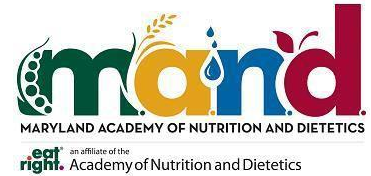

MARYLAND ACADEMY OF NUTRITION AND DIETETICS

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

Date: March 13, 2025
Bill: House Bill 1489 - Maryland Medical Assistance
Program - Coverage for the Treatment of Obesity
Committee: House Health and Government Operations Committee
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 **House Bill 1489**. **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

House Bill 1489 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. 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 **House Bill 1489** 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 House Bill 1489 with amendment.**

Sincerely,

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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.