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Maryland Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support for Maryland Medical Assistance Program – Coverage for the Treatment of Obesity

Dear Chair Biedle, Vice Chair Klausmeier and Members of the Senate Finance Committee

The Obesity Action Coalition (OAC) appreciates the opportunity to state support for the passage of Senate Bill 0594/House Bill 0986 to amend Maryland Medical Assistance Program – Coverage for the Treatment of Obesity.

The OAC is a national non-profit organization dedicated to giving a voice to individuals affected by the disease of obesity. We are pleased to express our strong support for passage of SB 0594 and HB 0986, which would establish coverage for intensive behavioral therapy, bariatric surgery, and FDA-approved anti-obesity medications under Maryland Medicaid.

The OAC proudly serves 2,246 members living in Maryland and backed by more than 85,000 members across the United States. We applaud this legislation, as it improves access to obesity care and updates state policies into alignment with advances in science and clinical standards. Throughout the past decades, the prevalence of obesity has skyrocketed across our country and in Maryland – with 33 percent of adults and more than 20 percent of children (ages 10- 17) in the state currently affected by obesity.

Despite these facts, many policymakers continue to view obesity as a lifestyle choice or personal failing. Others acknowledge that obesity is a chronic and complex disease, but they believe that all that's needed is more robust prevention. These perceptions and attitudes, coupled with bias and stigma, have resulted in health insurance plans taking vastly different approaches in determining what and how obesity treatment services are covered for their members. It's time for health plans (public and private) to adopt a comprehensive benefit approach toward treating obesity.

There are multiple evidence-based treatments for people with obesity that mitigate the impacts of the disease and improve health outcomes. Unfortunately, the present landscape of obesity treatment coverage remains piecemeal and laden with arbitrary hurdles to receive comprehensive care. We applaud Maryland for moving to eliminate barriers to care – both for the long term and immediate health of those affected by obesity.

Since 2013, when the American Medical Association adopted formal policy declaring obesity as a complex and chronic disease and supporting patient access to the full continuum of evidence based obesity care, numerous

federal and state policy organizations have echoed the AMA's position. These include the National Council of Insurance Legislators, National Lieutenant Governors Association, National Hispanic Caucus of State Legislators, and the National Black Caucus of State Legislators, and the Federal Office of Personnel Management.

Further, the American Academy of Pediatrics (AAP) released their evidence-based recommendations on medical care for those age 2 and older as part of its new "Clinical Practice Guideline (CPG) for the Evaluation and Treatment of Children and Adolescents with Obesity." The AAP guidelines contain key action statements, which represent evidence-based recommendations for evaluating and treating children with overweight and obesity and related health concerns. These recommendations include motivational interviewing, intensive health behavior and lifestyle treatment, pharmacotherapy and metabolic and bariatric surgery. The approach considers the child's health status, family system, community context, and resources. The comprehensive evidence-based recommendations included in the CPG reflect just how far the understanding and care of childhood obesity has come and Maryland should be applauded for its forward thinking on obesity care – especially for those most in need.

Obesity is a complex chronic disease that extends beyond individual lifestyle choices to encompass a broader landscape of social determinants and systemic factors, contributing significantly to health inequities. Disparities in obesity rates are often closely intertwined with socioeconomic status, geographic location, and access to resources. Individuals in marginalized communities may face barriers to affordable and nutritious food options, safe spaces for physical activity, and unequal access to qualified providers of quality healthcare. These structural inequities exacerbate the prevalence of obesity among vulnerable populations, leading to a cycle of poor health outcomes. Tackling obesity requires a comprehensive approach.

Our country must acknowledge obesity for the chronic disease that it is and take steps to treat it in the same serious fashion as other chronic disease states such as diabetes and hypertension. We urge the Maryland legislature to support HB 0986 & SB 0594 and stand up for coverage of all medically necessary obesity treatment avenues – including FDA-approved anti-obesity medications.

As a voice for people living with obesity, OAC looks forward to working with the state of Maryland to ensure Medicaid recipients access to comprehensive obesity care for this complex and chronic disease. We would be happy to meet and share further information and perspectives of people living with obesity. Should you have questions or need additional information, please reach out to our Policy Advisor, Chris Gallagher at chris@potomaccurrents.com. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Nadglowski, Jr.", written in a cursive style.

Joseph Nadglowski, Jr.
OAC President and CEO