Senate Health and Human Services Committee

Sophie Walsh 271-3469

SB 455-FN, relative to health plan coverage of GLP-1 medications.

Hearing Date: February 11, 2026

Time Opened: 1:13 p.m. **Time Closed**: 1:40 p.m.

Members of the Committee Present: Senators Rochefort, Avard, Birdsell, Prentiss and Long

Members of the Committee Absent: None

Bill Analysis: This bill requires health plans to cover GLP-1 medications under certain circumstances.

Sponsors:
Sen. Prentiss

Who supports the bill: Sen. Prentiss, Rep. Greg Sargent, Charlotte Fager, Maura Weston (NH Medical Society), Patricia Piscetta, Melanie Kasparian, Ashleigh Shenton, Samuel Burgess (New Futures), Julia Mead, Matt Prokop (American Diabetes Association), Keegan Ziemba, Elisabeth Kennett, Casilda Menaker, Shawn Dumont, Payton Marvin (Alliance for Patient Access), Polina Sayess, Shawna Taylor, Cynthia Lundberg, Joseph Zucchi, Michelle Horan, Gina Decker, Suzanne Eastwood, Valerie Rinck (American Liver Foundation), Kimberly Lawrence, and Cathy Stratton (NH Medical Society).

Who opposes the bill: John Reynolds (National Federation of Independent Business), Cam Lapine & Margaret Reynolds (Cigna), Sabrina Dunlap (Anthem), and Robert Lawliss.

Who is neutral on the bill: Rob Berry & Peg Clifford (DHHS).

Summary of testimony presented:

Senator Sue Prentiss, Senate District 5

- Senator Prentiss noted that while there is a replace-all amendment, this bill is still pertaining to GLP-1 coverage. The amendment provides this coverage for the Medicaid program and sets the stage for later conversations about commercial insurance coverage.
- GLP-1 drugs regulate blood sugar and appetite by mimicking a natural hormone. Medications that improve blood sugar control support significant

weight loss and reduce the risk of cardiovascular disease, kidney disease, and disability. These medications are directly impacting the conditions that drive Medicaid spending

- These medications are at the center of Medicaid policy discussions around the country. They sit at an intersection of cost, medical necessity, and long term fiscal responsibility.
- Senator Prentiss noted that this is a growing market, which will assist in lowering prices.
- This approach will have a long-term cost benefit by treating obesity. Senator Prentiss emphasized that this conversation is not about cosmetics, but rather treating and preventing costly medical conditions.
- Senator Prentiss noted that there is also an equity issue at play, as GLP-1 medications are essentially only available to people with commercial coverage or the ability to pay out-of-pocket.
- Senator Prentiss emphasized that coverage can and should be tied to clear body mass index (BMI) and comorbidity criteria, along with prior authorization, ongoing medical supervision, and demonstrated clinical benefits.
- Senator Prentiss explained that GLP-1 medications are controversial because they challenge us to modernize Medicaid policy in light of current medical evidence.
- Senator Prentiss acknowledged funding cuts to the Department of Health and Human Services (DHHS) and emphasized that this would put the Department in a better position by focusing on this.
- List prices for these medications can be between $12,000 and $15,000 per year. Meanwhile, dialysis costs $90,000 per patient per year, lower limb amputation cost $70,000 to $100,000 in the initial year, poorly controlled diabetes costs $15,000 to $25,000 per patient per year, and heart attacks and strokes cost $20,000 to $40,000.
- Senator Birdsell asked if Senator Prentiss talked with DHHS before filing the amendment, and Senator Prentiss confirmed she consulted with them about the number of potential impacted patients and recently about the proposed amendment.
- Senator Rochefort noted that the amendment seems to widen the criteria and asked if there would be a revised fiscal note.
- Senator Prentiss confirmed and explained that the amendment moves away from the point of almost needing surgical care towards strictly looking at the obesity diagnosis.

Rob Berry & Peg Clifford, Department of Health and Human Services

- Mr. Berry noted that the Department anticipates revising the fiscal note if the amendment is adopted.

- Senator Rochefort referenced communication from the federal government about low prices for these drugs and asked if the Department has any information on this.
- Ms. Clifford stated that the Department does not have any details on that yet. She noted that Medicaid currently covers GLP-1 drugs for people with diabetes, a BMI of 27 with certain comorbid conditions, or a BMI of 27 with obstructive sleep apnea, as long as prior authorization criteria is met. The only thing the Department does not pay for is situations in which the sole purpose is weight loss.
- Ms. Clifford noted that no GLP-1 medications are currently FDA-approved for osteoarthritis, and the Department must follow labeled indications.
- Senator Birdsell noted that the Department covers most of the conditions listed on lines 17-23 of the amendment and asked if items (a) and (b) would be the difference.
- Ms. Clifford said the Department currently covers item (b) of the amendment, but they do not provide coverage solely for weight loss except for children under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).
- Senator Birdsell referenced line 24 of the amendment and asked if the Department would need to make a state plan amendment request for weight loss.
- Ms. Clifford explained that Medicaid used to cover this for weight loss, and when that coverage changed, the state plan did not need to be adjusted. Ms. Clifford does not think a state plan amendment would be needed for this.
- Senator Prentiss noted that including comorbidities make the requirements stricter and emphasized that this is about obesity treatment from a medical care perspective.

Charlotte Fager

- Dr. Fager stated that she is speaking in support of this bill.
- She cares for patients everyday with obesity and other associated chronic diseases. She has seen what GLP-1 medications can do for her patients.
- She told stories about patients who have received many health benefits from taking these medication.
- Severe obesity, defined as BMI over 40, reduces life expectancy by up to 8-10 years, largely due to the development of cardiovascular disease. In 2020, nearly 8% of adults in New Hampshire had a BMI over 40.
- Obesity is widely accepted by clinicians as a chronic, relapsing disease.
- Weight loss improves outcomes by lowering blood pressure, improving diabetes control, and reducing sleep apnea and cardiovascular risk. Yet, meaningful weight loss is very difficult to achieve and sustain with lifestyle changes alone.

- This bill does not mandate treatment or eliminate clinical judgement. It ensures that the decision about whether to treat obesity remains between patients and physicians.
- Senator Birdsell asked if someone would need to stay on a GLP-1 to maintain any weight loss that they have achieved.
- Dr. Fager explained that patients do not necessarily need to stay on it, as it depends on an individual's circumstances. Typically, the plan is to reach a goal while on the medication and then begin weaning off. She emphasized the importance of establishing lifestyle habits while on the medication to sustain results.
- Senator Rochefort noted that data seems to be showing that people must stay on these drugs forever to maintain results if they do not make lifestyle changes. He noted there is concern about it being easier to simply take the medication, rather than temporarily taking the medication and committing to lifestyle changes.
- Dr. Fager agreed that it is a possibility and said this is why this is necessary for people who may not be in the circumstances to commit to a lifestyle change.

Cam Lapine & Margaret Reynolds, Cigna

- Mr. Lapine explained that while Cigna is opposed to the bill as introduced, he believes Cigna would be neutral with the amendment.
- Mr. Lapine explained that there are alternatives to GLP-1 medications on the market that are significantly less expensive. This is important to consider in the context of a mandate, particularly in the group market.
- Ms. Reynolds explained that Cigna offers a GLP-1 program to their employer sponsored plans who choose to participate. In addition to accessing the drug, a participating member must also commit to a behavioral and lifestyle modification program. With these modifications, there is more long-term success.
- The per-member per-month premium impact for these drugs is between $14 and $30.
- If the bill were to go forward as written, Ms. Reynolds asks that it be limited to the fully insured market. If the amendment is adopted, there could be opportunity to study costs before implementing a mandate.
- Ms. Reynolds explained that North Carolina's State Health Plan implemented a GLP-1 mandate and saw costs exceeding $100 million in the first year. The program is now restricted to those who have a BMI of 38 or higher, with $25 million per year allocated to cover costs.
- Senator Rochefort asked if Ms. Reynolds is seeing any pricing changes in contracting and rebates related to the promises coming from Washington D.C.

- Ms. Reynolds said she has not seen anything yet, and noted that Cigna and Express Scripts are moving toward a rebate-free model for their fully insured products.

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Date Hearing Report completed: February 17, 2026