

February 28, 2025

RE: Medicaid Coverage for the Treatment of Obesity

To Whom It May Concern,

I am a physician who specializes in Obesity Medicine at the Johns Hopkins University Healthful Eating, Activity and Weight Program in Baltimore, Maryland. The Healthful Eating, Activity and Weight Program is a comprehensive medical weight management clinic that serves a diverse population of patients in greater DC/Baltimore metropolitan area as well as surrounding states. The purpose of my letter is to request approval of Maryland Senate Bill 876, which would require the Maryland Medical Assistance Program to provide comprehensive coverage for the treatment of obesity, including FDA-approved anti-obesity medications beginning July 1, 2026.

Currently the Code of Maryland Regulations (COMAR) restricts the use of medications to treat obesity by the Maryland Medical Assistance Program. Removing coverage restrictions for anti-obesity medications would help ensure comprehensive obesity care for patients and allow Maryland to better address the obesity epidemic.

Obesity affects 34.1% of adults and 31.3% of youth ages 10-17 in the state of Maryland. Communities of color are disproportionately impacted; in Maryland, Black adults suffer from obesity with a 41% obesity rate.¹ As you consider the overall health and well-being of Maryland residents, these numbers are impossible to ignore.

Obesity is not an insular disease. We know it is related to a host of other diseases including certain cancers, heart disease, stroke, and type 2 diabetes. Furthermore, obesity is expensive. The aggregate medical cost due to obesity among adults nationwide was \$260.6 billion in 2016.² According to 2017 Department of Health data (adjusted for 2024 dollars), obesity has contributed to over \$4.3 billion in annual medical costs in the state of Maryland. These figures are expected to rise as we estimate 1 in 2 adults to have obesity in the United States by 2030.³

The medical community and major public health entities recognize obesity as a chronic disease, requiring multimodal treatment and prevention efforts.⁴ In recent years, the FDA has approved

¹ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, [AmericasHealthRankings.org](https://www.americashealthrankings.org), accessed 2025.

² 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>

³ 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>

⁴ Powell-Wiley et al. (2021). Obesity and Cardiovascular Disease: A Scientific Statement from the American Heart Association. *Circulation*. 143(21):984-1010. <https://doi.org/10.1161/CIR.0000000000000973>

several therapies for the treatment of obesity, meant to be used in conjunction with lifestyle changes. These treatment options have been revolutionary in helping patients reverse obesity along with its myriad health complications. These truly life-changing medications have unfortunately been out of reach for our most vulnerable Maryland residents due to the COMAR restriction.

Passage of Senate Bill 876 is a critical step allowing providers to deliver the standard of care for patients with obesity in the Maryland Medical Assistance Program. Allowing patients and providers to access the full range of treatment options, including anti-obesity medications, will have a significant impact on Marylanders living with obesity.

If I can provide further details or answer any questions, please reach out to me at srajago7@jhu.edu or 713-724-9767.

Sincerely,

A handwritten signature in cursive script, appearing to read "Selvi".

Selvi Rajagopal, MD MPH
Assistant Professor of Medicine
The Johns Hopkins University School of Medicine

The views expressed in this testimony do not necessarily reflect the views of Johns Hopkins University and the affiliate's opinions are their own.