

SB-876_Testimony from Ashish Nimgaonkar.pdf

Uploaded by: Ashish Nimgaonkar

Position: FAV



To Chair Beidle, Vice Chair Hayes, and members of the Finance Committee:

I am providing this testimony in strong support of **SB 876**. I am a gastroenterologist and obesity medicine specialist at Johns Hopkins, but today, I am speaking from my personal experience caring for patients.

First, we need to recognize obesity for what it is – a complex, serious, life-threatening chronic disease, just like heart disease or diabetes. It is the biggest silent killer of our times, leading to strokes, cancer, and kidney failure. And these are not just associated conditions, they are direct complications of obesity. Yet, obesity is still too often ignored or blamed on willpower, instead of being treated with real medical care.

The good news is that we now have effective treatments that can save lives, reduce healthcare costs, and prevent serious complications. The GLP-1 medications have transformed the landscape of obesity care. Just a few years ago, the only real option for substantial weight loss was bariatric surgery. Now, these medications can achieve results as good as or even better than surgery; however, while insurance covers surgery, it's often harder to get these life-changing drugs approved.

And this isn't just about weight loss. These medications dramatically reduce the complications of obesity, saving lives and preventing suffering. Here are some examples:

- **Liver Disease & Transplants** – Obesity is now the leading cause of liver cirrhosis due to fat buildup and inflammation in the liver. And once cirrhosis sets in, the only cure is a liver transplant. There are over 5M people with liver cirrhosis in the US. However, the problem is that only 1 in 500 will ever get a new liver. GLP-1 medications can prevent this by reducing liver fat and inflammation, helping patients avoid the need for a transplant in the first place.
- **Heart Disease & Stroke** – These drugs reduce the risk of heart attack and stroke by over 25%. And in people with heart failure, they cut hospitalizations in half and prevent 1 in 3 deaths.
- **Kidney Disease & Dialysis** – Dialysis and transplants are some of the biggest burdens on our healthcare system. GLP-1 drugs reduce the risk of kidney failure and the need for dialysis by almost 25%. That's huge, not just for patients, but for reducing healthcare costs.
- **Osteoarthritis & Mobility** – 6 out of 10 patients report significantly less knee pain and better movement. This means fewer surgeries, more mobility, and better quality of life.
- **Sleep Apnea & Breathing** – These drugs reduce breathing interruptions by almost 60% in people with sleep apnea. This doesn't just mean better sleep—it means less strain on the heart and a lower risk of sudden death.

And here's something even more remarkable – many of these complications start improving within just one week of starting treatment. That's not just long-term savings, that's immediate impact.

These are not just numbers; this is about giving people a healthier body, a healthier mind, and more time with their families. We must prioritize access to proven treatments like GLP-1 medications. Medicaid patients are disproportionately affected with obesity and its complications, and yet they face greater barriers to care than the general population. This lack of access drives higher rates of diabetes, heart disease, disability, and costly hospitalizations, widening health disparities. Medicaid recipients deserve the same access to life-saving treatments as those with commercial insurance coverage. The passage of **SB 876** will be a critical step in closing this gap and ensuring equitable care for all.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ashish", with a horizontal line extending to the right.

Ashish Nimgaonkar, MD

SB876- Testimony Candacé Jackson.pdf

Uploaded by: Candacé Jackson

Position: FAV

Support for Maryland Medical Assistance Program - Coverage for the Treatment of Obesity

Dear Chairwoman Beidle, Vice Chairman Hayes and Committee:

My name is Candacé Jackson, Vice President of Public Policy and Strategic Partnerships for the Greater Baltimore Urban League, an organization dedicated to ensuring African Americans and other minority groups secure economic self-reliance, parity, power, and civil rights. We strive daily to empower communities across the state of Maryland and to transform lives in the areas of education, health, workforce development, and entrepreneurship.

I am here today to represent our membership as we advocate for the passage of SB 876. As a civil rights organization that is over a century old, we strive to support those causes that help to alleviate health disparities and increase opportunity across the state.

The health disparities across the state of Maryland for marginalized communities continue to plague those who are most vulnerable. This bill will aid in treatment for obesity, which is a factor in over 200 medical conditions and impacts 1.6 Marylanders. New medical advancements will allow for health professionals to treat and prevent obesity and the diseases it causes. With this committee's help, Marylanders will be able to save on treatment costs and have greater access to resources to fight obesity and prevent future conditions. The savings to the state in treating expensive chronic conditions should be increased with the assistance this bill will provide.

Again, the Greater Baltimore Urban League in coalition with others humbly seek your support for SB 876.

Thank you,

Candacé Jackson, JD, LLM
Vice President
Greater Baltimore Urban League
Cjackson@gbul.org

SB 876 2025 NAPNAP - Copy.pdf

Uploaded by: JD Murphy

Position: FAV

February 27th, 2025

Maryland Senate
Finance Committee
2 West Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, we are writing to express our **support of SB 876 Maryland Medical Assistance Program - Coverage for the Treatment of Obesity** which would expand the Maryland Medical Assistance Program (Medicaid) to provide comprehensive coverage for the treatment of obesity. This legislation is an essential step toward addressing the growing obesity epidemic among Maryland residents, particularly among children and adolescents, who are increasingly affected by this chronic disease.

Pediatric obesity is a major public health concern that can lead to severe long-term health consequences, including type 2 diabetes, hypertension, heart disease, and mental health disorders. Without early intervention, many children with obesity continue to struggle with the condition into adulthood, increasing their risk of developing life-threatening illnesses. However, access to medically necessary treatments such as intensive behavioral therapy, nutritional counseling, and, in severe cases, FDA-approved anti-obesity medications or bariatric surgery is often limited due to financial and insurance barriers.

SB 876 will help ensure that all Medicaid recipients, including children and adolescents, have access to evidence-based treatments for obesity. By providing coverage for intensive behavioral therapy, bariatric surgery, and FDA-approved anti-obesity medications, this bill takes a proactive approach to combatting obesity and preventing future health complications.

Expanding Medicaid coverage for obesity treatment will:

- Improve pediatric health outcomes by enabling early intervention and lifelong healthy habits.
- Reduce long-term healthcare costs by preventing obesity-related chronic conditions before they develop.
- Address health disparities by ensuring that low-income children and families have access to the same treatment options as those with private insurance.
- Support families and caregivers by providing necessary resources and guidance to help children achieve and maintain a healthy weight.

Additionally, SB 876 ensures that Medicaid coverage criteria for obesity treatment will not be more restrictive than those for other covered medical conditions. This guarantees that children and adults alike receive the care they need without unnecessary barriers. The requirement for the Maryland Department of Health to notify beneficiaries about these new coverage options is another critical component, ensuring that families are informed of the resources available to them. Addressing obesity—particularly pediatric obesity—through Medicaid coverage is a forward-thinking, compassionate, and fiscally responsible solution that will benefit Maryland's children and families for generations to come.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends our support **SB 876 Maryland Medical Assistance Program - Coverage for the Treatment of Obesity** and requests a favorable report.

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Chesapeake Chapter legislative committee or president, Dr. Yvette Laboy at mdchesnapnapleg@outlook.com.

Sincerely,

Yvette Laboy

Dr. Yvette Laboy DNP, CPNP-AC, CCRN, CPN
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogorodova

Dr. Evgenia Ogorodova DNP, CPNP-PC
National Association of Pediatric Nurse
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Chesapeake Chapter Legislative Co-Chair

Lindsay J. Ward

Ms. Lindsay Ward MS, CPNP-PC, IBCLC
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter Immediate Past-President

Jessica D. Murphy

Dr. Jessica D. Murphy DNP, CPNP-AC, CPHON, CNE
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter Legislative Co-Chair

NPAM Support SB 876.pdf

Uploaded by: Malinda Duke

Position: FAV



"Advocating for Nurse Practitioners since 1992"

2/28/25

Regarding: SB 876 Maryland Medical Assistance Program - Coverage for the Treatment of Obesity

Position: Support

Dear Chair Beidle, Vice Chair Hayes, and members of the Committee,

I am writing on behalf of the Nurse Practitioner Association of Maryland (NPAM) to express our **support for SB 876 Maryland Medical Assistance Program - Coverage for the Treatment of Obesity** which aims to ensure equitable and comprehensive coverage for patients with obesity and chronic weight management needs.

On behalf of the over 860 members of the Nurse Practitioner Association of Maryland (NPAM), we believe SB 876 is an important step in addressing the significant healthcare disparities faced by individuals struggling with obesity, particularly those reliant on Medicaid for their healthcare needs.

Obesity in the United States is an epidemic. In Maryland, 34.1% of adults (1) and 20.5% of children (2) have obesity and the prevalence has risen over the past decade. We are also aware that lower income groups are affected at higher rates.

Obesity is a complex chronic disease with serious health consequences, including increased risk of cardiovascular disease, diabetes, and certain cancers. Despite its status as a disease, access to comprehensive obesity treatment options, including newly approved medications, remains limited. Lack of coverage by Maryland Medical Assistance exacerbates health inequities and perpetuates the stigma against affected individuals.


SB 876 seeks to address health disparities by prohibiting restrictive coverage criteria for FDA-approved anti-obesity medications. This provision ensures that individuals with obesity have access to medications deemed safe and effective

by the FDA without unnecessary barriers. While these new medications have proven to be effective, they are costly. The price tag for this bill appears daunting. The bill allows for utilization management to ensure appropriateness of the medication use. Potential cost savings to the program are compelling when considering the reduction in diabetes, cardiovascular disease and other chronic medical conditions that can be achieved with successful treatment of obesity. Quality of life measures can be expected to improve for both teens and adults with successful treatment.

We also support the requirement for the Maryland Department of Health (MDH) to provide written notice to Medicaid recipients about the coverage mandated by the bill is commendable. This notification ensures transparency and awareness among beneficiaries, empowering them to make informed decisions about their healthcare.

In conclusion, **SB 876 - Maryland Medical Assistance Program - Coverage for the Treatment of Obesity** represents a significant step forward in addressing the healthcare needs of individuals with obesity, particularly those from underserved communities. We urge you to support this legislation to promote health equity and improve access to evidence-based treatments for obesity.

Sincerely,

Handwritten signature of Malinda D. Duke in black ink, followed by the text "CPNP-PC".

Malinda D. Duke CPNP-PC, CDCES
Executive Director, NPAM
5372 Iron Pen Place
Columbia, MD 21044 NPAMexdir@npedu.com
443-367-0277 (office)
410-404-1747 (mobile)

(1). Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. (12 September 2024). <https://cdc.gov/obesity/data-and-statistics/adult-obesity-prevalence-maps.html>

(2). Robert Wood Johnson Foundation. <https://stateofchildhoodobesity.org/state-data/?state=md>

Mihir Patel Testimony 3.4.25.pdf

Uploaded by: Mihir Patel

Position: FAV

March 04, 2025

RE: **Senate Bill 876**

Dear Chair Beidle, Vice-Chair Hayes, and members of the Finance committee:

My name is Mihir Patel. I am a physician board-certified in internal medicine and obesity medicine and a faculty member at the University of Maryland School of Medicine, practicing both as an obesity medicine specialist and primary care physician. My remarks are my personal professional opinion only and are not made on behalf of the University of Maryland School of Medicine.

I have been a primary care physician for more than 10 years. However, early in my career, I felt frustrated by the fact that I was only treating chronic diseases and not preventing them from occurring. I did not have the tools to help patients with the underlying drivers of the conditions they were seeing me for. Eight years ago, I was fortunate to have mentors who guided me, and I began practicing obesity medicine. Since that time, I have sat with countless patients as they have told me about their weight loss journey, how they have tried everything, tried different diets, tried exercising, all while caring for their family, and maybe even working more than one job. The best part of my workday is when I get to tell someone who has tried everything that obesity, their struggle to lose weight is not their fault. It is not about willpower, and I know they are trying so hard. I discuss how obesity is affected by one's own genetic predisposition, hunger and fullness signaling, food environment, microbiome, and other parts of human physiology that are not under an individual's direct control. I also explain how over 1/3 of Marylanders struggle with obesity. I get to see some people cry, some people breathe a sigh of relief, and everyone feels validated. The next best part is when I can give them hope and a solution. That is where I can offer individuals anti-obesity medications to help them with their lifelong struggle to manage their weight.

When considering the power of anti-obesity medications, I think of several patients, but one particular patient comes to mind. She is a 72 yo female with a history of a heart rhythm disturbance, sleep apnea (an obesity-related sleep disorder), a history of blood clots, a history of breast cancer, hypertension, and a previous knee replacement. She came to see me for weight management, and with the help of a patient assistance program, along with other therapies, we were able to help her with her weight struggles. Since then, her life has been completely transformed. Thoughts of food do not consume her; she is able to manage her cravings, portion sizes, and blood pressure. However, through weight loss accomplished with the help of anti-obesity pharmacotherapy, she was able to cure her sleep apnea, and she no longer needs her breathing machine at night. Although she made great strides, I can't help but to think, "What if we were able to treat her earlier in life?" What if these therapies had been available to her earlier? Could we have prevented the development of blood clots, sleep apnea, or cancer? There are at least 200 medical conditions we know of that are directly related to obesity. Additionally, we know that a BMI of over 40 decreases life expectancy by 8-10 years, the same amount as smoking. We have the tools to intervene earlier, treat obesity before other chronic diseases develop, prevent the need for knee replacement, and improve the quality and



quantity of life. Unfortunately, Maryland Medical Assistance Program recipients currently lack coverage for anti-obesity medications but are deserving of these life-altering therapies. Please support them by voting in favor of Senate Bill 876.

Thank you for your consideration.



Mihir Patel, MD, MS, FACP
Assistant Professor of Medicine



Letter of Support_Medical Assistance Program - Cov

Uploaded by: Monica Billger

Position: FAV

Delegate Joseline A. Pena-Melnyk
Chair, Health and Government Operations
Committee
240 Taylor House Office Building
Annapolis, Maryland 21401

Senator Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

February 28, 2025

Dear Chairs Pena-Melnyk and Beidle,

We, the undersigned organizations, are writing to you today to thank you for your leadership in expanding access to health care for all Marylanders. As you continue to prioritize the health of Maryland residents, we urge you to pass the Medical Assistance Program - Coverage for the Treatment of Obesity Act (SB0876/HB1489). The legislation would require the State Medical Assistance Program to provide coverage for the treatment of the chronic disease of obesity and the treatment of pre-diabetes, including coverage for intensive behavioral or lifestyle therapy, bariatric surgery, and FDA-approved anti-obesity medication. Over [33% of the adult population in Maryland](#) lives with obesity and could benefit from access to these patient-centered treatment options.

Obesity is a chronic disease that affects the livelihood of many Marylanders. Obesity is linked to [200 medical conditions](#), including type 2 diabetes, heart disease, kidney disease, liver disorders and other largely preventable illnesses. New obesity treatments and medications have the potential to transform the way we treat obesity and potentially prevent these other diseases from affecting our most vulnerable populations. Coverage for this type of care will help approximately [1.6 million people in Maryland](#) who live with obesity and ultimately could protect our state from incurring future medical costs by treating other chronic health illnesses linked to obesity. Ultimately, by investing in these treatments, we will be able to potentially save people from the myriad of health complications associated with obesity. Additionally, such investments offer an opportunity to decrease the costs in treating expensive chronic illnesses.

Treatment for health complications associated with obesity places a financial burden on the patient. We must also recognize that addressing obesity is a health equity priority. Obesity disproportionately impacts communities of color, rural communities, people living with disabilities and other Marylanders facing socioeconomic disparities. 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. Expanding care will go a long way in narrowing the health access divide and help close the gap in health equity access.

We have come a long way in our understanding of obesity as a chronic illness and we know that for many, if not most, patients, obesity is not just about behavior– there are long-standing and proven treatments for obesity as well as the latest interventions that have been approved by the FDA. It is time for our notions of how to treat obesity to catch up with science, and for all of us to work together to minimize obesity’s impact on our collective health, economy, and healthcare costs. We

are thankful for your historic leadership in increasing access to health care for Marylanders, and we look forward to working with your office and the legislature in expanding coverage to encompass comprehensive obesity care in the State Medical Assistance Program.

If you have any questions or if you would like more information, please contact Monica Billger, Director, State Government Affairs Mid-Atlantic, at MBillger@diabetes.org.

Sincerely,

American Diabetes Association

American Society for Metabolic and Bariatric Surgery

APTA Maryland, A Chapter of the American Physical Therapy Association

Black Nurses of Southern Maryland

Chesapeake Bay Black Nurses Association

Disability Rights Maryland

Greater Baltimore Urban League

Health Care for Wellness LLC

Maryland Association of Diabetes Care & Educations Specialists (ADCES)

Maryland Rural Health Association

NAMI Maryland

National Association of Pediatric Nurse Practitioners (NAPNAP), MD Chesapeake Chapter

National Black Nurses Association, Inc

National Hispanic Medical Association

Obesity Medicine Association

The Obesity Society

The Y in Central Maryland

Maryland Fact Sheet.pdf

Uploaded by: Monica Billger

Position: FAV

Help Prevent Diabetes. **Treat Obesity.**

Diabetes and obesity remain significant health issues in the United States. While millions struggle with diabetes, the comorbid condition of obesity affects 42% of U.S. adults.¹ What's true nationwide is true in Maryland. Treating the chronic disease of obesity can help prevent or delay type 2 diabetes and may even result in diabetes remission.

Maryland Obesity Epidemic

- Approximately 2.1 million adults, or 34.1% of the population, in MD have obesity.²
- Up to 32% of MD adults ages 65 and older have obesity.³
- The MD adult obesity rate is projected to increase to up to 50% by 2030.⁴

Obesity in the U.S.

- Roughly 42% (110 million) of American adults are affected by obesity.⁵
- Up to 15 million children and adolescents in the U.S. are affected by obesity.⁶
- Almost 500,000 annual deaths are attributable to excess weight.⁷
- Nationwide, 1 in 3 young adults between the ages of 17 and 24 cannot qualify for military service due to overweight status.⁸

The Costly Consequences of Obesity

- The total cost of obesity in Maryland is \$30.54 billion annually.⁹
- Obesity-related medical costs in the United States are estimated to be nearly \$173 billion each year.¹⁰
- On average, out-of-pocket costs have increased 37% over the last decade for people with large employer coverage who have an obesity diagnosis.¹¹

Person-Centered Treatment for Obesity

The *Standards of Care in Diabetes* of the American Diabetes Association® recommends person-centered interventions across the care continuum to ensure comprehensive support for those affected. Proven and effective treatments exist to treat and manage obesity, but health insurance and federal and state programs do not allow access to these science-based approaches.¹²

Addressing the obesity epidemic involves a multifaceted approach to support improved health, including:

- **Screening and prevention:** Screen for obesity by documenting height, weight, waist circumference, and BMI. If needed, annual screening for obesity-related comorbidities.
- **Intensive behavioral therapy (IBT):** Offer intensive lifestyle modification program that includes personalized nutrition, physical activity, and behavioral support with a trained professional.
- **Pharmacotherapy:** Provide access to approved obesity medications according to FDA guidelines.
- **Bariatric surgery:** Provide access to bariatric/metabolic surgery as recommended by an appropriate health care professional.

Sources:

1. National Institute of Diabetes and Digestive and Kidney Diseases. (2021). Overweight & Obesity Statistics. [https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity#:~:text=%25\)%20are%20overweight,-,More%20than%20in%205%20adults%20\(42.4%25\)%20have%20obesity,who%20are%20overweight%20\(27.5%25](https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity#:~:text=%25)%20are%20overweight,-,More%20than%20in%205%20adults%20(42.4%25)%20have%20obesity,who%20are%20overweight%20(27.5%25)
2. Centers for Disease Control and Prevention. (2023). BRFSS Prevalence & Trends Data: Home. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence/>
3. Centers for Disease Control and Prevention. (2023). BRFSS Prevalence & Trends Data: Home. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence/>
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9. Obesity Action Coalition. (2019). Maryland Obesity Fact Sheet. <https://www.obesityaction.org/wp-content/uploads/maryland.pdf>
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11. Telesford, I. et al. (2023, July 6). How have costs associated with obesity changed over time?. Peterson-KFF Health System Tracker. <https://www.healthsystemtracker.org/chart-collection/how-have-costs-associated-with-obesity-changed-over-time/#Average%20out-of-pocket%20cost%20for%20enrollees%20with%20and%20without%20an%20obesity%20diagnosis,%202011-2021>
12. American Diabetes Association Professional Practice Committee; 8. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes: Standards of Care in Diabetes–2025. *Diabetes Care* 1 January 2025; 48 (Supplement_1): S167–S180. <https://doi.org/10.2337/dc25-S008>

SB0876_ADA Public Testimony Support_2.28.25.pdf

Uploaded by: Monica Billger

Position: FAV



In Favor of: Senate Bill 876

Medical Assistance Program Obesity Coverage

Monica Billger, Director, State Government Affairs

American Diabetes Association

February 28, 2025

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

On behalf of the American Diabetes Association (ADA) and the over half million Marylanders living with diabetes, and additional 1.6 million adults with prediabetes, I am writing in **support** of **Senate Bill 876** - 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.¹ According to the National Institutes of Health (NIH), over 85 % of people with type 2 diabetes are overweight or obese.² Moreover, obesity is the largest contributor to the chronic disease burden in the United States.³ Obesity exacerbates or causes **over 200 medical disorders** resulting in declining physical, mental and emotional health and physical mobility.⁴

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.⁵ In Maryland, obesity is estimated to reduce economic activity by \$11.2 billion annually.⁶

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 2025 Standards of Care⁷ recognize that "obesity is a chronic and progressive disease with numerous medical, physical, and psychosocial complications, including a substantially increased risk for type 2 diabetes."

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

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

³ 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>

⁴ 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

⁵ 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>

⁶ GlobalData Plc. (2024). *Obesity's impact on Maryland's economy and workforce*. <https://www.globaldata.com/health-economics/US/Maryland/Obesity-Impact-on-Maryland-Factsheet.pdf>

⁷ American Diabetes Association Professional Practice Committee; 8. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes: Standards of Care in Diabetes— 2025. *Diabetes Care* 1 January 2025; 48 (Supplement_1): S167–S180. <https://doi.org/10.2337/dc25- S008>

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.**

Obesity also disproportionately impacts communities of color and rural communities that already face systemic inequities in life and health care. 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 2025 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 a favorable report for SB 876.

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, appearing to read "Monica Billger". The signature is fluid and cursive, with a long horizontal stroke at the end.

Monica Billger
mbillger@diabetes.org

Senate Bill 876 Letter_Feb 2025.pdf

Uploaded by: Selvi Rajagopal

Position: FAV

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.

SB876 MNA FAV 2025.pdf

Uploaded by: William Kress

Position: FAV



Committee: Senate Finance Committee

Bill Number: SB 876 – Maryland Medical Assistance Program – Coverage for the Treatment of Obesity

Date: March 4, 2025

Position: Favorable

The Maryland Nurses Association (MNA) acknowledges the important policy goals of Senate Bill 876 - Maryland Medical Assistance Program – Coverage for the Treatment of Obesity, which would require the Maryland Medical Assistance Program to provide comprehensive coverage for obesity treatment. However, MNA recognizes the complex fiscal considerations during these challenging budgetary times. We urge a balanced approach that weighs both healthcare needs and financial sustainability.

Obesity as a Critical Public Health Issue As frontline healthcare providers, nurses witness the significant impact of obesity on our patients' health and quality of life. Obesity is linked to numerous chronic conditions including type 2 diabetes, cardiovascular disease, hypertension, stroke, sleep apnea, and certain types of cancer. These conditions affect quality of life and contribute to healthcare system costs.

Addressing Health Disparities Medicaid recipients experience higher rates of obesity and related conditions compared to the general population. The current coverage limitations create a treatment gap that may contribute to health disparities. SB 876 aims to provide Medicaid recipients access to treatment options similar to those available through private insurance, which could be a step toward health equity.

Fiscal Responsibility and Budget Considerations MNA acknowledges the legitimate concerns regarding fiscal impact on the Medicaid program. Comprehensive obesity treatment coverage requires significant investment during a time of budget constraints. We support comprehensive fiscal analysis and thoughtful cost containment measures that preserve quality of care.

We recommend robust data collection to track both expenditures and health outcomes, enabling evidence-based program refinements that maximize benefits while controlling costs. Careful monitoring of utilization patterns will be essential to ensure appropriate use of higher-cost interventions.

While SB 876 represents a promising approach to addressing an important public health challenge, MNA urges the committee to ensure that implementation doesn't compromise the program's ability to maintain current coverage levels. We support a favorable report only if the committee determines that these benefits can be provided without reducing the number of Marylanders covered by Medicaid.

If you have any questions please contact MNA's lobbyist William Kress, Esquire at bill@kresshammen.com.

MAND Testimony 2025 - SupportwAmendment - Senate B

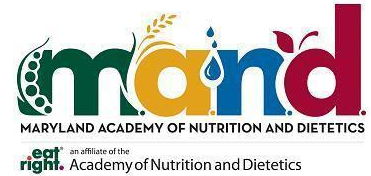
Uploaded by: Barbara Hoffstein

Position: FWA

MARYLAND ACADEMY OF NUTRITION AND DIETETICS

8505 Church Lane | Randallstown | MD | www.eatwellmd.org

Date: February 28, 2025
Bill: Senate Bill 0876 - Maryland Medical Assistance
Program - Coverage for the Treatment of Obesity
Committee: Finance
Position: SUPPORT WITH AMENDMENT



The Maryland Academy of Nutrition and Dietetics (MAND), a professional organization with 1,000 members, supports the work of more than 1,900 credentialed registered dietitian nutritionists (RDNs) practicing across the state. MAND is dedicated to improving the health of Maryland residents through evidence-based nutrition care.

We commend the Maryland legislature for its efforts to expand comprehensive obesity treatment and appreciate the opportunity to provide testimony on Senate Bill 876. **MAND strongly urges an amendment to the bill which would include Medical Nutrition Therapy (MNT) as a covered service** to ensure that individuals with obesity and related chronic conditions receive the full spectrum of evidence-based care.

The Role of MNT in Comprehensive Obesity Treatment

SB 876 currently covers Intensive Behavioral Therapy (IBT), bariatric surgery, and FDA-approved prescription weight loss medications - all of which are valuable, effective tools that address obesity from different angles; however, a critical gap remains in ensuring access to comprehensive nutrition care.

While both Intensive Behavioral Therapy (IBT) and Medical Nutrition Therapy (MNT) are evidence-based interventions, they differ in scope and application within obesity treatment. IBT follows a structured framework, typically provided in brief fifteen-minute sessions focused on behavioral risk assessment, goal setting, and lifestyle modifications. In contrast, MNT is a clinical nutrition intervention, involving a comprehensive assessment of a patient's medical history, dietary intake, lab values, medications, and lifestyle factors to develop an individualized and tailored nutrition care plan.

MNT is widely recognized as a cornerstone of evidence-based obesity treatment by organizations^{1,2,3} such as the American Heart Association, which noted in its 2022 report⁴ on Incorporating Food and Nutrition Programs into the Primary Healthcare Setting that: *“Medical*

¹ Wadden TA, Chao AM, Moore M, et al. The Role of Lifestyle Modification with Second-Generation Anti-obesity Medications: Comparisons, Questions, and Clinical Opportunities. *Curr Obes Rep.* 2023;12(4):453-473.

² Hassapidou M, Vlassopoulos A, Kalliostra M, et al. European Association for the Study of Obesity Position Statement on Medical Nutrition Therapy for the Management of Overweight and Obesity in Adults Developed in Collaboration with the European Federation of the Associations of Dietitians. *Obes Facts.* 2023;16(1):11-28

³ Apovian CM, Aronne LJ, Bessesen DH, et al. Pharmacological management of obesity: an endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2015;100(2):342-362.

⁴ American Heart Association. (2022, June). Strategies to address socioeconomic and racial and ethnic disparities in chronic diseases by incorporating food and nutrition programs into the primary healthcare setting. Retrieved from https://www.heart.org/-/media/Files/About-Us/Policy-Research/Policy-Positions/Access-to-Healthy-Food/Medical-Nutrition-Therapy-Policy-Statement-2022.pdf?sc_lang=en

Nutrition Therapy (MNT) is a cost-effective, evidence-based intervention to manage chronic conditions, especially obesity, diabetes, and CVD.”

Furthermore, MNT has been shown to improve health outcomes and reduce obesity-related healthcare costs. Specifically, MNT provided by RDNs has been linked to reductions in BMI, waist circumference, blood pressure, dyslipidemia, and improved glucose control in adults with Type 2 diabetes.^{5,6} These benefits not only enhance patient health but also contribute to long-term cost savings for the healthcare system.⁷

MNT’s Critical Role in Medication Adherence for Obesity Treatment

Research shows that 50% of individuals discontinue GLP-1 medications within one year⁸ and 30% drop out within the first four weeks⁹, before even reaching the therapeutic dose at 12 weeks. One of the primary reasons for early discontinuation is gastrointestinal side effects, with nearly 75% of patients on one widely used weight-loss medication experiencing nausea, vomiting, or other digestive issues.¹⁰

MNT is uniquely positioned to address some of the side effects associated with incretin-based therapies, in a way IBT is not. Through MNT RDNs can provide targeted dietary strategies to help mitigate these side effects, allowing patients to tolerate medications better and remain on treatment longer. For example, an RDN can tailor recommendations on meal timing, portion sizes, food textures, and nutrient composition to reduce nausea and improve digestive comfort. This level of individualized intervention is beyond the scope of IBT, which focuses more broadly on behavioral change rather than addressing the whole picture including the physiological impacts of the medication.

Additionally, MNT supports long-term metabolic health, even for patients who discontinue medication. Since incretin-based therapies require 12 weeks to reach full effect, early dropout prevents patients from achieving the intended benefits. An RDN helps patients navigate this adjustment period, optimize nutrient intake, and maintain adequate protein and micronutrient levels to support long-term weight management and overall metabolic health.¹¹

⁵ Sikand G, Handu D, Rozga M, de Waal D, Wong ND. Medical Nutrition Therapy Provided by Dietitians is Effective and Saves Healthcare Costs in the Management of Adults with Dyslipidemia. *Curr Atheroscler Rep*. 2023 Jun;25(6):331-342. doi: 10.1007/s11883-023-01096-0. Epub 2023 May 11.

⁶ Morgan-Bathke M, Baxter SD, Halliday TM, et al. Weight Management Interventions Provided by a Dietitian for Adults with Overweight or Obesity: An Evidence Analysis Center Systematic Review and Meta-Analysis. *J Acad Nutr Diet*. 2023;123(11):1621-1661.e1625.

⁷ Hartmann-Boyce J, Theodoulou A, Oke JL, et al. Long-Term Effect of Weight Regain Following Behavioral Weight Management Programs on Cardiometabolic Disease Incidence and Risk: Systematic Review and Meta-Analysis. *Circ Cardiovasc Qual Outcomes*. 2023;16(4):e009348.

⁸ Ganguly R, Tian Y, Kong SX, et al. Persistence of newer anti-obesity medications in a real-world setting. *Diabetes Res Clin Pract*. 2018;143:348-356.

⁹ Blue Health Intelligence. (2024, May). Real-world trends in GLP-1 treatment persistence and prescribing for weight management. Retrieved from https://bluehealthintelligence.com/wp-content/uploads/2024/05/BHI-Issue-Brief_GLP1Trends_052024.pdf

¹⁰ Wilding JP, Batterham RL, Calanna S, et al.: Once-weekly semaglutide in adults with overweight or obesity. *N Engl J Med*. 2021, 384:989-1002. doi: 10.1056/NEJMoa2032183.

¹¹ Gigliotti L, Warshaw H, Evert A, Dawkins C, Schwartz J, Susie C, Kushner R, Subramanian S, Handu D, Rozga M. Incretin-Based Therapies and Lifestyle Interventions: The Evolving Role of Registered Dietitian Nutritionists in Obesity Care. *J Acad Nutr Diet*. 2025 Mar;125(3):408-421. doi: 10.1016/j.jand.2024.10.023. Epub 2024 Nov 7. PMID: 39521378.

MNT in Metabolic and Bariatric Surgery

The American Society for Metabolic and Bariatric Surgery (ASMBS) recognizes MNT as an essential component of pre- and post-operative care for metabolic and bariatric surgery patients.¹² ASMBS guidelines¹³ recommend that an RDN conduct a comprehensive nutritional assessment to identify maladaptive eating behaviors, correct micronutrient deficiencies, and provide preoperative nutrition education to prepare patients for post-surgical dietary changes. Additionally, postoperative MNT is critical for managing food intolerances, malabsorption issues, micronutrient deficiencies, and weight regain.

Despite these clinical best practices, MNT coverage for obesity treatment, including for patients seeking or undergoing metabolic and bariatric surgery, remains inconsistent. This misalignment with established clinical guidelines creates unnecessary barriers to care and jeopardizes long-term surgical success and weight maintenance. Ensuring MNT coverage as part of obesity treatment policies is essential to aligning with evidence-based healthcare practices and improving patient outcomes.

Expanding MNT coverage as part of comprehensive obesity treatment would provide a crucial layer of support for patients struggling with medication adherence, managing treatment side effects, and achieving sustainable weight management. As an evidence-based, cost-effective intervention, MNT improves health outcomes, enhances medication tolerability, and supports long-term weight maintenance.

We appreciate the opportunity to provide this input and welcome further discussions to ensure that Bill 876 fully reflects a comprehensive approach to obesity care for Maryland residents. **MAND stands ready as a resource and partner in this important undertaking and we respectfully ask for a FAVORABLE report on Senate Bill 876 with amendment.**

Sincerely,

Tia Jeffery, PhD, RDN, LDN

MAND President

President@eatwellmd.org

Arelis Torres, MS, RDN, LDN

MAND State Policy Rep

Jessica Kiel, MS, RDN, LDN

MAND Public Policy Coordinator

Ilene Cervantes del Toro, MS, RDN, LDN

MAND State Policy Rep-Elect

¹² Parrott J, Frank L, Rabena R, Craggs-Dino L, Isom KA, Greiman L. American Society for Metabolic and Bariatric Surgery Integrated Health Nutritional Guidelines for the Surgical Weight Loss Patient 2016 Update: Micronutrients. Surg Obes Relat Dis. 2017 May;13(5):727-741. doi: 10.1016/j.soard.2016.12.018. Epub 2017 Jan 19. PMID: 28392254.

¹³ Eisenberg D, Shikora SA, Aarts E, Aminian A, Angrisani L, Cohen RV, De Luca M, Faria SL, Goodpaster KPS, Haddad A, Himpens JM, Kow L, Kurian M, Loi K, Mahawar K, Nimeri A, O'Kane M, Papasavas PK, Ponce J, Pratt JSA, Rogers AM, Steele KE, Suter M, Kothari SN. 2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for Metabolic and Bariatric Surgery. Surg Obes Relat Dis. 2022 Dec;18(12):1345-1356. doi: 10.1016/j.soard.2022.08.013. Epub 2022 Oct 21. PMID: 36280539.

SB 876 - FIN - MDH - LOI.docx (1).pdf

Uploaded by: Meghan Lynch

Position: INFO



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, Dr.PH, Acting Secretary

March 4, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill (SB) 876 – Maryland Medical Assistance Program – Coverage for the Treatment of Obesity – Letter of Information

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for Senate Bill (SB) 876 – Maryland Medical Assistance Program – Coverage for the Treatment of Obesity.

Senate Bill 876 requires the Maryland Medicaid Assistance Program (Medicaid) to provide comprehensive coverage for the treatment of obesity, including intensive behavioral therapy, bariatric surgery, and anti-obesity medication approved by the US Food and Drug Administration (FDA), and to provide notice to Medicaid participants of the coverage requirements. SB 876 prohibits Medicaid from imposing coverage criteria that are more restrictive than the FDA-approved drug's indications for treatment. In addition, utilization management determinations must be made in the same manner as determinations made for the treatment of any other illness, condition, or disorder covered by the program.

The Department estimates that the cost of drug coverage will exceed \$447.3 million total funds (\$263.5 million federal funds, \$183.8 State general funds) annually.¹ Additional staffing and contractual resources will also be required. Over the next five fiscal years, the total fiscal impact of the bill is projected to exceed \$1.9 billion (\$1.1 billion federal funds, \$761.9 million state general funds). While these drugs may improve the health outcomes for participants in the long term, it is not expected that savings will be realized in the near term, nor is it clear whether any savings will be sufficient to offset the significant fiscal impact associated with these drugs.

Medicaid covers bariatric surgery for participants who meet certain clinical criteria. Intensive behavioral therapy is also covered under existing benefits. Additionally, managed care organizations (MCOs) offer the HealthChoice Diabetes Prevention Program (DPP). DPP is an

¹ More information on these fiscal estimates can be found in the Department's report submitted in December 2024 pursuant to the requirements of House Bill (HB) 986/Senate Bill (SB) 594, Maryland Medical Assistance Program - Coverage for the Treatment of Obesity - Required Study (Chapters 777 and 778 of the Acts of 2024). See Table 1, Model One, Upper Bound, <https://health.maryland.gov/mmcp/Documents/JCRs/2024/obesitytreatmentJCRfinal12-24.pdf>.

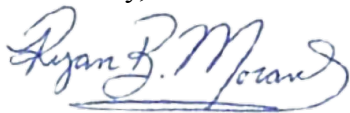
evidenced-based program to prevent or delay the onset of type 2 diabetes and is covered for all HealthChoice participants. The program teaches lifestyle changes related to healthy eating and physical activity. The Department notes that the bill's restrictions on coverage criteria may have a chilling effect on participants' interest in undertaking other lifestyle changes, such as DPP, prior to starting an anti-obesity medication. This may also create challenges in maintaining a healthy weight for participants who eventually discontinue medication.

Medicaid also covers Byetta, Ozempic, Trulicity, Victoza, Bydureon, Mounjaro, Rybelsus, and Wegovy for FDA-approved indications other than obesity. Byetta, Ozempic, Trulicity, Victoza, Bydureon, Mounjaro, and Rybelsus are all covered when used to treat type 2 diabetes. In March 2024, the FDA approved a new indication for the use of the anti-obesity medication Wegovy to "reduce the risk of cardiovascular death, heart attack, and stroke in adults with cardiovascular disease and either obesity or overweight." Subsequently, in alignment with Medicare and at the direction of CMS, Medicaid began to cover Wegovy for participants who are overweight or obese and have cardiovascular disease. MCO coverage was effective September 2024 and aligns with clinical criteria implemented by the Department.

In November 2024, the Biden Administration announced a new interpretation of the statute prohibiting Medicare coverage of drugs used for weight loss purposes and issued a proposed rule which includes the reinterpretation. If implemented, these changes would require Medicaid and Medicare Part D to cover anti-obesity medications for individuals with an obesity diagnosis. The new interpretation would require all state Medicaid Programs to cover anti-obesity medications for individuals with an obesity diagnosis as covered outpatient drugs. At this time, it is unclear whether the rule will be finalized under the incoming Trump Administration. If this rule is finalized, fiscal impact to Medicaid will be reduced to approximately \$353.6 million total funds (\$222.1 million federal funds, \$131.5 million State general funds) annually.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Ryan B. Moran". The signature is fluid and cursive, with a horizontal line underneath the name.

Ryan B. Moran, Dr.P.H., MHSA
Acting Secretary