

Dear Senator Ingwersen, Representative Meyer and the members of the Health and Human Services Committee,

I am pleased to give testimony in support of LD 480. As an Obesity Medicine Specialist working in Maine for several decades, I have come to understand obesity as a chronic medical condition that is quite responsive to medical treatment. The field of obesity medicine has grown and there are several FDA approved medications available, not only GLP1 receptor agonists. Many of these medications can be highly effective when matched appropriately with the right patient. The Glp-1 medications have proven to be the most physiologic treatment for many people, and we see up to a 20 % weight reduction in 50% of those treated.

If patients have insurance covering these medications, their disease is treated, and they go on to lead a much healthier life. If they have MaineCare, we are unable to treat obesity until it is severe enough to warrant bariatric surgery. By this time, many other chronic diseases have occurred, some of which are irreparable, like cancer.

Currently, there are several employers in the state that provide insurance plans which includes anti-obesity medication coverage and MaineHealth is one of them. There are 15 states that include such coverage through their Medicaid plans. In New England, Maine and Vermont are the only states that do not provide such coverage.

This is a commonsense Bill. It does not open the flood gates for careless prescribing practices but instead instructs DHHS to work with content experts to design a formulary that allows for patients to access obesity care in a thoughtful responsible way.

I hope you will give this Bill your consideration.

Respectfully,

Matija Burtis DO

Diplomate of the American Academy of Obesity Medicine