

February 19, 2024

To Whom It May Concern:

My name is Kacey Chae. I am an Obesity Medicine physician practicing at the Johns Hopkins University Healthful Eating, Activity and Weight Program in Baltimore, Maryland. This program is a comprehensive medical weight-management clinic that serves a diverse population of patients in the greater DC/Baltimore metropolitan area as well as surrounding states. In addition, I practice primary care at the Johns Hopkins Greenspring Station General Internal Medicine Clinic, where I serve a diverse patient population in Baltimore City and County. The purpose of my testimony is to express my enthusiastic support for the Maryland Senate Bill 594, which would allow the Maryland Medical Assistance Program to provide comprehensive coverage for the treatment of obesity, including FDA-approved anti-obesity medications.

Addressing obesity in Maryland is imperative for safeguarding the health and well-being of our residents. Obesity is not merely a matter of individual health but a major threat to public health with far-reaching implications. The prevalence of obesity is alarming: 33% of Maryland adults are affected by obesity. Beyond immediate health risks—for example, heart disease, type 2 diabetes, hypertension, chronic kidney disease, and certain types of cancer—obesity is also a substantial economic burden on our healthcare system that undermines productivity and quality-of-life for individuals and families. The aggregate medical cost due to obesity among adults nationwide was \$260.6 billion in 2016.¹ These figures will likely rise: we estimate 1 in 2 adults will have obesity in the United States by 2030.² Furthermore, obesity exacerbates health disparities, disproportionately affecting marginalized and underserved communities. In Maryland, significantly more Black adults are impacted by obesity compared to the overall prevalence (42% compared to 33%).³

Obesity is a chronic disease; it is not caused by a mere lack of willpower. For many individuals struggling with obesity, lifestyle changes alone may not be sufficient to achieve and maintain meaningful weight loss. Anti-obesity medications offer an effective adjunct to diet and exercise interventions, helping to curb appetite, reduce caloric intake, and facilitate sustainable weight loss. Moreover, these medications can mitigate the risk of obesity-related complications. As a physician, I have witnessed the transforming power of anti-obesity medications on the overall health and

1 Cawley, J. Biener, A., Meyerhoefer, C., Ding, Y., Zvenyach, T., Smolarz, G., Ramasamy, A. (2021). Direct medical costs of obesity in the United States and the most populous states. *Journal of Managed Care & Specialty Pharmacy*. 27(3). <https://doi.org/10.18553/jmcp.2021.20410>

2 Ward, Z. J., Bleich, S. N., Craddock, A. L., Barrett, J. L., Giles, C. M., Flax, C., Long, M. W., & Gortmaker, S. L. (2019). Projected U.S. state-level prevalence of adult obesity and severe obesity. *The New England Journal of Medicine*, 381(25), 2440–2450. <https://doi.org/10.1056/NEJMsa1909301>

3 America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, accessed 2024.

quality-of-life in my patients. For example, Ms. M—a patient in my weight-management clinic—achieved a 30% weight loss through lifestyle and behavior changes, which were reinforced by the use of anti-obesity medication. As a result of her weight loss, she had improvement in nearly all her health conditions. These conditions include prediabetes, polycystic ovarian syndrome, high cholesterol, sleep apnea, and fatty liver disease. We were able to significantly reduce her medication burden and healthcare costs.

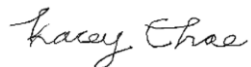
Compare the previous patient example with Mr. H. He is a patient in my primary care clinic who is suffering from the downstream effects of untreated obesity. Mr. H has high medication burden and frequent visits to specialists to manage his poorly-controlled type 2 diabetes, hypertension, and high cholesterol. These obesity-related chronic illnesses have led to heart disease, for which he is recommended for a bypass surgery. I frequently must treat patients like Mr. H who have many acute problems that are downstream of obesity. Expanding access to anti-obesity medications is an upstream solution.

The current Code of Maryland Regulations restricts the use of medications to treat obesity by the Maryland Medical Assistance Program, making these truly life-changing medications out-of-reach for our most vulnerable Maryland residents.

Through the passage of Senate Bill 594, which would expand the coverage of anti-obesity medications, particularly for the underserved population in Maryland, the Senate Bill Committee has the opportunity to enhance the effectiveness of obesity treatment strategies, empower individuals to achieve long-term weight loss goals, and address the health disparity in Maryland. It is imperative that the Senate Committee recognizes the urgency of this pressing issue and takes decisive action to implement effective strategies for preventing and treating obesity.

If I can provide further details or answer any questions, please reach out to me at kchae1@jh.edu.

Sincerely,



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