



*"Our Mission, Your Voice: Empowering Change Together"*

03/03/2025

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

The Obesity Action Coalition (OAC) appreciates the opportunity to state support for the passage of Senate Bill 876/House Bill 1489 to amend Maryland Medical Assistance Program – Coverage for the Treatment of Obesity, which would establish coverage for intensive behavioral therapy, bariatric surgery, and FDA-approved anti-obesity medications under Maryland Medicaid.

The OAC is the leading national non-profit organization dedicated to giving a voice to individuals affected by the disease of obesity. The OAC proudly serves 2,424 members living in Maryland and backed by more than 85,000 members across the United States. Last year when this bill was introduced, OAC had 2,246 members from Maryland, in one year we have had an increase of 178 members in your state alone. Throughout the past decades, the prevalence of obesity has skyrocketed across our country and in Maryland – with 34 percent of adults and more than 20 percent of children (ages 6-17)<sup>1</sup> in the state currently affected by obesity.

The need for obesity care is great. We applaud this legislation, as it improves access to obesity care and updates state policies into alignment with advances in science and clinical standards. As you know, obesity is driven by strong biology, not by choice or lack of willpower. It is well established that obesity is a chronic and complex disease, with multiple evidence-based treatments. Unfortunately some perceptions and attitudes, coupled with bias and stigma, perpetuate health insurance plans to exclude obesity treatment services for their members. As you propose for Maryland Medicaid, it's time for health plans (public and private) to adopt a comprehensive benefit approach toward treating obesity. We appreciate Maryland for moving to eliminate barriers to care – both for the long term and immediate health of those affected by obesity.

The treatment of obesity will also decrease the cost to insurance companies in the long run. Obesity is associated with several expensive chronic conditions, such as type 2 diabetes, heart disease, hypertension, and hyperlipidemia. The prevalence of chronic disease is a key driver of rising health care spending in the Medicaid program. Early treatment will decrease this overall cost.

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<sup>1</sup> *State of Obesity*. tfah.org. (n.d.). <https://www.tfah.org/wp-content/uploads/2024/09/SOO-2024-FINAL-R-Sept-12.pdf>



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Obesity is a complex chronic disease that extends beyond individual lifestyle choices to encompass a broader landscape of social determinants and systemic factors, contributing 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 diseases. A recent national poll showed overwhelming bipartisan support for Medicare and Medicaid coverage of glucagon-like peptide-1 (GLP-1) receptor agonist drugs—also known as obesity medications—with a majority of Americans agreeing that expanded access could enhance U.S. productivity and global competitiveness. In addition, 72% of lawmakers agree that coverage under Medicare and Medicaid should be on a par with access under the Federal Employee Health Benefits program. This is the most compelling argument among people skeptical or neutral regarding obesity medications' overall impact.<sup>2</sup> We urge the Maryland legislature to support SB 876 & HB 1489 and stand up for coverage of all medically necessary obesity treatments.

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](mailto:chris@potomaccurrents.com). Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Nadglowski'.

Joseph Nadglowski, Jr.  
President and CEO  
Obesity Action Coalition

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<sup>2</sup> Coalition, D. P. A. (2025, February 26). *Republicans and Democrats agree: GLP-1 medications should be covered by Medicare and Medicaid*. PR Newswire: press release distribution, targeting, monitoring and marketing. <https://www.prnewswire.com/news-releases/republicans-and-democrats-agree-glp-1-medications-should-be-covered-by-medicare-and-medicaid-302385628.html>