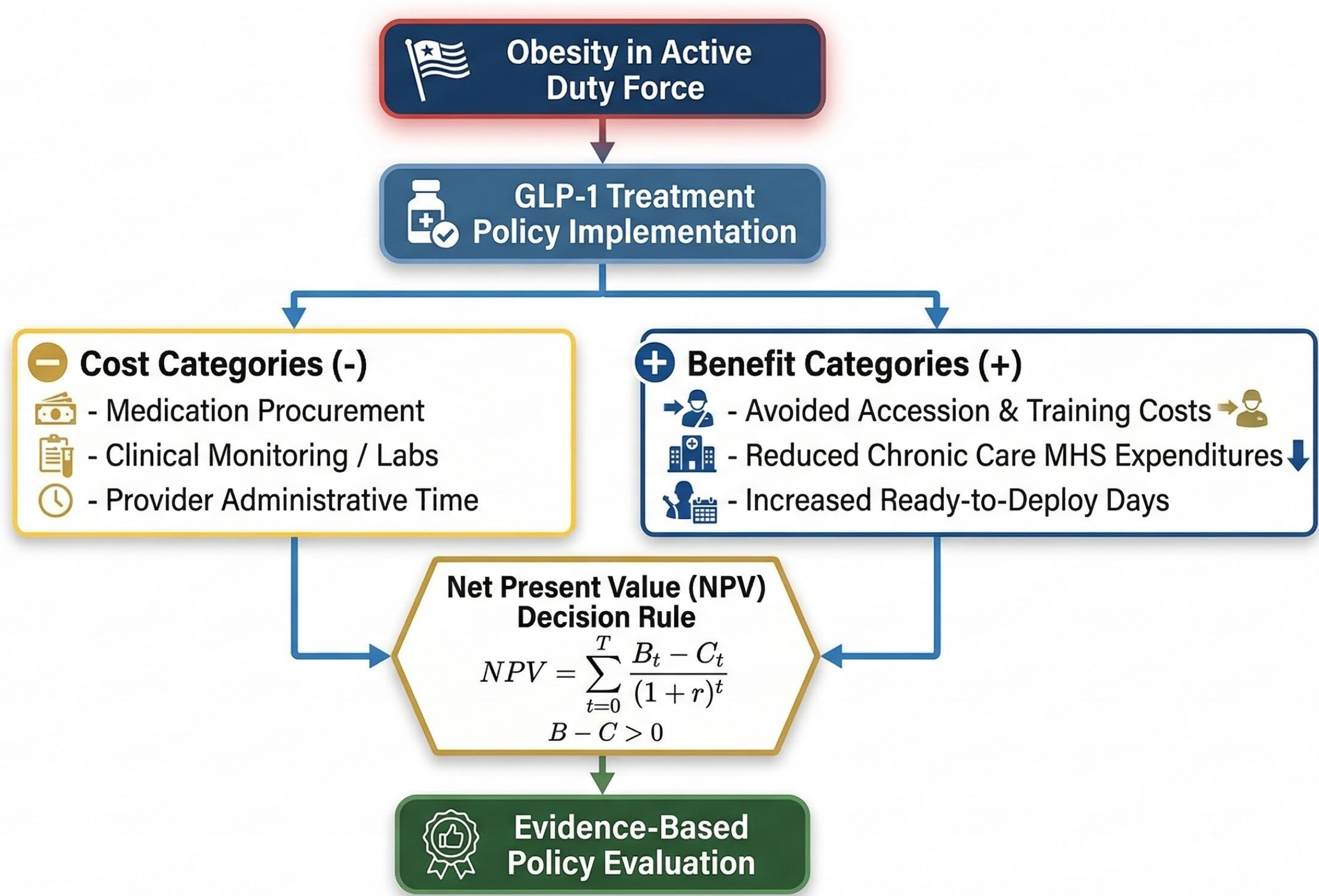


Abstract

Obesity among active-duty service members creates significant readiness challenges and generates substantial personnel replacement and training costs. Recent pharmacologic weight-management therapies such as GLP-1 receptor agonists present a potential alternative to separation-based policies. This research develops a cost-benefit analysis framework, grounded in OMB Circulars A-4 and A-94, to evaluate whether expanding access to GLP-1 therapy could provide a fiscally efficient alternative to weight-related separations.

Methods

This study develops a cost–benefit analysis framework to evaluate the fiscal implications of expanding GLP-1 therapy for clinically eligible active-duty service members. The framework compares program costs and potential benefits using a net present value (NPV) decision rule to determine whether a treatment-based policy provides a fiscally efficient alternative to separation-based personnel policies.



Results & Impact

- Provides a structured framework for evaluating GLP-1 treatment policies within the DoD
- Identifies key cost and benefit mechanisms associated with pharmacologic weight-management programs
- Enables comparison between treatment-based and separation-based personnel strategies
- Incorporates readiness effects such as reduced limited-duty time and improved deployability
- Establishes an economic framework to support future DoD policy evaluation

Future Research

- **Empirical Validation:** Apply the framework using Military Health System cost data and longitudinal retention outcomes for service members receiving GLP-1 therapy.
- **Long-Term Healthcare Costs:** Evaluate potential reductions in obesity-related comorbidities (e.g., diabetes and cardiovascular disease) over a long-term horizon.
- **Policy Integration:** Assess how Body Composition Assessment (BCA) standards could incorporate medically supervised weight-management interventions.