



In Favor of: House Bill 1489

Medical Assistance Program Obesity Coverage

Monica Billger, Director, State Government Affairs

American Diabetes Association

March 13, 2025

Chair Pena-Melnyk, Vice Chair Cullison and Honorable Members of the Health and Government Operations Committee:

On behalf of the American Diabetes Association (ADA) and the over two million Marylanders living with obesity, I am writing in **support of House Bill 1489** - which would provide comprehensive obesity coverage for Marylanders in the State Medical Assistance Program.

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 HB 1489.

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 extending to the right.

Monica Billger
mbillger@diabetes.org