

## GLP-1 Study and Recommendations

### Recommendation

In collaboration with State and Stakeholder partners, the Board will conduct a class-wide, comprehensive assessment of GLP-1s. This study will move beyond individual drug reviews to evaluate the systemic impact of the GLP-1 class on Marylanders and the health care system.

### Key Interest Areas:

- **Market Stability:** Impact of national shortages and the rise in use of compounded alternatives.
- **Benefit Design:** Variations in insurance coverage, plan design, and the use of BMI thresholds or prior authorization.
- **Utilization Patterns:** Trends in off-label usage for obesity versus FDA-approved indications (diabetes, cardiovascular health).
- **Policy Alignment:** Interplay of Executive Orders, new federal CMMI models (e.g., BALANCE), and value-based arrangements.
- **Access & Affordability:** Barriers in underserved communities and the fiscal sustainability of state-funded programs.

### Implementation Process and Timeline

- **Phase 1: Authorization (1 Month):** Board officially votes to authorize the study and establishes core research questions and a stakeholder engagement framework.
- **Phase 2: Research Phase (12 Months):** Board, [in conjunction with state partners](#), , conducts a 12-month qualitative and quantitative analysis, including actuarial modeling of Maryland claims data and stakeholder testimony.
- **Phase 3: Reporting (3 Months):** Board finalizes findings in a standalone "State of GLP-1 Affordability" report or as a primary feature of the 2027 Annual Report.
- **Phase 4: Legislative Action (Milestone):** Board presents a suite of actionable policy recommendations to the Maryland General Assembly for the Legislative Session.

### Other State Examples and Precedents

**Washington:** Under [SB 5950 \(2024\), Section 212\(9\)](#), Washington mandated its Health Care Authority to study coverage options for GLP-1s within the Uniform Medical Plan (UMP), the state's self-insured plan for public employees. [The study](#) focuses on cost-modeling and sustainable coverage strategies (e.g., lifestyle management) to ensure that high-cost obesity treatments do not compromise the state's long-term budget.

**ICER (Institute for Clinical and Economic Review):** In 2025, ICER released an updated ["Obesity Evidence Report"](#) noting that while GLP-1s are clinically cost-effective, they pose a "structural threat" to state budgets because the eligible population is so large (>40% of adults).

**Massachusetts Health Policy Commission (HPC):** In its [2024 Annual Cost Trends Report](#) and [GLP-1 DataPoint Series \(Issue 27\)](#), the HPC identified an eight-fold increase in GLP-1 spending since 2018, primarily driven by a shift toward weight-loss indications. The investigation evaluated how these utilization patterns impact commercial insurance coverage, market competition, and the long-term sustainability of the state's healthcare spending benchmark.