

**Virtual Testimony**  
**Tara Altepeter, MD**  
**Maryland House Committee on Health Hearing**  
**Support for SB 496**  
**March 31, 2026**

Members of the House Health Committee, thank you for the opportunity to submit written testimony.

My name is Tara Altepeter, MD and I am a physician practicing Obesity Medicine in Silver Spring, MD. I am also board certified in Pediatrics and Pediatric Gastroenterology, so my Obesity Medicine practice does include children and adolescents. I am representing the Obesity Medicine Association in support of Senate Bill 496.

At its core, SB 496 aims to increase Medicaid patients' access to life-changing obesity care. Obesity is a chronic disease that affects nearly 40% of Americans and is linked to over **two hundred** serious health conditions, including diabetes, heart disease, and cancer. The rate of obesity, and particularly of severe obesity, has increased dramatically in the pediatric population, and disproportionately affects minorities and low-income individuals.

Despite the fact that obesity treatment is medically necessary, vulnerable patients in our state have limited access to comprehensive obesity care. SB 496 works to close that gap.

The bill ensures that patients can access comprehensive, evidence-based care, including behavioral support, bariatric surgery, and obesity medications that have been scientifically proven to improve health and well-being.

Every day, I see firsthand the negative impact that obesity has on my patients. One example is pediatric metabolic dysfunction associated steatotic liver disease (MASLD), commonly referred to as “fatty liver disease.” This complication of obesity is common, occurring in 30-50% of pediatric patients with obesity, and disproportionately affects certain minority groups (in particular, Hispanic males). The disease is silent, often causing no symptoms for many years, while chronic liver damage is occurring. In fact, MASLD related chronic liver disease is now the most common cause of liver transplant in the United States. In its early stages, MASLD related liver damage is reversible with weight loss and dietary modifications. This is just one example of why it is critical that all patients have access to comprehensive obesity care.

Research has shown that comprehensive obesity treatment can lead to numerous beneficial health outcomes, such as reduced risk of cardiovascular events, obstructive sleep apnea, chronic kidney disease, knee osteoarthritis, substance use disorders, and metabolic-associated steatotic liver

disease. Effective treatment reduces early mortality associated with the disease of obesity and dramatically improves patients' quality of life.

Moreover, this bill reduces health disparities for Maryland's vulnerable patients. No patient's ability to receive life-changing treatment should be denied they cannot afford it. SB 496 advances Maryland's healthcare equity by addressing obesity as the public health crisis it is.

I urge you to **advance SB 496** and expand access to care for those who need it most. Thank you for your consideration.