

Obesity Drugs
Will Cost Less,
President Says

Deal May Cut Price of
Pills to \$149 a Month

This article is by **Rebecca Robbins**, **Margot Sanger-Katz** and **Dani Blum**.

President Trump on Thursday announced a deal that could significantly expand access for millions of Americans to popular obesity drugs by reducing the price to as little as \$149 a month.

The Trump administration's agreements with the drugmakers Novo Nordisk and Eli Lilly would save consumers and the government considerable money on Wegovy, Zepbound and two obesity pills that are expected to win regulatory approval in the coming months.

The lowest price, \$149 a month, will be available only for the lowest doses of the pill form of the drugs. When those drugs reach the market, Medicare and Medicaid will pay that price, as will Americans using their own money to buy the pills directly from manufacturers.

Mr. Trump, top U.S. health officials and drug company executives at the White House outlined broader coverage of the injectable drugs for people on Medicare and Medicaid, the federal insurance programs for older people; many who have disabilities; and those with lower incomes. The deal also reduces the prices the government programs will pay.

Those measures are likely to expand access but will stop far short of covering all of the millions of people with obesity under the federal programs.

Officials said that within the next few months, Americans would be able to use their own money to buy Novo Nordisk's Wegovy and Eli Lilly's Zepbound — which are each taken as weekly shots — directly from manufacturers for an average of \$350 a month, depending on the dose. The officials said they expected the average cost to fall to \$245 over the next two years.

Starting around the middle of next year, Medicare and Medicaid's costs for the injectable drugs will drop to \$245 a month. That coverage will be for people who meet certain medical criteria, like having moderate or severe obesity. People can also have mild obesity accompanied by kidney disease, heart failure or uncontrolled hypertension. Or they can have a body mass index of 27 alongside prediabetes or established cardiovascular disease.

Co-payments for eligible patients on Medicare will be no more than \$50 a month. Patients on Medicaid already have little to no out-of-pocket costs.

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Pelosi Will Retire at End of Term
After Decades as a Force in D.C.

By **HEATHER KNIGHT**

SAN FRANCISCO — Representative Nancy Pelosi announced on Thursday that she will retire when her term concludes in early 2027, ending a remarkable career in which she rose to become one of the most powerful women in American history.

Ms. Pelosi, 85, was the nation's first and only female House speaker, and she will have represented San Francisco in Congress for 39 years when she leaves office. She has served during an era of seismic change for American society and her own city, from the throes of the AIDS crisis to the legalization of gay marriage, and through the meteoric rise of the

tech sector and the nation's extreme polarization.

She entered political office later in life and became a hero to Democrats for the way she wielded immense power to push Obamacare, climate change legislation and infrastructure programs through Congress.

"With a grateful heart, I look forward to my final year of service as your proud representative," she told her constituents in a nearly six-minute video posted on X early Thursday morning, with clips of San Francisco's cable cars and colorful Victorian homes

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Nancy Pelosi in 2022 after announcing she would step down as speaker of the House — the only woman to hold the position.

Diamond Lost for a Century
Was Safe, in a Safe, All Along

By **ROBIN POGREBIN**

In 1918, as World War I was ending, Charles I — the emperor of Austria-Hungary and a member of the Hapsburg dynasty — sensed the end of the empire.

Charles, a nephew of Franz Ferdinand, whose assassination had incited the conflagration, recognized mounting threats from Bolsheviks and anarchists. To safeguard jewels that the ruling Hapsburgs had owned for centuries, he had them transported to Switzerland.

One gem in the collection was a particular prize, a 137-carat diamond admired not only for its pear shape and yellow hue but also for its illustrious history. Before the Hapsburgs (for which The Times uses the older English spelling), it had been owned by the Medici family, the rulers of Florence.

The diamond's allure only grew when, soon after Charles and his family left Vienna for exile in Switzerland, it was thought to have disappeared.

For decades, it was rumored to have been stolen, or perhaps recut. Several films and novels, such as "The Imperfects," have anchored their plot on its disappearance.

But the real story of what happened to the diamond, now told for the first time by the descendants of Charles I, is that it never really went missing. It's been in a bank vault in Canada since the family fled there in the midst of World



The 137-carat Florentine Diamond, set atop a jeweled brooch, was hidden in Canada.

War II, according to three Hapsburg relatives who last month invited The New York Times to inspect the diamond and other jewels.

Karl von Habsburg-Lothringen, 64, a grandson of Charles I, said in an interview that the secret had been kept out of respect for Charles's wife, the Empress Zita. She told only two people — her sons Robert and Rodolphe — about the diamond's location, he said, and asked that, as a security precaution, it be kept undisclosed for 100 years after Charles's death in 1922. Before they died, the brothers

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Doctors Stick With Unreliable Medical Tool to Justify C-Sections

By **SARAH KLIFF**

Nearly every woman who gives birth in an American hospital is strapped with a belt of sensors to track the baby's heartbeat. If the pattern is deemed abnormal — too slow, for example — doctors often call for an emergency C-section.

But this round-the-clock monitoring, the most common obstetric procedure in the country, rarely helps baby or mother. Decades of research have shown that the tool does not reliably predict fetal distress. In fact, experts say, it leads to many unnecessary surgeries as doctors overreact to its ever-changing readouts.

The obstetrics field has long ignored these problems. Now, it's putting more trust than ever on the flawed technology, often prioritizing business and legal concerns ahead of what's best for patients, The New York Times found.

This fall, the American College of Obstetricians and Gynecologists updated its guidelines on continuous monitoring, sanctioning it even as some other wealthy

claim to pluck useful signals from the heartbeat noise.

All the while, the rate of cesarean sections in the United States remains stubbornly high. One out of every three deliveries happens in an operating room, a figure that far exceeds public health recommendations. The surgery can prolong a woman's recovery, complicate future births and sometimes risk her life. The top justification for C-sections in healthy pregnancies is fetal distress, a diagnosis made by the monitor.

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Fetal monitors began to replace stethoscope checks in the 1970s.

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