

March 13, 2025

RE: **HB 1489**

Dear Chair Pena-Melnyk, Vice-Chair Cullison, and members of the Health and Government Operations 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 patient comes to mind. She is a 72-year-old 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 address 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. An 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 House Bill 1489

Thank you for your consideration.



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