

Good afternoon. I am Dr. Britt Weinstock, Senior Director for Federal and State Policy for the National Minority Quality Forum.

The National Minority Quality Forum is a 501(c)(3) not-for-profit research and advocacy organization based in Washington, DC. The mission of NMQF is to reduce patient risk by assuring optimal care for all. Our vision is an American health services research, delivery and financing system whose operating principle is to reduce patient risk for amenable morbidity and mortality while improving quality of life.

NMQF is welcomes this opportunity to offer public testimony in support of Maryland Senate Bill 496 and Maryland House Bill 813. The intent of these bills is to authorize the Maryland Medical Assistance Program to provide comprehensive coverage for the treatment of patients diagnosed with obesity. These bills represent an opportunity to align Maryland's Medicaid program with clinical standards for the treatment of obesity that can include coverage for medications approved by the Federal Food and Drug Administration with an indication for chronic weight management in patients; for intensive behavioral therapy, and for bariatric surgery.

Obesity is one of the most pressing chronic diseases in the United States and disproportionately affects communities that already bear the weight of structural inequities. Nationally, non-Hispanic Black adults experience the highest age-adjusted obesity rates at 49.6 percent, followed by Hispanic adults at 44.8 percent— higher than rates among non-Hispanic white adults. In Maryland, similar disparities persist. These inequities contribute directly to higher rates of diabetes, cardiovascular disease, stroke, kidney disease, and certain cancers in communities of color and other compromised populations. Obesity is a complex, chronic disease that requires comprehensive management. For many individuals, lifestyle interventions alone are insufficient. FDA-approved anti-obesity medications (AOMs) are clinically validated tools that reduce weight, improve metabolic health, and lower the risk of serious downstream complications.

Limiting access to these therapies for Medicaid beneficiaries does not reduce costs—it delays treatment and shifts expenses to more intensive, preventable care later. Approximately one in four Marylanders rely on Medicaid for their health coverage. Without coverage for comprehensive obesity care, including AOMs, we risk reinforcing a two-tiered system in which those with private insurance can access evidence-based treatment while low-income residents cannot. That approach undermines both equity and long-term fiscal responsibility.

Questions regarding this comment should be directed to Gretchen C. Wartman, NMQF Vice President for Policy and Program, at gwartman@nmqf.org.

Thank you.

