

STEPHEN S. HERSHEY, JR.
Legislative District 36
Caroline, Cecil, Kent, and
Queen Anne's Counties

MINORITY LEADER

Finance Committee
Executive Nominations Committee

Rules Committee

Joint Committee on Legislative Ethics

Legislative Policy Committee

February 20, 2024

Chair Pamela Beidle

Finance Committee

3 East Miller Senate Office Building

Re: Senate Bill 594 Maryland Medical Assistance Program – Coverage for the Treatment of Obesity

Dear Chairwoman and Members of the Committee,

Senate Bill 594 requires Medicaid to provide coverage for the treatment of obesity, including coverage for intensive behavioral therapy, bariatric surgery, and any medications approved by the Food and Drug Administration (FDA) for those patients indicated for chronic weight management with obesity.

Obesity is recognized as a disease by organizations that include the World Health Organization, the FDA, the NIH, the IRS, the American Medical Association, the American Association of Clinical Endocrinologists, and the Endocrine Society.

Obesity is caused by a range of biologic, genetic, social, behavior, and environmental factors, which may increase the risks for other chronic conditions including Type 2 diabetes, high blood pressure, infertility, stroke, and some cancers.

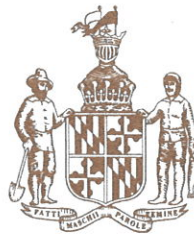
Obesity is linked to more than 200 comorbid conditions. Patients living with obesity are at an increased risk of developing weight-related comorbidities, such as cardiovascular diseases, hypertension, sleep apnea, depression, asthma, nonalcoholic fatty liver disease, type 2 diabetes, knee and hip osteoarthritis, gout and more.

Obesity is treatable and should be treated. Maryland Medicaid covers the cost of bariatric surgery, but currently prohibits coverage for pharmacotherapy. We should be treating not only the symptoms of obesity but also the cause.

Maryland ranks 22nd in the nation for obesity and overweight- 34.3% has obesity and nearly 70% of the state has obesity and overweight. The most impacted population are from the African American community accounting for 41.7% of the obesity population and 32.8% of the obesity population being Hispanic.

Our state needs to shift from a system of sick-care to well-care, especially within our most vulnerable population – Medicaid participants.

I urge your favorable report for Senate Bill 594.



James Senate Office Building
11 Bladen Street, Room 423
Annapolis, Maryland 21401
410-841-3639 · 301-858-3639
800-492-7122 Ext. 3639
Fax 410-841-3762 · 301-858-3762
Steve.Hershey@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Background Facts

Disease

- Obesity is a serious chronic disease that is recognized as such by major medical organizations, including the American Medical Association - since 2013, the American Association of Clinical Endocrinologists, the American College of Cardiology, the Endocrine Society, the American Society for Reproductive Medicine, the Society for Cardiovascular Angiography and Interventions, the American Urological Association and the American College of Surgeons.
- Obesity is linked to more than 200 comorbid conditions. Patients living with obesity are at an increased risk of developing weight-related comorbidities, such as cardiovascular diseases, hypertension, sleep apnea, depression, asthma, nonalcoholic fatty liver disease, type 2 diabetes, knee and hip osteoarthritis, gout and more. (<https://www.ama-assn.org/topics/obesity>)
- Obesity is a complex chronic disease, one in which genetics, the environment, and biology all play important factors. Roughly 77% obesity is inherited, where <25% is based on environmental factors. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3717174/>)
- Obesity is known to be the main risk factor for type 2 diabetes. Treating obesity could reduce the incidence of diabetes by 58%. (<https://doi.org/10.2337/ds17-0030>)
- Obesity is associated with increased risk of 13 types of cancer: Meningioma (brain cancer), Multiple Myeloma (cancer of blood cells), Thyroid, Adenocarcinoma of the esophagus, Breast (post-menopausal women), Liver, Gallbladder, Upper Stomach, Pancreas, Kidneys, Uterus, Ovaries, Colon and Rectum. (Image: <https://www.cdc.gov/cancer/obesity/index.htm>)
- From 2005 to 2014, most cancers associated with overweight and obesity increased in the United States, while cancers associated with other factors decreased. During this time, the rate of new cancers associated with overweight and obesity (except colorectal cancer) increased 7%, while the rate of new cancers not associated with overweight and obesity dropped 13%. (The rate of new cases of colorectal cancer dropped 23% during this time. Screening tests can prevent this cancer.)(<https://www.cdc.gov/cancer/obesity/index.htm>)
- Lifestyle interventions (such as Intensive Behavioral Therapy) are associated with a mean weight loss of 2-4%. (<https://diabetesjournals.org/care/article/41/7/1526/36439/Global-Diabetes-Prevention-Interventions-A>)
- Bariatric surgery is associated with a weight reduction of 16-23% (<https://pubmed.ncbi.nlm.nih.gov/23163728/>)
- Anti-obesity medications are demonstrated to reduce weight from 5-17% (various studies), filling a void between the expected efficacy of IBT and bariatric surgery.

Costs

- The Federal Employee Health Benefits Plan (FEHB) – since 2023, TRICARE – since 2017, and the Civilian Health and Medical Program of the Department of Veteran’s Affairs (VA) (CHAMPVA) – since 2020, have all taken steps to proactively require anti-obesity medication coverage.
- Obesity accounts for 47% of the total cost of chronic diseases in the U.S. (<https://milkeninstitute.org/report/americas-obesity-crisis-health-and-economic-costs-excess-weight>)
- The economic burden of comorbidities increases exponentially over time. Over 10 years, an employee with a BMI over 40 can expect to incur a total economic burden nearly three times higher than an employee with a BMI between 30-34.9. (<https://pubmed.ncbi.nlm.nih.gov/26057567/>)
- Obesity is associated with high indirect costs for employers.
 - Short-term disability: employees with obesity-related complications are nearly two times as likely to file short-term disability claims; the number of short-term disability claims can increase by 37% as BMI increases from 30 to 35 for those with diabetes, hypertension, or hyperlipidemia. (<https://pubmed.ncbi.nlm.nih.gov/24779722/>)
 - Workers’ Compensation: in a 3-year study of workers’ compensation claims, claims were 160% higher for employees with obesity compared with those who have normal weight. (<https://pubmed.ncbi.nlm.nih.gov/27608149/>)
 - Absenteeism: According to one study using 2006-2008 survey data, employees with a BMI of 40 will miss 77% more work days compared with employees with a BMI of 25. Obesity-related absenteeism can cost US employers \$12.8 billion annually. (<https://pubmed.ncbi.nlm.nih.gov/20881629/>)
 - Presenteeism/Productivity: Presenteeism isn’t the workplace has been shown to be the single largest cost driver associated with obesity, regardless of BMI. Increasing BMI is associated with impaired work productivity and indirect costs. (<https://pubmed.ncbi.nlm.nih.gov/29065062/>)
- Obesity increases the risk for severe COVID-19.
 - Persons of any age with obesity (defined by the CDC as BMI of 30+) are “at an increased risk of severe illness from COVID-19”. (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>)
 - The CDC reported that 78% of COVID-19 patients requiring admission to an intensive-care unit (ICU) had at least one underlying health condition, many of which were obesity-related diseases. (https://cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm?s_cid=mm7010e4_w)

Health Equity

- African American women have the highest rates of obesity among any demographic group; approximately 4 out of 5 African American women have overweight or obesity. (<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=25>)
- Non-Hispanic blacks had the highest prevalence of obesity at 49.6%, followed by Hispanics at 44.8%, and non-Hispanic whites at 42.2%. (<https://www.cdc.gov/obesity/data/adult.html>)
- Women and minorities are disproportionately impacted by cancer types associated with obesity. (<https://www.cdc.gov/media/releases/2017/p1003-vs-cancer-obesity.html>)
 - 55% of all cancers diagnosed in women and 24% of those diagnosed in men are associated with obesity.
 - Women who have obesity are two to about four times as likely to develop endometrial cancer.
 - Non-Hispanic blacks had higher incidence rates of cancer types associated with obesity compared with other racial and ethnic groups.
 - Black males and American Indian/Alaska Native males had higher incidence rates than white males.
- Obesity is impacted by socioeconomic status: overall, men and women with college degrees have lower obesity prevalence compared with those with less education. (<https://www.cdc.gov/obesity/data/adult.html>)

Mental Health

- Obesity is a highly stigmatized disease. The misconception that a person's body weight is within an individual's control and that obesity results from individual choices negatively impacts a patient's mental and physical health. (<https://doi.org/10.1016/j.eclinm.2022.101408>)
- Individuals who have obesity also struggle with issues related to their mood, self-esteem, quality of life, and body image. (<https://doi.org/10.1016/j.ecl.2016.04.016>)
- Obesity is associated with significant increases in lifetime diagnosis of major depression. (<https://doi.org/10.1001/archpsyc.63.7.824>)
- Adults suffering from obesity have a 55% higher risk of developing depression over their lifetime compared to people that did not struggle with obesity. (<https://doi.org/10.1001/archgenpsychiatry.2010.2>)