

February 8, 2024

RE: Medicaid Anti-Obesity Medication Coverage

To Whom It May Concern,

I am a physician who specializes in Obesity Medicine at the Johns Hopkins University Healthful Eating, Activity and Weight Program in Baltimore, Maryland. The Healthful Eating, Activity and Weight Program is a comprehensive medical weight management clinic that serves a diverse population of patients in greater DC/Baltimore metropolitan area as well as surrounding states. The purpose of my letter is to request approval of Maryland Senate Bill 986, which would require the Maryland Medical Assistance Program to provide comprehensive coverage for the treatment of obesity, including FDA-approved anti-obesity medications.

Currently the Code of Maryland Regulations (COMAR) restricts the use of medications to treat obesity by the Maryland Medical Assistance Program. Removing coverage restrictions for anti-obesity medications would help ensure comprehensive obesity care for patients and allow Maryland to better address the obesity epidemic.

Obesity affects 33.2% of adults in the state of Maryland. Meanwhile, communities of color are disproportionately impacted; in Maryland, Black adults suffer from obesity with a 42% obesity rate.¹ As you consider the overall health and well-being of Maryland residents, these numbers are impossible to ignore.

Obesity is not an insular disease. We know it is related to a host of other diseases including certain cancers, heart disease, stroke, and type 2 diabetes. Furthermore, obesity is expensive. The aggregate medical cost due to obesity among adults nationwide was \$260.6 billion in 2016.² These figures are expected to rise as we estimate 1 in 2 adults to have obesity in the United States by 2030.³

The medical community and major public health entities recognize obesity as a chronic disease, requiring multimodal treatment and prevention efforts.⁴ In recent years, the FDA has approved several therapies for the treatment of obesity, meant to be used in conjunction with lifestyle

¹ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, accessed 2024.

² Cawley, J. Biener, A., Meyerhoefer, C., Ding, Y., Zvenyach, T., Smolarz, G., Ramasamy, A. (2021). Direct medical costs of obesity in the United States and the most populous states. *Journal of Managed Care & Specialty Pharmacy*. 27(3). <https://doi.org/10.18553/jmcp.2021.20410>

³ Ward, Z. J., Bleich, S. N., Craddock, A. L., Barrett, J. L., Giles, C. M., Flax, C., Long, M. W., & Gortmaker, S. L. (2019). Projected U.S. State-Level Prevalence of Adult Obesity and Severe Obesity. *The New England journal of medicine*, 381(25), 2440–2450. <https://doi.org/10.1056/NEJMsa1909301>

⁴ Powell-Wiley et al. (2021). Obesity and Cardiovascular Disease: A Scientific Statement from the American Heart Association. *Circulation*. 143(21):984-1010. <https://doi.org/10.1161/CIR.0000000000000973>

changes. These treatment options have been revolutionary in helping patients reverse obesity along with its myriad health complications. These truly life-changing medications have unfortunately been out of reach for our most vulnerable Maryland residents due to the COMAR restriction.

Passage of Senate Bill 986 is a critical step allowing providers to deliver the standard of care for patients with obesity in the Maryland Medical Assistance Program. Allowing patients and providers to access the full range of treatment options, including anti-obesity medications, will have a significant impact on Marylanders living with obesity.

If I can provide further details or answer any questions, please reach out to me at srajago7@jhu.edu or 713-724-9767.

Sincerely,

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The views expressed in this testimony do not necessarily reflect the views of Johns Hopkins University and that the affiliate's opinions are their own.