

HB1489 - Maryland Medical Assistance Program - Coverage for the Treatment of Obesity
Health and Government Operations Committee
3/13/2025

Testimony from Dr. Sheela N. Magge:

Chair Pena-Melnyk, Vice Chair Cullison, and members of the Health and Government Operations Committee,

Thank you for the opportunity to speak to you today in support of HB1489. My name is Dr. Sheela Magge, and I am a pediatric endocrinologist, and the Director of Pediatric Endocrinology and Diabetes at the Johns Hopkins Children's Center in Baltimore. However, my remarks today are my personal professional opinion, and I am not speaking on behalf of my institution.

My area of clinical and research expertise is pediatric obesity, prediabetes, and youth-onset type 2 diabetes. With increased childhood obesity, we are seeing conditions that we previously saw almost exclusively in adults, such as type 2 diabetes, occurring in children as young as 8-10 yrs old. Throughout the last 20 years, I have cared for children with obesity, and the first line treatment is always working to increase physical activity and improve nutrition. However, in many cases, this is not enough to prevent progression of weight gain. Obesity is a disease with has a strong genetic component, and lifestyle changes alone are often not enough.

However, the last 5 years have seen the emergence of obesity medications that are true game-changers. In fact, for cases in which lifestyle modification is not successful, the American Academy of Pediatrics recommends offering treatment with pharmacotherapy as an adjunct to exercise and nutrition. And, there are medications that have been FDA-approved to treat obesity in youth 12 years and older. But for my patients with obesity on Medicaid, even though there are clinically recommended treatments that are FDA-approved, their insurance will not cover them. In fact, I have 12-year-old patients with obesity, who have developed prediabetes and have abnormal blood sugars, but I have to wait until they actually develop diabetes to treat them, instead of preventing diabetes in the first place. This makes no sense. Compare this to a child with commercial insurance who is able to start an obesity medication, lose weight, and never develop diabetes. This creates significant health disparities. We need to be able to treat with obesity medications when indicated to prevent the medical complications in our vulnerable youth. Thank you for your time and attention.