

SB 455-FN - AS INTRODUCED

2026 SESSION

26-2204

05/08

SENATE BILL ***455-FN***

AN ACT relative to health plan coverage of GLP-1 medications.

SPONSORS: Sen. Prentiss, Dist 5

COMMITTEE: Health and Human Services

ANALYSIS

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

.....

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears ~~in brackets and struckthrough~~.
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty-Six

AN ACT relative to health plan coverage of GLP-1 medications.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Section; Managed Care Law; Coverage for GLP-1 Medications. Amend RSA 420-J by
2 inserting after section 6-e the following new section:

3 420-J:6-f Coverage for GLP-1 Medication.

4 Each health carrier offering a health benefit plan in this state shall provide coverage for GLP-1
5 medications if:

6 I. The covered person's BMI is equal to or greater than 40; or

7 II. The covered person's BMI is equal to or greater than 35, with one or more of the following
8 co-morbidities:

9 (a) Type 2 diabetes.

10 (b) High blood pressure or hypertension.

11 (c) Coronary artery disease.

12 (d) Sleep apnea.

13 (e) High cholesterol or hyperlipidemia.

14 (f) Severe osteoarthritis.

15 2 Effective Date. This act shall take effect 60 days after it passage.

**SB 455-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to health plan coverage of GLP-1 medications.

FISCAL IMPACT:

Estimated State Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
Revenue	\$0	Indeterminable Increase (range not provided by agency)	Indeterminable Increase (range not provided by agency)	Indeterminable Increase (range not provided by agency)
<i>Revenue Fund(s)</i>	General Fund			
Expenditures*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	General Fund			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>				

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

Estimated Political Subdivision Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
County Revenue	\$0	\$0	\$0	\$0
County Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable
Local Revenue	\$0	\$0	\$0	\$0
Local Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill requires commercial health insurance carriers to provide coverage for glucagon-like peptide-1 receptor agonist (GLP-1) medications for individuals with a body mass index (BMI) of 40 or higher, or for those with a BMI of 35 or higher with at least one qualifying comorbidity such as Type 2 diabetes, hypertension, coronary artery disease, sleep apnea, high cholesterol, or severe osteoarthritis.

The Insurance Department notes this bill expands the eligible population for GLP-1 medications beyond the current commercial coverage model, which largely mirrors Medicare's eligibility criteria. Expanding eligibility would likely increase total claims for this class of drugs, which

may lead to higher overall premiums. Increased premiums could result in higher Insurance Premium Tax revenue to the state.

To estimate the fiscal impact precisely, the Department indicates additional analysis of NH Comprehensive Health Information System (CHIS) claims data would be required to model the expanded eligible population. Because of significant overlap among conditions such as obesity, diabetes, hypertension, and hyperlipidemia, the marginal increase in eligible participants and resulting premium impact cannot be determined. However, the Department reports that as of June 30, 2025, gross expenditures for commonly prescribed GLP-1/GIP drugs exceeded \$650 million statewide and are projected to surpass \$1 billion by the end of plan year 2025. Based on potential induced demand of 10 to 20 percent, increased expenditures of \$100 to \$200 million are possible. The Department is able to provide a range if needed.

The Department of Administrative Services states the bill will have no impact on the State Employee and Retiree Health Benefit Plan, as the RSA amended applies to fully insured commercial health insurance plans and does not apply to self-funded health benefit plans like the State Employee Health Benefit Plan.

AGENCIES CONTACTED:

Insurance Department and Department of Administrative Services