

To Chair Pena-Melnyk, and members of the Health & Government Operations Committee:

I am providing this testimony in strong support of **HB 1489**. 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 **HB 1489** will be a critical step in closing this gap and ensuring equitable care for all.

Sincerely,



Ashish Nimgaonkar, MD