

Dear Senator Ingwersen, Representative Meyer, and Honorable Members of the Health and Human Services Committee.

I am submitting testimony in strong support of LD 480.

I am Dr Allen Browne. I live in Falmouth, Maine. I am a retired pediatric surgeon and pediatric bariatric surgeon. I am a Diplomate of the American Board of Obesity Medicine. Now I work as an educator about the disease of obesity and advocate for children with obesity and their families.

When I start a discussion of obesity with a new patient and family, I have 3 goals:

- 1) Educate that obesity is a disease
- 2) Educate that it is not their fault
- 3) Educate that we now have tools to help them control the disease.

LD 540 would help the patients, their families, and healthcare providers in many ways. It is one thing to say we have tools to help the patients and their families control the disease of obesity. These tools include intensive lifestyle management, anti-obesity pharmacotherapy, and metabolic & bariatric surgical procedures. These tools exist, their safety and efficacy have been demonstrated, and we know how to put these tools together in various combinations with the goal of improving the present and future health of the patient. However, access to these tools remains a challenge for most people. LD 480 would provide financial support for persons utilizing MaineCare to access the tool of pharmacotherapy.

It is wrong to have to tell a patient and their family that anti-obesity pharmacotherapy exists, that it is safe and effective, and that it is not available due the cost. We never have to do this for treatment of cancer. The patient and their family want help with the disease of obesity. The healthcare provider wants to help the patient and their family with the disease of obesity. However, access to this tool in the treatment regimen of the disease of obesity is not possible. Sometimes the healthcare provider will not even mention the possibility of pharmacotherapy due to the cost for that patient and family. LD 480 would go a long way towards improving this accessibility issue. Lack of access is an equity issue. We should not have “can have’s” and “cannot have’s” based on cost.

The biggest challenge with LD 480 is - Who is going to pay? What is the return on investment? The disease of obesity is associated with over 200 complications. Increasingly, studies are showing that controlling the disease leads to improvement, resolution, or even prevention of many of these complications. You and I pay for the treatment of these complications. Economic productivity is destroyed as people with obesity cannot get education, cannot perform physical tasks, and do not earn enough to be able to contribute to society by paying taxes. The tools of comprehensive obesity treatment programs need to be supported. The return on investment will be immense.

Thank you for this opportunity to testify in favor of LD480. I hope you will look to it favorably. I am available to answer any questions you have.