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### **Written Testimony in Support of HB 1565**

Thank you to Chair Bagnall, Vice Chair Cullison, and members of the House Health Committee. Thank you to all of the delegates who are sponsoring bill HB 1565.

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 preventing cardiovascular disease in communities of color and eliminating 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 HB 1565, we believe that the inclusion of obesity management and treatment programs in the State Employee and Retiree Health and Welfare Benefits Program, including anti-obesity medications, is essential to promoting health equity.

Obesity is a serious health equity crisis in both the United States and 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, the technology is available to tackle obesity head-on and reduce the incidence of cardiovascular disease by up to 15%. One of those solutions is the inclusion of a certain obesity management and treatment program in the State Employee and Retiree Health and Welfare Benefits program.

Over the past several years, pharmacologic technology has completely revolutionized the way obesity is viewed and treated. We now understand obesity as a complex chronic disease, and as a result multiple tools are needed to treat it. A major concern is the cost the state of Maryland will bear by providing state employees with access to medications to treat obesity. Preliminary data show that providing access to Maryland employees is beneficial to both the employees and the state. For example, the data demonstrate that higher BMI is associated with lower workforce

participation, independent of comorbidities and sociodemographic factors. Additional research demonstrates that nationwide empowering people with chronic conditions to achieve better health outcomes would save \$2.7 trillion (about \$8,300 per person in the US) in medical costs and \$1.1 trillion in less absenteeism in 10 years.

We believe legislators have a significant role in addressing the obesity epidemic that is ravaging their constituents. Moreover, the significant health outcome disparities that accompany obesity-related health conditions (e.g. diabetes and heart disease) unnecessarily burden cost-containment and patient satisfaction. The citizens of this state who are largely impacted by these issues have entrusted your hands and power to vote in a way that keeps their best interests at heart. You have the legislative power to support decisions that immensely impact the quality-of-life and maintenance of health your constituent's desire.

Therefore, we urge you to pass HB 1565 and ensure that all Marylanders who depend on the state benefits program have access to the tools and resources they need to maintain a healthy weight and not have their livelihood and employment curtailed due to the health crisis created by the obesity epidemic.

Thank you for your time, and I urge you all to support HB 1565 and any other policies that ensure access to comprehensive obesity care. Your attention to this matter is much appreciated, and we look forward to addressing it together.

Sincerely,

Florence Champagne, MD  
On behalf of the  
Association of Black Cardiologists

