

**Written Testimony of  
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President, National Hispanic Health Foundation**

**In Support of SB 496 “Maryland Medical Assistance Program – Coverage for the Treatment of Obesity”**

**Maryland Senate Finance Committee  
February 17, 2026**

Dear Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee:

My name is Dr. Elena Rios, and I am a physician and public health leader. I serve as the President of the National Hispanic Health Foundation, an organization committed to improving the health of Hispanic communities across the United States through evidence-based policy solutions, workforce development, and advancing health equity.

Thank you for the opportunity to submit this written testimony in strong support of Senate Bill 496, legislation that would authorize the Maryland Medical Assistance Program to provide comprehensive coverage for the treatment of obesity, including intensive behavioral therapy, bariatric surgery, and FDA-approved anti-obesity medications for chronic weight management.

SB 496 is not only medically sound -- it is urgently needed. This bill reflects modern scientific consensus, addresses longstanding inequities, and gives Maryland an opportunity to reduce preventable chronic disease costs while improving health outcomes for thousands of residents.

**Obesity is a chronic disease—and should be treated as one**

Obesity is one of the most widespread and costly public health challenges facing Maryland and the nation. Yet despite decades of clinical evidence, obesity continues to be misunderstood and too often treated as a personal failing rather than the complex chronic disease that it is.

The medical community is clear: obesity is shaped by genetics, metabolism, hormones, environmental exposures, medication use, sleep patterns, trauma, and socioeconomic factors. It is chronic, relapsing, and frequently progressive when untreated. It is also linked to more than 200 serious medical conditions, including type 2 diabetes, cardiovascular disease, stroke, chronic kidney disease, sleep apnea, hypertension, liver disease, certain cancers, pregnancy complications, and disability.

Maryland's obesity rates reflect the scope of this crisis. An estimated 34% of adults<sup>1</sup> in Maryland -- 2 million -- live with obesity, and the consequences are not abstract -- they are visible in rising diabetes rates, cardiovascular disease burdens, avoidable disability, and preventable premature death. [OBJ]

SB 496 acknowledges what physicians already know: obesity is not cosmetic. It is a serious medical condition requiring comprehensive, evidence-based care.

### **This is also an equity issue -- Maryland communities are not affected equally**

Obesity is not evenly distributed across populations, and the communities most affected are often those with the greatest barriers to healthcare access.

Maryland data underscores this disparity:<sup>2</sup>

- Black adults have the highest obesity prevalence in the state, at approximately 42.5%
- Hispanic adults have the second-highest obesity prevalence, at approximately 37.5%
- White adults have an obesity prevalence of 31.1%
- Asian adults have a prevalence of 14.3% [OBJ]

These disparities are not explained by individual choices alone. They reflect long-standing inequities in access to affordable healthy food; safe outdoor areas; preventive and primary care; chronic disease management; and culturally competent healthcare providers. [OBJ]

For Latino families in particular, these barriers can be compounded by language access gaps, lack of consistent preventive care, and structural barriers that delay treatment until conditions worsen.

Because Maryland Medicaid serves low-income residents and communities of color, Medicaid policy plays a central role in determining whether these health disparities narrow -- or deepen.

SB 496 is a step toward a more equitable healthcare system where Medicaid beneficiaries are not denied the standard of care simply because of income.

### **The cost of inaction is predictable: untreated obesity drives expensive chronic disease**

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<sup>1</sup> American Diabetes Association. "Help Prevent Diabetes. Treat Obesity," accessed February 13, 2026. <https://diabetes.org/sites/default/files/2025-05/the-burden-of-obesity-maryland-05-08-25.pdf>.

<sup>2</sup> Charles County Health Department data on obesity. Accessed February 13, 2026. <https://charlescountyhealth.org/obesity/>.

From both a public health and fiscal standpoint, untreated obesity leads to long-term costs that are avoidable, foreseeable, and increasingly unsustainable.

Obesity is a major driver of chronic disease progression, particularly type 2 diabetes. National estimates suggest that 60% to 90% of individuals with type 2 diabetes also live with obesity or have a history of obesity.<sup>3</sup>

When obesity is left untreated, patients are significantly more likely to experience: frequent emergency department visits; costly hospitalizations; long-term prescription drug dependence; worsening cardiovascular disease; dialysis and kidney failure; amputations; and disability-related care needs.

These outcomes do not only harm individuals and families -- they also create major financial strain on public health systems, and Maryland already faces enormous obesity-related costs. According to data cited in the policy brief, obesity-related health expenses in Maryland exceed \$30 billion annually.<sup>4</sup>

While Medicaid-specific spending projections are complex, the overall trend is clear: when obesity is untreated, Medicaid does not save money -- it simply pays later, and pays far more, for preventable chronic disease complications.

SB 496 is a prevention and cost-containment strategy. Treating obesity earlier is one of the most direct ways to reduce downstream spending on diabetes, cardiovascular disease, and disability.

### **Comprehensive treatment requires more than lifestyle counseling alone**

For years, obesity treatment policy has often been limited to basic counseling interventions. While nutrition and physical activity are essential components of health, clinical evidence shows that lifestyle interventions alone are often insufficient to sustain long-term weight loss for many patients.

Obesity involves metabolic adaptation and hormonal regulation that can make weight regain highly likely, even for patients who follow recommended diet and exercise changes.

That is why modern obesity treatment is increasingly understood as a continuum of care, including: nutrition counseling; structured physical activity programs; behavioral health support;

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<sup>3</sup> HECCD. "The Dangerous Link Between Diabetes & Obesity," July 2023. <https://bit.ly/4bGjLZ9>.

<sup>4</sup> Obesity Action Coalition. "Maryland Obesity Fact Sheet," accessed February 13, 2026. <https://www.obesityaction.org/wp-content/uploads/maryland.pdf>

bariatric surgery (when clinically appropriate); and FDA-approved anti-obesity medications for chronic weight management. [REDACTED]

SB 496 reflects this reality by authorizing comprehensive coverage that includes behavioral therapy, bariatric surgery, and FDA-approved medications. It is exactly what evidence-based medicine demands.

Nationally, fewer than 2% of eligible adults receive anti-obesity medications, largely due to cost and lack of coverage. This creates a two-tiered system: higher-income patients access modern, evidence-based treatment, while Medicaid patients are left with limited options -- despite being at higher risk of obesity-related complications.

That is not only inequitable. It is medically indefensible.

Maryland should not maintain a system in which obesity treatment is treated as optional for the populations most affected by the disease.

### **Expanding coverage also reduces dangerous reliance on counterfeit or compounded products**

Another major public health benefit of expanding legitimate coverage is safety.

Across the country, counterfeit and illegally compounded GLP-1 drugs have proliferated, particularly online. When patients are unable to access legitimate FDA-approved treatment, they often seek cheaper alternatives through unsafe and unregulated markets.

The FDA has identified significant risks associated with counterfeit or illegally compounded products, including incorrect or unknown ingredients; unsafe dosing; contamination and improper storage; adverse events requiring medical care; fraudulent labeling; and counterfeit packaging. [REDACTED]

Unfortunately, these risks disproportionately harm low-income communities, where patients may be more likely to face coverage and affordability barriers. By expanding Medicaid coverage, Maryland reduces the incentive for patients to turn to unsafe alternatives. This bill is therefore not only a chronic disease strategy -- it is also a consumer safety and public health protection measure.

### **Conclusion: SB 496 is a smart investment in Maryland's health and future**

SB 496 is a clear opportunity for Maryland to align its Medicaid policy with modern medicine and public health evidence.

Maryland has long been a leader in public health innovation and equity. SB 496 is consistent with that legacy and represents the type of forward-looking policy needed to protect the health of Maryland residents and the long-term sustainability of the healthcare system.

On behalf of the National Hispanic Health Foundation, I respectfully urge the Committee to issue a favorable report on SB 496. Thank you for your time, your leadership, and your commitment to improving health outcomes for all Marylanders.

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Respectfully submitted,  
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President, National Hispanic Health Foundation