

**MANA\_ Oral Testimony in Support of SB 496.pdf**

Uploaded by: Amy Hinojosa

Position: FAV

**Oral Testimony in Support of SB 496 (2 minutes)**

**Amy L. Hinojosa**

**President & CEO**

**MANA, A National Latina Organization**

**Maryland Senate Finance Committee**

**Support — SB 496: Maryland Medical Assistance Program – Coverage for the Treatment of Obesity**

Good Afternoon Chair Beidle, Vice Chair Hayes, and members of the Committee.

My name is Amy Hinojosa, and I am testifying today on behalf of MANA, A National Latina Organization, in strong support of Senate Bill 496.

SB 496 is about something simple but urgent: treating obesity like the chronic disease that it is—not like a personal failing, and not like an optional condition that people should “handle on their own.”

Obesity is a complex medical disease linked to more than 200 serious health conditions, including type 2 diabetes, cardiovascular disease, stroke, kidney disease, and certain cancers.

Yet today, too many Marylanders—especially those enrolled in Medicaid—cannot access the full range of medically recommended care.

SB 496 fixes that by allowing Maryland Medicaid to cover comprehensive obesity treatment, including intensive behavioral therapy, bariatric surgery, and FDA-approved anti-obesity medications.

For Latino families, this matters deeply. Nationally, obesity rates are disproportionately high among Hispanic adults, reflecting longstanding inequities in access to healthy food, preventive care, and consistent treatment.

And when obesity goes untreated, Medicaid doesn’t save money—it simply pays later, and pays more, through preventable diabetes complications, hospitalizations, disability, and long-term chronic disease care.

Medical experts agree: early obesity treatment can significantly reduce the risk of developing type 2 diabetes and other costly outcomes.

This bill is also important for patient safety. Across the country, the growing market for counterfeit and illegally compounded GLP-1 drugs is putting communities at risk—especially communities that are locked out of legitimate, FDA-approved treatment. Expanding Medicaid coverage reduces that dangerous incentive.

Finally, SB 496 includes a common-sense safeguard: Maryland Medicaid may use utilization management to ensure treatment is medically necessary, just as it does for other conditions.

In short: this bill is about health equity, cost-effective prevention, and treating Marylanders with dignity.

MANA respectfully urges a favorable report on SB 496.

Thank you.

# **Written testimony for 2-17-26 Maryland Public Hear**

Uploaded by: Britt Weinstock

Position: FAV

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](mailto:gwartman@nmqf.org).

Thank you.



# **SB0496\_FAV\_MTC\_MMAP - Coverage Treatment of Obesit**

Uploaded by: Drew Vetter

Position: FAV



# MARYLAND TECH COUNCIL

ADVANCING LIFE SCIENCES AND TECHNOLOGY

Senate Finance Committee

February 17, 2026

Senate Bill 496 – *Maryland Medical Assistance Program – Coverage for the Treatment of Obesity*

**POSITION: SUPPORT**

The Maryland Tech Council (MTC), with over 800 members, is the State's largest association of technology companies. Our vision is to propel Maryland to be the country's number one innovation economy for life sciences and technology. MTC brings the State's life sciences and technology communities into a single, united organization that empowers members to achieve their goals through advocacy, networking, and education. On behalf of MTC, we submit this letter of **support** Senate Bill 496.

Senate Bill 496 authorizes the Maryland Medical Assistance Program to provide comprehensive coverage for the treatment of obesity, including intensive behavioral therapy, bariatric surgery, and FDA-approved medications for chronic weight management. The bill also requires the Maryland Department of Health to notify recipients if coverage is implemented and to report to the General Assembly on implementation status by November 1, 2027. These measures, which are authorizing-only, not a mandate, will serve to improve public health around the State.

In Maryland, nearly 1 in 3 adults live with obesity and are at increased risk of serious health complications, including type 2 diabetes, cardiovascular disease, and certain cancers. Access to treatment through Medicaid is an important step toward addressing preventable illness and advancing health equity. Maryland's life sciences sector is investing in research and development for treatments and therapies for many serious health conditions and diseases. By expanding access to these treatments, Maryland can improve patient outcomes, reduce long-term health care costs associated with unmanaged chronic disease, and support residents' overall quality of life.

Supporting obesity treatment helps to support the robust health and life science research sector in Maryland. Resources dedicated to obesity treatment support continued innovation in pharmaceuticals, medical devices, digital health tools, and community-based care models developed by Maryland companies and research institutions. In addition, this bill helps create and sustain high-quality jobs, attracting investment and reinforcing Maryland's leadership in biotechnology. Predictable coverage and demand for obesity care incentivize clinical trials, data partnerships, and research collaborations across the state.

Investing Medicaid resources into obesity related healthcare builds a stronger, steadier workforce and that stability fuels lasting economic growth in communities across the state. MTC requests a favorable report on Senate Bill 496.

**For more information call:**

Andrew G. Vetter

J. Steven Wise

Danna L. Kauffman

Christine K. Krone

410-244-7000

**NHFF\_ Written Testimony in Support of SB 496.pdf**

Uploaded by: Elena Rios, MD

Position: FAV

**Written Testimony of  
Elena Rios, MD, MSPH, MACP  
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,  
Dr. Elena Rios, MD, MSPH, MACP  
President, National Hispanic Health Foundation

# **HECCD\_ Written Testimony in Support of SB 496.pdf**

Uploaded by: Julio Lainez

Position: FAV

**Written Testimony of the  
Health Equity Coalition for Chronic Disease  
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:

Obesity is a complex, chronic disease that reflects deep inequities in access to care, prevention, and treatment. Unfortunately, Maryland currently does not allow Medicaid coverage of anti-obesity medications (AOMs). With nearly one in four Marylanders relying on Medicaid for their health care, this gap in coverage leaves far too many patients without access to medically necessary treatment.

But we have an opportunity to change course by favorably reporting Senate Bill 496 out of committee. The bill authorizes 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. As we wrote in our recently released [policy brief](#), expanding coverage of evidence-based obesity treatments -- including AOMs -- would improve health outcomes, advance health equity, and reduce long-term healthcare costs.

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. This bill represents a critical step toward improving health outcomes and closing long-standing gaps in care.

By expanding Medicaid coverage, Maryland can ensure patients have access to the full range of evidence-based obesity treatments that can change the trajectory of their health and their lives. **We urge the swift passage of this legislation.**

Health Equity Coalition for Chronic Disease  
<https://healthequityaction.org/>

**2.17 MD Testimony ABC- SB 0496 (1).pdf**

Uploaded by: Kennedy Peoples

Position: FAV

Florence Champagne  
7300 Riverhill Road  
Oxon Hill, MD 20745

### **Written Testimony in Support of SB 496**

Thank you to Chair Beidle, Vice Chair Hayes, and all members of the Senate Finance Committee. Thank you to Senator Stephen Hershey for sponsoring bill SB 496.

My name is Dr. Florence Champagne, and I am the Founder and CEO of Open My Heart Foundation and a proud member of the Association of Black Cardiologists (ABC). ABC is a nonprofit organization composed of over 2,000 health professionals, community health advocates, corporate members, and institutional members, dedicated to promoting prevention of cardiovascular disease in communities of color and eliminate health disparities. For the past few years, we have also worked to end disparities in obesity care due to the high rates of obesity among communities of color and the strong correlation between obesity and cardiovascular disease. As such, we are asking you to support SB 496, as we believe that Medicaid coverage of obesity care, including anti-obesity medications, is essential to promoting health equity.

Obesity is a serious health equity crisis in both the United States and in Maryland. 31.3% of Marylanders suffer from obesity. And these rates are high for Black Marylanders (39.1%) compared to their white counterparts (28.1%)

Obesity is one of the most prevalent and severe risk factors for heart disease. Individuals with obesity and high blood pressure have a 12% increase in coronary heart disease and a 24% increased risk for stroke. Like obesity, Black Americans are also disproportionately impacted by heart disease. In 2022, Black Americans were 35% more likely to die from major heart or blood vessel diseases. Currently, we have the tools to tackle obesity head on and reduce instances of cardiovascular disease by up to 15%. However, the current system bars Medicaid from covering AOMs unless a patient is already suffering from cardiovascular disease, type ii diabetes, or sleep apnea. We are forcing patients to get sicker before they can get better.

Over the past several years, pharmacological innovations have completely revolutionized the way we treat and view obesity. We now understand that obesity is a complex chronic disease, and we have the tools to treat it. Under current law in Maryland, Medicaid does not cover obesity treatments. This system reflects an outdated understanding of obesity. It

forces the most vulnerable among us to continue to get sicker before they can access treatment. It inhibits doctors from properly caring for their patients. A quarter of Marylanders rely on Medicaid for health care. Denying them access to care only furthers health disparities, forces patients to suffer more, relies on less trusted options, and bears additional financial costs that they will take on due to increased chronic conditions.

We believe legislators have a significant role in addressing obesity and related health disparities. The citizens of this state who are largely impacted by these issues are entrusted in your hands and power to vote in a way that has their best interests at heart. You have the legislative power to make a decision that will immensely impact their quality of life and achieve and maintain the healthiest lives that they have yearned for. We urge you to pass SB 496 and ensure that all Marylanders have access to the tools and resources they need to maintain a healthy weight.

Thank you for your time, and I urge you all to support SB 496 and any other policies that aim to guarantee access to comprehensive obesity care. Thank you for your attention to this issue, and we look forward to addressing this critical public health issue together.

**2026 MCHS SB 496 Senate Side (1).pdf**

Uploaded by: Michael Paddy

Position: FAV



## Maryland Community Health System

**Bill Number:** Senate Bill 496 - Maryland Medical Assistance Program - Coverage for the Treatment of Obesity

**Committee:** Senate Finance

**Hearing Date:** February 17, 2026

**Position:** Support

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The Maryland Community Health System (MCHS) supports Senate Bill 496 – Maryland Medical Assistance Program - Coverage for the Treatment of Obesity. The bill allow the Medicaid to optionally cover comprehensive obesity treatment, including behavioral therapy, FDA-approved medications, and bariatric surgery, beginning January 1, 2027. If the coverage is adopted, the Department of Health must notify Medicaid beneficiaries and report on implementation.

Maryland Community Health System (MCHS) is a network of federally qualified health centers (FQHCs) that serve underserved communities in urban, suburban, and rural areas across Maryland. FQHCs support the bill because it expands Medicaid coverage for evidence-based obesity treatments, allowing FQHCs to better address a major chronic condition affecting their medically underserved patients. Coverage for behavioral therapy, medications, and surgery supports whole-person, preventive care, improves health outcomes, and helps reduce long-term costs associated with obesity-related conditions like diabetes and heart disease.

We ask for a favorable report on this legislation. If we can answer any questions, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

**AWHP Letter of Support (FAV) SB 0496.pdf**

Uploaded by: Millicent Gorham

Position: FAV



Alliance for Women's  
Health & Prevention

**Letter of Support (FAV) – SB 0496**

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
Maryland General Assembly  
3 East Miller Senate Office Building  
Annapolis, MD 21401

February 13, 2026

Dear Chair Beidle and members of the Maryland Senate Finance Committee,

As the CEO of the [Alliance for Women's Health & Prevention \(AWHP\)](#), I am writing to express my support for [Senate Bill 0496 \(SB 0496\)](#), which would expand access to comprehensive obesity treatment under the Maryland Medical Assistance Program.

Obesity is a complex, chronic disease that disproportionately affects women as well as communities of color. Yet despite clear medical consensus that obesity requires comprehensive, evidence-based treatment, Maryland's Medical Assistance Program does not allow beneficiaries to access certain obesity medications until diagnosed with type 2 diabetes or after having survived a heart attack or stroke. This misguided policy is one factor contributing to the higher rates of obesity and related complications that Medicaid beneficiaries often experience. Comprehensive obesity treatment is not elective care. It is essential to treating the chronic disease of obesity as well as preventing over [200 associated health complications](#), including many that specifically affect women, such as breast and ovarian cancers and fertility challenges. Comprehensive obesity care includes intensive behavioral therapy, nutrition services, bariatric surgery and FDA-approved medications.

SB 0496 represents a meaningful and forward-looking policy solution. By authorizing full coverage of obesity care beginning January 1, 2027, Maryland would ensure that Maryland Medical Assistance Program beneficiaries have access to the full continuum of medically appropriate treatment options. Expanding coverage for these individuals would be a critical step toward improving health outcomes and advancing health equity across the state.

We respectfully urge the Senate Finance Committee to advance SB 0496 and stand ready to support the Committee's work on this topic.

Sincerely,

Millicent Gorham  
CEO, Alliance for Women's Health & Prevention  
607 14<sup>th</sup> Street, NW, Suite 675  
Washington, DC 20005

**SB496\_ADA Written Testimony Support\_2.13.26.pdf**

Uploaded by: Monica Billger

Position: FAV



**In Favor of: Senate Bill 496**

**Medical Assistance Program Obesity Coverage**

Monica Billger, Director, State Government Affairs

American Diabetes Association

February 13, 2026

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

On behalf of the American Diabetes Association (ADA) and the over two million Marylanders living with obesity, I am writing in **support** of **Senate Bill 496** – with intention to repeal an unnecessary state-level exclusion on medication used for weight loss. The existing provision in the State Plan Amendment (SPA), submitted in 2023, is discriminatory against the chronic disease of obesity. This legislation would remove the unnecessary language – and allow for Maryland Medicaid to retain flexibility in consideration of future obesity treatment coverage.

As the nation’s leading diabetes non-profit organization, treating obesity and preventing type 2 diabetes is a top priority for the ADA. With rates of diabetes and obesity continuing to rise – it is imperative that we address this unrelenting health care crisis. And while obesity has been recognized as a chronic, pervasive, and relapsing disease by the American Medical Association for the last decade, it still carries stigma, blame, and a mischaracterization of being a lifestyle choice.

Obesity is a leading driver of chronic disease and is associated with more than 200 comorbidities, including diabetes, high blood pressure, heart disease, and multiple types of cancer.<sup>i</sup> The financial burden of overweight and obesity is equally compelling in supporting comprehensive treatment. In 2016, the estimated economic burden attributable to overweight and obesity in the United States was approximately \$480 billion in direct health care costs and over \$1.2 trillion in indirect costs due to lost productivity.<sup>ii</sup> **In Maryland, obesity is estimated to reduce economic activity by \$11.2 billion annually.**<sup>iii</sup>

Moreover, the ADA is gravely concerned about the significant increase of obesity and its compounding impact on diabetes. The most expensive chronic disease in our nation, diagnosed **diabetes costs an estimated \$7 billion in Maryland** each year. ADA’s 2026 Standards of Care recognize that obesity management can delay the progression from prediabetes to type 2 diabetes and is highly beneficial in treating type 2 diabetes. **ADA recommends comprehensive access to and coverage of person-centered obesity treatment and services to urgently address the obesity epidemic.**

Obesity also disproportionately impacts communities of color and rural communities that already face systemic inequities in life and health care. Disparities exist not only in obesity

prevalence, but also in obesity treatment outcomes focused solely on lifestyle interventions, which can be less effective for racial and ethnic minorities. These disparities are not limited to infectious diseases; racial minorities experience higher rates of chronic diseases, death, and disability compared with white Americans.

**For these reasons, we support SB 496 and respectfully urge the committee's approval of this critical measure as a first step towards more equitable treatment of obesity.**

We would be pleased to provide you with additional information should you have any questions. We look forward to working with your office and being a resource on matters that impact Marylanders with diabetes.

Sincerely,

A handwritten signature in black ink, appearing to read "Monica Billger". The signature is fluid and cursive, with a long horizontal stroke at the end.

Monica Billger  
[mbillger@diabetes.org](mailto:mbillger@diabetes.org)

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<sup>i</sup> <https://www.ama-assn.org/topics/obesity>

<sup>ii</sup> Milken Institute. America's obesity crisis: the health and economic cost of excess weight. Published October 2018. Accessed October 8, 2020. <https://milkeninstitute.org/sites/default/files/reports-pdf/Mi-Americas-ObesityCrisis-WEB.pdf>

<sup>iii</sup> GlobalData Plc. (2024). *Obesity's impact on Maryland's economy and workforce*.

<https://www.globaldata.com/health-economics/US/Maryland/Obesity-Impact-on-Maryland-Factsheet.pdf>

**CHL - Written Testimony.pdf**

Uploaded by: Rev. Kimberly Williams

Position: FAV

*National Black Clergy Health Leadership Council*

*Co-Chairs*

**Rev. Al Sharpton**

National Action Network

**Bishop Leah D. Daughtry**

The House of the Lord Church

*Council Members*

**Rev. David Jefferson Sr.**

Newark, NJ

Metropolitan Baptist Church

**Rev. Lawrence Aker III**

New York, NY

Cornerstone Baptist Church

**Rev. Jacques A. DeGraff**

New York, NY

**Rev. D. Darrell Griffin**

Chicago, IL

Oakdale Covenant Church

**Rev. Nelson Rivers**

Charleston, S.C.

Charity Missionary Baptist Church

**Rev. Horace Sheffield**

Detroit, MI

New Destiny Christian Fellowship

**Rev. Kendrick Curry**

Washington, D.C.

Pennsylvania Avenue Baptist Church

**Rev. Mitchell Stevens**

New Orleans, LA

Pilgrim Baptist Church

**Rev. Raphael Warnock**

Atlanta, GA

Ebenezer Baptist Church

**Rev. Matthew Watley**

Silver Spring, M.D.

Kingdom Fellowship AME Church

*Medical Advisory Board*

**Melissa Clarke, MD**

President & CEO, BHE Group

**Donna Christensen, MD**

U.S. House of Rep. (1997-2015)

**Tom Frieden, MD, MPH**

President & CEO, Resolve to Save Lives

**Marcella Nunez-Smith, MD, MHS**

Assoc. Dean, Health Equity Research

Yale School of Medicine

**Louis Sullivan, MD**

President Emeritus

Morehouse School of Medicine

**Reed Tuckson, MD, FACP**

Black Coalition Against COVID-19

**Fatima Cody Stanford, MD**

Director of Equity

Massachusetts General Hospital

*Founder and Board Chair*

**Debra Fraser-Howze**

*President & CEO*

**Rev. Kimberly L. Williams**

Chair and Members of the Senate Finance Committee

Chair and Members of the House Health and Government Operations Committee

Maryland General Assembly

Annapolis, Maryland

**Re: Support for SB0496 and HB 813 – Maryland Medical Assistance Program – Coverage for the Treatment of Obesity**

Dear Chair and Members of the Committee:

Choose Healthy Life (CHL) respectfully submits this testimony in strong support of **Senate Bill 0496** and **House Bill 813**, legislation that would allow Maryland Medicaid to provide coverage for FDA-approved medications for the treatment of obesity.

Choose Healthy Life is a national initiative working through the Black church, the oldest and most trusted institution in the Black community, to improve health outcomes in hard-to-reach and historically underserved communities. In Maryland, our program churches provide free health services, screenings, navigation support, and chronic disease education to underserved Black communities. Through this work, we see firsthand how gaps in policy translate into real consequences for families.

We have seen the impact of limited access to obesity care up close. Congregants living with obesity struggle to manage their health despite doing everything asked of them: attending appointments, improving nutrition, and increasing physical activity. Yet they are denied access to medically appropriate treatment until their condition worsens into diabetes, heart disease, or stroke. By then, the harm has already compounded.

Maryland's current Medicaid policy excludes coverage for an entire class of FDA-approved anti-obesity medications. As a result, individuals must often wait until they are diagnosed with type 2 diabetes or survive a cardiovascular event before gaining access to medications that could have prevented those outcomes in the first place. **This approach effectively says: get sicker, then we will treat you.**

Obesity is a chronic, relapsing disease recognized by major medical associations. It is also a leading driver of cardiovascular disease, diabetes, kidney disease, and other life-threatening conditions that disproportionately impact Black communities. In many of the congregations we serve, obesity is not simply about individual behavior. It is shaped by structural inequities, food access, environmental barriers, stress, and limited access to consistent preventive care.

Denying Medicaid beneficiaries access to evidence-based obesity treatment reinforces those inequities.

**SB0496** and **HB 813** would allow Maryland Medicaid to cover safe, effective, FDA-approved medications for obesity. These medications have undergone rigorous federal review and, when prescribed appropriately under medical supervision, can significantly reduce weight, improve metabolic health, and

lower the risk of severe complications.

For the communities we serve, this is not cosmetic care, and characterizing it that way reflects a misunderstanding of both the science and the lived realities of patients. It is lifesaving, medically necessary treatment.

Early intervention can prevent strokes, heart attacks, amputations, dialysis, and premature death. It can reduce long-term healthcare costs and preserve quality of life for Maryland families. Most importantly, it aligns Medicaid policy with modern medical understanding that obesity is a treatable chronic disease.

Medicaid beneficiaries should not be placed in a position where access to care depends on becoming sicker. Maryland has an opportunity to adopt a preventive, equitable approach that treats obesity before irreversible damage occurs.

Choose Healthy Life urges you to vote favorably on SB0496 and HB 813 and ensure that Maryland's most vulnerable residents have access to comprehensive, evidence-based obesity treatment.

Thank you for your consideration and for your commitment to improving access to healthcare across Maryland.

Respectfully submitted,

*Rev. KL Williams*

**Rev. Kimberly L. Williams**

President & CEO

Choose Healthy Life

528 Seven Bridge Rd

East Stroudsburg, PA

18302

# **Testimony in support of SB0496 - Coverage for the**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0496\_RichardKaplowitz\_FAV

02/17/2026

Richard Keith Kaplowitz

Frederick, MD 21703

**TESTIMONY ON SB#0496 POSITION: FAVORABLE**

**Maryland Medical Assistance Program - Coverage for the Treatment of Obesity**

**TO:** Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

**FROM:** Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#/0496, **Maryland Medical Assistance Program - Coverage for the Treatment of Obesity**

The Diabetes Patient Advocacy Coalition has found: <sup>1</sup>

Obesity presents a formidable and complex public health challenge—this pervasive condition affects over 123 million adults and children in the United States and contributes to over 200 comorbidities including Type 2 diabetes, cardiovascular disease, cancer, and chronic kidney disease. Despite the gravity of this public health crisis, insurance coverage for obesity treatment remains inadequate, driving up healthcare costs.

Providing comprehensive coverage for the treatment of obesity—including, but not limited to, FDA-approved medications (GLP-1s), behavioral therapy, nutrition counseling, and bariatric surgery—offers significant health, economic, and productivity benefits for employers, insurers, and society. Evidence suggests that while initial, short-term costs for these treatments are higher, they lead to long-term cost savings, a healthier workforce, and improved quality of life. <sup>2</sup>

Maryland can not only improve residents health it can lower its costs in provision of treatment for the effect of obesity on health by passing this bill.

The bill will authorize, beginning January 1, 2027, the Maryland Medical Assistance Program to provide comprehensive coverage for the treatment of obesity; and requiring the Maryland Department of Health to provide notice to Program recipients if the Department elects to provide the comprehensive coverage.

Obesity rates in Maryland by county rate from 43.4% of Charles County residents to 24.20% in Montgomery County. <sup>3</sup> These rates mean increased costs for medical care. Maryland can bend the curve downwards by passing this important bill.

**I respectfully urge this committee to return a favorable report on SB#/0496.**

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<sup>1</sup> <https://www.diabetespac.org/comprehensive-coverage-to-combat-obesity>

<sup>2</sup> Google AI Search “benefits of providing comprehensive coverage for the treatment of obesity”

<sup>3</sup> [https://datacommons.org/ranking/Percent\\_Person\\_Obesity/County/geold/24?h=geold%2F24&unit=%25](https://datacommons.org/ranking/Percent_Person_Obesity/County/geold/24?h=geold%2F24&unit=%25)

**Senate Bill 496 Letter\_Feb 2026.pdf**

Uploaded by: Selvi Rajagopal

Position: FAV

February 13, 2026

RE: Medicaid Coverage for the Treatment of Obesity

To Whom It May Concern,

I am an Obesity Medicine physician and director of the Johns Hopkins 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 the greater DC/Baltimore metropolitan area as well as surrounding states. The purpose of my letter is to request approval of Maryland Senate Bill 496, which would require the Maryland Medical Assistance Program to provide comprehensive coverage for the treatment of obesity, including FDA-approved anti-obesity medications beginning January 1, 2027.

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 enable physicians like myself to practice evidence-informed care for patients and allow Maryland to better address the obesity epidemic from a public health and cost perspective.

Obesity affects 34% of adults and 17.8% of children ages 6-17 years old in the state of Maryland.<sup>1,2</sup> The Maryland adult obesity rate is projected to increase to 50% of the population by 2030.

Obesity is not an insular disease. It is a key driver of many serious health conditions, including several cancers, heart disease, stroke, and type 2 diabetes. Furthermore, obesity is expensive. Health care expenses from obesity are estimated to reach nearly \$30.54 billion annually in Maryland.<sup>3</sup> As you consider the overall health and well-being of Maryland residents, these numbers are impossible to ignore.

The medical community and major public health entities recognize obesity as a chronic disease, requiring multimodal treatment and prevention efforts.<sup>4</sup> In recent years, the FDA has approved several therapies for the treatment of obesity, meant to be used in conjunction with lifestyle changes. These treatment options have been revolutionary in helping patients reverse obesity along with its myriad health complications. These truly life-changing medications have

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<sup>1</sup> Centers for Disease Control and Prevention. (2023). BRFSS Prevalence & Trends Data: Home. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence/>

<sup>2</sup> State of Childhood Obesity. (2024) Robert Wood Johnson Foundation. <https://stateofchildhoodobesity.org/>

<sup>3</sup> Obesity Action Coalition. (2019). Maryland Obesity Fact Sheet. <https://www.obesityaction.org/wpcontent/uploads/maryland.pdf>

<sup>4</sup> 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>

unfortunately been out of reach for our most vulnerable Maryland residents due to the COMAR restriction.

A 2024 study found that adults with employer-sponsored insurance with a weight loss of 5% were estimated to spend a mean of \$670 less on health care (8% less), and those with a weight loss of 25% spent an estimated mean of \$2849 less on health care (34% less). Anti-obesity medications have proven to support greater weight loss magnitude and weight loss maintenance over lifestyle interventions alone. Medication supported weight loss typically exceeds 15-20% compared to lifestyle supported weight loss, which typically leads to 5-10% weight loss, with 80% weight regain over 5 years.<sup>5,6</sup>

Passage of Senate Bill 496 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 critical impact on Marylanders living with obesity as well as healthcare expenditures associated with this costly disease.

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

Sincerely,

*Selvi Rajagopal*

Selvi Rajagopal, MD MPH  
Assistant Professor of Medicine  
The Johns Hopkins University School of Medicine

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

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<sup>5</sup> Gudzone KA, Kushner RF. Medications for Obesity: A Review. *JAMA*. 2024;332(7):571–584. doi:10.1001/jama.2024.10816

<sup>6</sup> Hall, K. D., & Kahan, S. (2018). Maintenance of Lost Weight and Long-Term Management of Obesity. *The Medical clinics of North America*. 102(1), 183–197. <https://doi.org/10.1016/j.mcna.2017.08.012>

# **SB 496 Senator Hershey Testimony.pdf**

Uploaded by: Steve Hershey

Position: FAV

STEPHEN S. HERSHEY, JR.  
*Legislative District 36*  
Caroline, Cecil, Kent, and  
Queen Anne's Counties

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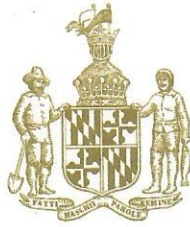
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Chairwoman Pamela Beidle

Finance Committee

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Annapolis, MD 21401



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ANNAPOLIS, MARYLAND 21401

James Senate Office Building  
11 Bladen Street, Room 423  
Annapolis, Maryland 21401  
410-841-3639  
800-492-7122 Ext. 3639  
Steve.Hershey@senate.maryland.gov

Re: Senate Bill 496 Maryland Medical Assistance Program- Coverage for the Treatment of Obesity

Chair and members of the Committee,

Thank you for the opportunity to present Senate Bill 496. Obesity is a chronic, complex medical disease—and it is one of the primary drivers of healthcare costs in Maryland and across the country. It is intricately linked to some of the most expensive and debilitating conditions we treat every day in our Medicaid program:

- Type 2 diabetes
- heart disease
- stroke
- high blood pressure
- sleep apnea
- joint disease
- Fatty Liver Disease
- kidney disease, and certain cancers

These are not abstract risks—they are the conditions that lead to hospitalizations, disability, long-term care, and premature death.

SB 496 takes a practical and forward-looking approach. The bill authorizes the Maryland Medical Assistance Program to provide comprehensive coverage for the treatment of obesity, including behavioral therapy, bariatric surgery, and FDA-approved medications for chronic weight management. And if the Department chooses to offer that coverage, it simply requires that Medicaid recipients to be notified.

Let me be clear about what this bill **does not** do. This is not a mandate. It does not force the Department to cover any specific treatment. It does not override utilization management, medical necessity criteria, or clinical guidelines. And importantly, there is no fiscal note attached to this bill.

What it **does do** is send a strong and intentional signal from the General Assembly: that Maryland should treat obesity like the serious, chronic disease it is—and give our Medicaid program the flexibility to modernize care accordingly.

Right now, our system is often upside down. In practice, many Medicaid patients can only access anti-obesity medications after they have already had a heart attack or a stroke. In other words, we are paying for the ambulance ride, the ICU stay, the cardiac rehab, and the lifelong complications—but not for the treatment that could have helped prevent those outcomes in the first place. That makes no sense clinically, and it makes no sense fiscally.

From a budget perspective, this bill is about cost avoidance, not cost explosion. The most expensive care in our system is not preventive care—it is late-stage, crisis-driven care for advanced disease. Hospitalizations for heart attacks, strokes, kidney failure, amputations from diabetes, joint replacements, and long-term disability are what drive Medicaid spending. If we can reduce even a fraction of those outcomes by treating obesity earlier and more effectively, the savings to the system can be substantial.

We are also seeing significant changes in the market. As the news has reported, the prices of anti-obesity medications are coming down, and competition and broader use are continuing to push costs in a more sustainable direction. At the same time, clinical evidence continues to grow showing that these treatments can reduce not just weight, but the risk of diabetes, cardiovascular disease, and other costly complications.

This bill is supported by a broad and credible group of stakeholders. Obesity medicine specialists, primary care physicians, endocrinologists, and cardiologists increasingly view obesity as a disease that must be treated early and consistently—just like hypertension or diabetes. Patient advocates are also staunch supporters, because they see every day how untreated obesity leads to worsening health, reduced quality of life, and barriers to work and independence.

The message from clinicians and patients is consistent: treating obesity earlier is not about cosmetics or quick fixes—it is about preventing diabetes, preventing heart disease, preventing strokes, preventing joint degeneration, and preventing lifelong disability.

SB 496 respects the role of the Department of Health. It preserves flexibility. It does not mandate spending. But it does say, clearly and responsibly, that Maryland should move away from a system that only pays after people get seriously sick—and toward one that prevents disease, improves outcomes, and uses taxpayer dollars more wisely over the long term.

In short, this is a patient-centered, fiscally responsible, and medically sound step forward for Maryland's Medicaid program.

I respectfully ask for a favorable report of Senate Bill 496.

# **SB 496 Letter - Support.pdf**

Uploaded by: Taylor Dickerson

Position: FAV



February 10, 2026

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Annapolis, MD 21401

**Bill: Senate Bill 496 – Maryland Medical Assistance Program – Coverage for Treatment of Obesity**

**Position: SUPPORT**

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

On behalf of the Maryland Psychological Association (MPA), we are pleased to express our support for **Senate Bill 496**. This legislation authorizes the Maryland Medical Assistance Program to provide comprehensive coverage for the treatment of obesity, including intensive behavioral therapy, bariatric surgery, and medications approved by the U.S. Food and Drug Administration for chronic weight management. By expanding access to evidence-based interventions, SB 496 recognizes obesity as a complex, chronic health condition requiring multidisciplinary care.

Psychologists play a critical role in the treatment of obesity through behavioral assessment, lifestyle intervention, motivational enhancement, and the treatment of co-occurring mental health conditions such as depression, anxiety, and disordered eating. Intensive behavioral therapy is widely recognized as a foundational component of effective weight management, and improved coverage will allow more Maryland residents—particularly those served by the Medical Assistance Program—to access these clinically appropriate services. Treating obesity early and comprehensively can significantly reduce the risk of serious medical and psychological complications while improving overall quality of life.

SB 496 also advances health equity by addressing barriers that disproportionately affect lower-income individuals, who often face higher rates of chronic illness but fewer treatment options. Allowing the Program to provide comprehensive coverage ensures that determinations of medical necessity are made in the same manner as for other covered conditions, reinforcing the principle that obesity deserves the same clinical attention as other chronic diseases. This approach supports prevention, reduces long-term health care costs, and promotes healthier communities across Maryland.

For these reasons, the Maryland Psychological Association respectfully urges a favorable report on Senate Bill 496. We appreciate the General Assembly's commitment to strengthening access to behavioral and medical health services and to advancing policies that support the well-being of all Maryland residents.

If we can provide any additional information or be of any assistance, please do not hesitate to contact the Chair of MPA's Legislative Committee, Dr. Stephanie Olarte, at [mpalegislativcommittee@gmail.com](mailto:mpalegislativcommittee@gmail.com).

Respectfully submitted,

*Stephanie Wolf, JD, Ph.D.*  
Stephanie Wolf, JD, Ph.D.  
President

*Stephanie Olarte, Ph.D.*  
Stephanie Olarte, Ph.D.  
Chair, MPA Legislative Committee

cc: Barbara Brocato & Dan Shattuck, MPA Government Affairs

# **MAND Support Testimony Obesity.pdf**

Uploaded by: Barbara Hoffstein

Position: FWA



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## Testimony

**Date:** February 17, 2026

**Bill:** HB 813/SB 0496 – Maryland Medical Assistance Program: Coverage for the Treatment of Obesity

**Committee:** House Health and Senate Finance Committees

**Position:** SUPPORT WITH AMENDMENT (Oral Testimony)

Good afternoon Chair and members of the Health and Government Operations Committee.

My name is Barbara Hoffstein, and I am a Licensed and Registered Dietitian testifying today on behalf of the Maryland Academy of Nutrition and Dietetics (MAND) in support of House Bill 813 with an amendment to include coverage for Medical Nutrition Therapy. MAND represents more than 1,000 Registered Dietitians (RDs) across a variety of practice areas in the state of Maryland.

Obesity is a complex chronic disease associated with numerous health conditions, including diabetes, cardiovascular disease, and certain cancers, and affects more than one-third of adults in Maryland. MAND strongly supports ensuring access to comprehensive, multidisciplinary obesity care, including pharmacologic therapies, bariatric surgery, and evidence-based lifestyle and behavioral interventions such as Intensive Behavioral Therapy (IBT) and Medical Nutrition Therapy (MNT). HB 813 includes coverage for IBT, bariatric surgery, and weight-loss medications — all important tools. However, comprehensive clinical nutrition care is missing. While IBT includes general nutrition guidance as part of its behavioral framework, it is not designed to provide the individualized, clinical nutrition intervention delivered through MNT. MNT is an evidence-based, personalized approach to prevent, manage, and treat medical conditions, including obesity.

Research shows that lifestyle interventions are a critical component of comprehensive obesity care. A systematic review of 62 randomized controlled trials found that patients receiving Registered Dietitian–led care achieved greater weight loss, reduced blood pressure, and improved quality of life compared to those who did not.

Registered Dietitians provide targeted dietary strategies to help patients better tolerate medications and remain on treatment longer. By adjusting meal timing, portion sizes, food textures, and nutrient composition, Registered Dietitians can reduce nausea and improve digestive comfort, an individualized approach that extends beyond IBT’s broader and more generalized focus on behavioral change.

To ensure patients receive the full spectrum of evidence-based treatment, we respectfully urge you to support HB 813 with an amendment to include coverage for Medical Nutrition Therapy. Doing so will help Maryland align with best practices in obesity care, improve patient outcomes, and support sustainable, long-term solutions for individuals managing obesity.

Barbara Hoffstein  
MAND Public Policy Panel  
443-254-5491