

James Berry  
Portland  
LD 480

Honorable members of the Committee on Health and Human Services:

I am James Berry MD, a family physician in Portland.

I am testifying in opposition to LD 480 An Ac to Support Healthy Weight by Providing Medicaid Coverage of Certain Weight Loss Medications.

With a US adult obesity rate of 42% there is certainly a need for expansion of treatment options and availability. This has resulted in the rapid expansion of prescribing of medications of the GLP 1 agonist class (Ozempic and others). Currently these drugs are overprescribed without needed monitoring including proper patient selection, and consideration of their serious side effects, and their considerable cost.

For these drugs to have meaningful long term benefit, patients need to remain on them indefinitely. But three out of four patients discontinue them within 2 years, resulting in rapid and harmful rebound weight gain, regaining mostly fat rather than lost muscle mass.

More side effects are coming to light: well-known ones of GI side effects and risk of thyroid cancer and pancreatitis. and more recent concerns including risk of sudden blindness from NIAON, a gnarled facial appearance (popularly known as “Ozempic face”), and lowered levels of the pleasure and motivation hormone dopamine, helpful in assuaging hunger, but also affecting interest in work, family life, and even sex.

Do these drugs have a role? Definitely yes, certainly for obesity-associated conditions including diabetes and sleep apnea, for which they are approved, and severe obesity where urgent weight loss is necessary for medical reasons. But their place in addressing the 42% of obese Americans needs further experience and studies to work out. An example: a journal article arrived in my inbox today advocating starting obesity medications immediately, skipping the recommended trial of traditional diet and behavioral changes. So will Ozempic lead to patients to not just eat less but now consume only healthy foods?

The financial impact of this bill is not listed. The US experience is that we spent 15 billion on these medications in 2023, impacting financial stability and coverage limitations in several large insurance entities. Maine has serious health care deficits including lack of access to primary care, mental health, and specialty care that will be adversely impacted by unrestricted coverage of this expensive and incompletely tested class of medications.

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