

Protect Maryland's Future | Why Maryland's Medical Assistance Program Should Cover FDA-Approved Anti-Obesity Medications

February 2026

Executive Summary

Obesity is one of the most significant and costly public health challenges facing the United States. It is also one of the most misunderstood. Obesity is not simply the result of individual behavior — it is a chronic disease shaped by complex biological, environmental, and socioeconomic factors, and it is linked to more than 200 serious medical conditions.

In Maryland, obesity affects an estimated 34% of adults. Rates are even higher in many Black, Hispanic, and low-income communities, driven in part by longstanding inequities in access to healthy food, safe recreational spaces, preventive care, and chronic disease management.

Maryland Medicaid covers a large share of the state's most medically vulnerable residents, including children, pregnant people, seniors, and individuals living with disabilities. Yet access to

comprehensive obesity care — including FDA-approved anti-obesity medications — remains limited or inconsistent.

This gap matters. Untreated obesity increases the likelihood of preventable and expensive complications such as type 2 diabetes, heart disease, stroke, kidney disease, and disability. These downstream costs are predictable, lifelong, and disproportionately borne by public health systems like Medicaid.

Expanding Maryland Medicaid to ensure access to comprehensive, evidence-based obesity treatments — including nutrition counseling, behavioral support, and FDA-approved anti-obesity medications — would improve health outcomes, strengthen health equity, and help reduce long-term healthcare costs by preventing avoidable chronic disease progression.

Obesity is a chronic disease — not a lifestyle choice

Obesity affects more than 42 percent of adults nationwide and is among the leading drivers of chronic illness in the United States. Despite its prevalence, obesity has historically been stigmatized and treated as a personal failing rather than a medical condition requiring evidence-based care.¹

The American Academy of Pediatrics noted in 2023 that obesity has been “long stigmatized as a reversible consequence of personal choices,”² even though the scientific consensus is clear: obesity is a chronic, relapsing condition shaped by genetics,

metabolic factors, hormones, stress, medication use, sleep patterns, and environmental conditions.

This misunderstanding has real policy consequences. When obesity is not treated as a disease, health systems fail to provide patients with appropriate clinical interventions — leading to delayed care, worsening chronic illness, and higher long-term costs.

Maryland has the opportunity to align Medicaid policy with modern clinical standards and treat obesity as the chronic disease it is.

Obesity in Maryland is a health equity challenge

Obesity does not affect all communities equally.

Nationally, disparities are stark. Nearly 50 percent of Black adults and approximately 45.6 percent of Hispanic adults live with obesity.³

Maryland reflects these inequities. Obesity prevalence is shaped by unequal access to:

- affordable healthy food
- safe outdoor and recreational spaces
- reliable transportation
- primary and preventive care
- chronic disease management
- culturally competent healthcare providers

In many Maryland communities — particularly those facing persistent poverty or historic disinvestment — residents experience higher rates of obesity and obesity-related complications.

Maryland data underscores the scope of the problem:

- Non-Hispanic Black adults in Maryland have the highest obesity prevalence, at roughly 42.5 %⁴
- Hispanic adults in Maryland have the second-highest obesity prevalence, at 37.5%⁵
- Non-Hispanic White adults: 31.1 % prevalence.
- Non-Hispanic Asian adults: 14.3 % prevalence.

Because Medicaid disproportionately serves low-income Marylanders, communities of color, and people living with complex medical conditions, Medicaid policy plays a central role in whether these inequities narrow—or widen.

Expanding access to evidence-based obesity treatment is therefore not only a health intervention, but an equity imperative.

The Cost of Inaction: Obesity Drives Predictable Chronic Disease

Obesity is not an isolated condition. It is a major risk factor for numerous chronic illnesses, including:

- type 2 diabetes
- cardiovascular disease
- hypertension
- stroke
- chronic kidney disease
- sleep apnea
- liver disease
- certain cancers
- pregnancy complications
- mobility impairment and disability

This connection has direct consequences for Maryland's healthcare system and Medicaid population.

An estimated 60 to 90 percent of individuals with type 2 diabetes also live with obesity or have a history of obesity.⁶ Diabetes is among the most expensive chronic conditions to manage due to its lifelong treatment requirements and high rate of complications.

As obesity progresses untreated, individuals are more likely to experience:

- frequent hospitalizations
- long-term prescription drug dependence
- disability-related care needs
- dialysis and kidney failure
- amputations and mobility decline

These costs are not hypothetical—they are predictable. Maryland already faces substantial obesity-related costs. According to data from the Obesity Action Coalition, health care expenses in the state related to obesity reach over \$30 billion annually.⁷

For Medicaid specifically, untreated obesity can lead to decades of preventable spending growth through avoidable chronic disease complications.

Treating obesity earlier is one of the most direct ways to reduce long-term chronic disease burden.

Comprehensive obesity care requires more than lifestyle counseling alone

Maryland Medicaid already supports important preventive health services, but obesity treatment requires a comprehensive clinical approach.

Obesity is a chronic disease that often requires long-term medical management.

Evidence-based obesity care includes a continuum of care such as:

- nutritional counseling
- structured physical activity programs
- behavioral health support
- treatment of comorbidities
- bariatric and metabolic surgery (when appropriate)
- FDA-approved anti-obesity medications

For patients, lifestyle interventions alone are not sufficient. Even with diet and exercise changes, long-term weight loss is difficult to sustain due to metabolic adaptation and hormonal regulation.

This is why major medical organizations increasingly recognize pharmacotherapy as an important part of chronic obesity management.

FDA-approved anti-obesity medications are crucial evidence-based treatment

FDA-approved anti-obesity medications are now widely recognized as part of the standard of care for chronic obesity management, particularly when combined with nutrition counseling and lifestyle interventions. It is unacceptable that many patients do not receive the standard of care needed for obesity, a chronic disease that requires a continuum of evidence-based interventions, beginning with nutritional counseling and structured physical activity and, when clinically appropriate, extending to metabolic surgery and FDA-approved anti-obesity medications.⁸

Clinical evidence shows that these medications can:

- produce sustained weight loss
- improve quality of life
- lower the risk of progression to type 2 diabetes
- reduce cardiovascular risk

Cost concerns often reference official list prices that do not reflect the real, net cost. After rebates and concessions, the estimated net price for medications such as Wegovy is substantially lower — approximately \$274 per month⁹ — than official list prices.

If Maryland Medicaid does not provide consistent access to this full continuum of care, many patients will remain stuck in a cycle of temporary weight loss, weight regain, and worsening chronic disease.

In addition, the federal government pays part of a state's Medicaid costs through the Federal Medical Assistance Percentage (FMAP). The federal government's FMAP payment to Maryland is around 50%,¹⁰ meaning the federal government pays for approximately 50% of Medicaid services in the state.

Importantly, Medicaid programs already use utilization management tools to manage access to specialty medications. Coverage of AOMs does not require abandoning these practices; it requires recognizing obesity as the chronic disease it is and the necessary tools that support long-term disease management — similar to how medications are used to manage hypertension, asthma, or high cholesterol.

Yet nationally, fewer than 2 percent of eligible adults receive anti-obesity medications.¹¹ This gap is driven largely by lack of coverage and affordability barriers. If Medicaid beneficiaries cannot access clinically appropriate obesity pharmacotherapy, the state risks reinforcing a two-tier system in which higher-income patients receive modern evidence-based care while low-income patients are left with limited options.

When patients cannot access legitimate, FDA-approved treatments, many look for alternatives. Across the country, counterfeit and illegally compounded GLP-1 drugs have proliferated, particularly through online vendors and informal markets. These products are not FDA-approved and are not subject to appropriate safety standards. The FDA has identified significant risks, including:

- unknown or incorrect ingredients
- unsafe dosing
- contamination and improper storage

- adverse events requiring medical care
- fraudulent labeling and counterfeit packaging

These risks disproportionately affect low-income communities, where patients are more likely to face barriers to accessing safe and legitimate treatment through the healthcare system.

Ensuring Medicaid beneficiaries have access to evidence-based obesity care is therefore not only a chronic disease strategy — it is also a public health safety strategy.

Why Maryland must act now

Maryland has demonstrated leadership in public health and equity-focused healthcare delivery. Expanding Medicaid access to comprehensive obesity treatment is consistent with the state's broader goals of improving outcomes and reducing disparities.

At the same time, the obesity crisis continues to accelerate. Without action, Maryland will face increasing long-term burdens from preventable diabetes, cardiovascular disease, and disability.

The clinical consensus is increasingly clear: obesity is a chronic disease that requires comprehensive treatment, including pharmacotherapy when appropriate. As the Institute for Clinical and Economic Review (ICER) noted in 2022:

“States should include coverage of weight loss medications under the auspices of the Medicaid program... Obesity is a growing health problem in the United States that has a particularly large impact on certain racial and ethnic groups... current coverage policies and medication costs are likely to worsen

disparities in accessing care unless specific action is taken.”¹²

Maryland has the opportunity to align Medicaid policy with modern standards of care and ensure equitable access to treatment. Obesity is one of the most significant drivers of chronic disease, disability, and long-term healthcare costs in Maryland. It is also one of the most inequitable conditions in the state, disproportionately affecting communities already burdened by structural barriers to health.

Maryland's leaders must work together to expand the state's Medicaid program to ensure access to comprehensive, evidence-based obesity treatments. Doing so will strengthen health equity and improve long-term health outcomes for Marylanders.

Over time, this coverage can also help reduce preventable, high-cost complications such as type 2 diabetes and cardiovascular disease. Maryland has the opportunity to act now — aligning Medicaid policy with modern medicine, strengthening equity, and protecting the long-term health of its residents.

The Health Equity Coalition for Chronic Disease (HECCD) is an advocacy coalition established to eliminate barriers to quality healthcare, particularly focusing on chronic disease by lifting the voices in communities of color and marginalized communities. HECCD is co-chaired by the Black Women's Health Imperative, the National Hispanic Medical Association, and the National Minority Quality Forum. Beginning with a focus on policies that impact obesity, HECCD is committed to disease prevention and management and equitable health outcomes.

Learn about the Health Equity Coalition for
Chronic Disease and our partners at
www.HealthEquityAction.org



If you'd like to
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TAKE ACTION

¹ HECCD. "Comprehensive Care Necessary to Successfully Treat Disease of Obesity," September 2024. <https://bit.ly/46sXn1B>.
² Hampf, Sarah et al. "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity," *American Academy of Pediatrics*. Vol. 151, Issue 2, February 2023. <https://bit.ly/4pORIPP>.
³ CDC. "Adult Obesity Facts," May 12, 2024. <https://bit.ly/4ceiMU5>.
⁴ Charles County Department of Health. "About Obesity." Accessed February 10, 2026. <https://bit.ly/4axVzpc>.
⁵ *Ibid*.
⁶ HECCD. "The Dangerous Link Between Diabetes & Obesity," July 2023. <https://bit.ly/4bGjLZ9>.
⁷ Obesity Action Coalition. "Maryland Obesity Fact Sheet," accessed February 10, 2026. <https://bit.ly/4qGPCwt>.
⁸ HECCD. "Comprehensive Care Necessary to Successfully Treat Disease of Obesity," September 2024, p.3. <https://bit.ly/3MafdzB>.
⁹ CMS. "Fact Sheet: Medicare Drug Price Negotiation Program: Negotiated Prices for Initial Price Applicability Year 2027," November 2025, p.2. <https://bit.ly/3OzH78U>.
¹⁰ KFF. "Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier," accessed February 6, 2026. <https://bit.ly/4rOKaFw>.
¹¹ Baig, Khrysta et al. "Medicare Part D Coverage of Anti-Obesity Medications — Challenges and Uncertainty Ahead," *New England Journal of Medicine* 2023;388(11): 961-963. <https://bit.ly/4tbopEy>.
¹² Institute for Clinical and Economic Review. "Treatments for Obesity Management: Final Policy Recommendations," October 20, 2022. <https://bit.ly/46ASHa2>.