



**In Favor of: Senate Bill 594**  
**Medical Assistance Program Obesity Coverage**

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American Diabetes Association  
February 20, 2024

Chair Beidle, Vice Chair Klausmeier and Honorable Members of the Senate Finance Committee:

On behalf of the American Diabetes Association (ADA) and the almost half million Marylanders living with diabetes, and additional 1.6 million adults with prediabetes, I am writing in **support** of **Senate Bill 594** - which would provide comprehensive coverage for Marylanders in the State Medical Assistance Program who are living with obesity.

Obesity accounts for up to 53 % of new cases of diabetes each year in the United States.<sup>1</sup> According to the National Institutes of Health (NIH), over 85 % of people with type 2 diabetes are overweight or obese.<sup>2</sup> Moreover, obesity is the largest contributor to the chronic disease burden in the United States.<sup>3</sup> Obesity exacerbates or causes **over 200 medical disorders** resulting in declining physical, mental and emotional health and physical mobility.<sup>4</sup>

The financial burden of overweight and obesity is equally compelling in supporting comprehensive treatment. In 2016, the estimated economic burden attributable to overweight and obesity in the United States was **\$480.7 billion in direct health care costs** and **\$1.24 trillion in indirect costs** due to lost productivity.<sup>5</sup> For people with obesity, **per-patient-per-year health care expenditures** are an estimated **\$4,217** (adjusted to 2019 U.S. dollars [USD]) greater than in those without obesity.<sup>6</sup>

Moreover, the ADA is gravely concerned about the significant increase of obesity and its compounding impact on diabetes. The most expensive chronic disease in our nation, diagnosed diabetes costs an estimated **\$7 billion in Maryland** each year. ADA's 2024 Standards of Care recognize that "obesity is a chronic and progressive disease with numerous medical, physical,

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<sup>1</sup> <https://www.ahajournals.org/doi/full/10.1161/JAHA.120.018799>

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4887150/>

<sup>3</sup> Milken Institute. America's obesity crisis: the health and economic cost of excess weight. Published October 2018. Accessed October 8, 2020. <https://milkeninstitute.org/sites/default/files/reports-pdf/Mi-Americas-ObesityCrisis-WEB.pdf>

<sup>4</sup> Sarma S, Sockalingam S, Dash S. Obesity as a multisystem disease: trends in obesity rates and obesity-related complications. *Diabetes Obes Metab.* 2021;23(Suppl\_1):3-16. doi:10.1111/dom.14290

<sup>5</sup> Milken Institute. America's obesity crisis: the health and economic cost of excess weight. Published October 2018. Accessed October 8, 2020. <https://milkeninstitute.org/sites/default/files/reports-pdf/Mi-Americas-ObesityCrisis-WEB.pdf>

<sup>6</sup> Cawley, J., A. Biener, C. Meyerhoefer et al. (2021). Direct Medical Costs of Obesity in the United States and the Most Populous States. *Journal of Managed Care and Specialty Pharmacy*, 27 (3): 354-66.

and psychosocial complications, including a substantially increased risk for type 2 diabetes.”<sup>7</sup> There is strong and consistent evidence that **obesity management can delay the progression from prediabetes to type 2 diabetes and is highly beneficial in treating type 2 diabetes.**<sup>8</sup>

Obesity also disproportionately impacts communities of color and rural communities that already face systemic inequities in life and health care. With over 40 percent of black Marylanders impacted by obesity<sup>9</sup> - addressing obesity must be part of our response on health equity issues. Disparities exist not only in obesity prevalence, but also in obesity treatment outcomes focused solely on lifestyle interventions, which can be less effective for racial and ethnic minorities. These disparities are not limited to infectious diseases; racial minorities experience higher rates of chronic diseases, death, and disability compared with white Americans.

**ADA recommends comprehensive access to and coverage of person-centered obesity treatment and services to urgently address the obesity epidemic.** As detailed in ADA’s 2024 Standards of Care, this includes intensive behavioral and nutritional counseling, physical activity, access to FDA approved medications for both short and long-term weight management, as well as metabolic surgery when needed and prescribed. As such, we strongly encourage your support for SB 594.

We would be pleased to provide you with additional information should you have any questions. We look forward to working with your office and being a resource on matters that impact Marylanders with diabetes.

Sincerely,

A handwritten signature in black ink that reads "Monica Billger". The signature is fluid and cursive, with the first name "Monica" and last name "Billger" clearly distinguishable.

Monica Billger  
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<sup>7</sup> American Diabetes Association: Standards of Medical Care in Diabetes 2024, Diabetes Care 47: Supp. 1, p S145, (January 2024).

<sup>8</sup> American Diabetes Association: Standards of Medical Care in Diabetes 2024, Diabetes Care 47: Supp. 1, p S145, (January 2024).

<sup>9</sup> <https://www.cdc.gov/obesity/data/prevalence-maps.html#overall>