

March 27, 2026

Maryland House Committee on Health
Room 240, House Office Building
Annapolis, MD 21401-1991

Dear Members of the House Committee on Health:

On behalf of the Obesity Medicine Association (OMA), we are writing to express our **support for SB 496, legislation that would provide comprehensive coverage under Maryland’s Medical Assistance Program for obesity treatment.** OMA is the largest organization of physicians, nurse practitioners, physician assistants, and other health care providers working every day to improve the lives of patients affected by obesity. OMA members are clinical experts in obesity medicine. They use a comprehensive, scientific, and individualized approach to treating obesity, helping patients achieve their health and weight goals.

OMA supports SB 496 because it would remove the prohibition on coverage of obesity treatment for patients in the Maryland Medicaid program, thereby enabling access to a spectrum of obesity treatments for Medicaid enrollees. Alarming, only 32% of Maryland adults maintain a normal body weight, with 33% of adults having obesity and 35% having overweight.¹ Obesity is not a cosmetic issue—it is a serious, chronic disease, recognized by the National Institutes of Health (NIH) since 1998² and reaffirmed by the American Medical Association (AMA) and numerous medical organizations. According to the Centers for Disease Control and Prevention (CDC), more than 40% of U.S. adults are affected by obesity, which is associated with over two hundred comorbidities, including type 2 diabetes, certain types of cancer, cardiovascular disease, and hypertension.³

The Association supports a multi-component approach to obesity care, empowering clinicians to deliver patient-centered care through four essential pillars: nutrition therapy, physical activity, behavioral modifications, and medical interventions. Recent advances in medical science have expanded patient access to FDA-approved obesity medications, such as Glucagon-like peptide-1 (GLP-1) medications. Beyond weight management, GLP-1s offer transformative clinical benefits, including reduced cardiometabolic risks, fewer major adverse cardiovascular events, decreased mortality in heart failure, and significant improvements in conditions such as obstructive sleep apnea, chronic kidney disease, knee osteoarthritis, substance use disorders, and metabolic-associated steatotic liver disease.⁴ While these medications are invaluable tools in combating the growing obesity epidemic, they represent only a part of the solution; comprehensive obesity care that encompasses nutrition, therapy, and physical activity is essential for achieving optimal health outcomes.

For these aforementioned reasons, the OMA supports SB 496, recognizing the urgent need for comprehensive obesity treatment and the reality that no single treatment modality guarantees successful health outcomes for all patients. While OMA understands the state's necessity for utilization management to confirm medical necessity in obesity care, we strongly caution the state to ensure that these utilization management policies are equitable with those applied to other severe, chronic diseases covered by Maryland’s Medicaid program.

¹ <https://www.tfah.org/wp-content/uploads/2023/09/TFAH-2023-ObesityReport-FINAL.pdf>

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC4988332/>

³ <https://www.cdc.gov/nchs/data/databriefs/db508.pdf>

⁴ <https://www.tfah.org/wp-content/uploads/2023/09/TFAH-2023-ObesityReport-FINAL.pdf>

Comprehensive and multidisciplinary obesity care is imperative in tackling the alarming public health challenge of obesity, both in Maryland and nationwide. As the Assembly explores strategies to address this critical issue, we strongly encourage the Committee to support SB 496. For further information, please contact OMA's Executive Director, Teresa Fraker, FACHE, RN, CPHQ, CBN, FASMBS-IH, CAE, at TFraker@obesitymedicine.org or (303) 770-2526.

Sincerely,

A handwritten signature in black ink that reads "H Bays MD" followed by a long, horizontal, wavy flourish.

Harold Edward Bays, MD, MFOMA, FTOS, FACC, FNLA, FASPC, DABOM
President, Obesity Medicine Association