



April 15, 2026

House Commerce and Consumer Affairs Committee

New Hampshire State Legislature

107 North Main St.

Concord, NH 03301

Re: New Hampshire Medicaid Coverage of GLP-1s

Dear Members of the House Commerce and Consumer Affairs Committee,

The Partnership to Advance Cardiovascular Health (PACH) is a nonprofit coalition of patients, providers, and advocacy organizations with the shared mission of promoting public policies and practices that drive innovation and enhance outcomes for individuals living with heart disease. Representing 22 member organizations, PACH serves as a collaborative platform to advance reforms at the federal, state, and health plan levels that expand access to care for patients with cardiovascular and related conditions.

Recognizing that cardiovascular disease is a leading cause of death in New Hampshire and that obesity significantly contributes to cardiovascular risk, we commend the New Hampshire State Legislature for considering coverage of GLP-1s for Medicaid recipients through SB 455.

The Cardiovascular Disease Burden:

Cardiovascular disease remains the second leading cause of death in New Hampshire and number one in the United States.¹ Nearly 1 in 3 adults in New Hampshire are obese and another 36.7% are overweight, which directly contributes to the high cardiovascular disease death rate. Furthermore, healthcare expenses are 34% higher for individuals with obesity and the overall cost burden of obesity in the U.S. has reached \$1.7 trillion.²

¹ “New Hampshire.” *Centers for Disease Control and Prevention*, www.cdc.gov/nchs/state-stats/states/nh.html.

² “New Hampshire | Obesity Fact Sheet.” *Obesity Action Coalition*, www.obesityaction.org/wp-content/uploads/NH.2024.pdf.

Ensuring that patients have access to cardiovascular primary and secondary preventative treatment, as well as promoting innovation and new modalities for treatment, are of the utmost importance to PACH and our partners.

Innovation in Cardiovascular Disease Management

GLP-1s are some of the most impactful innovations in healthcare today and, while they are known for treating obesity, they also have significant cardiovascular benefits. Many GLP-1s are FDA approved to be used by patients with obesity and established cardiovascular disease to prevent major adverse cardiovascular events, including cardiovascular death, non-fatal myocardial infarction, and non-fatal stroke. Three of the most popular GLP-1s are recommended in the American Diabetes Association and American Association of Clinical Endocrinology guidelines to be used as first-line therapy for cardiovascular events, making these treatments particularly crucial for the cardiovascular patient community.³

The link between obesity and cardiovascular disease is significant: obesity increases the odds of having high blood pressure, abnormal cholesterol, and high triglycerides, which all greatly contribute to the risk of developing cardiovascular disease.⁴ Individuals diagnosed with obesity are twice as likely to have a heart attack or stroke.⁵

Why Prevention Matters

Data shows that effectively managing cardiovascular disease not only saves lives but saves money for the healthcare system over time. Harvard economics professor David Cutler published data in *Health Affairs* that examined why spending growth declined over a decade starting in 2005 in Medicare. He found that nearly “half of the spending slowdown was attributable to slower growth in spending for cardiovascular diseases.” He concluded that “roughly half the reduction in major cardiovascular events was attributable to medications controlling cardiovascular risk factors.” In conclusion, he states that “medically driven prevention can save money over time.”⁶

Dr. Cutler’s findings suggest that applying medically driven prevention strategies—such as expanding access to effective pharmacologic therapies—has the potential to improve cardiovascular outcomes while reducing long-term healthcare spending for the state.

Actions to Protect Patients and Increase Affordability and Access

³ “Volume 49 Issue Supplement | Diabetes Care.” *American Diabetes Association*, Dec. 2025, diabetesjournals.org/care/issue/49/Supplement_1.

⁴ “Cardiovascular Disease and Diabetes.” *www.Heart.Org*, 8 Jan. 2025, www.heart.org/en/health-topics/diabetes/diabetes-complications-and-risks/cardiovascular-disease--diabetes

⁵ “Diabetes Can Affect Your Heart.” *www.Diabetes.Org*, www.diabetes.org/health-wellness/diabetes-and-yourheart/diabetes-affect-your-heart

⁶ Cutler, David. *Explaining the Slowdown in Medical Spending Growth among the Elderly, 1999–2012* | *Health Affairs Journal*, www.healthaffairs.org/doi/10.1377/hlthaff.2018.05372.

Thank you for your attention to this matter. We welcome any discussion on this issue and hope that the House Commerce and Consumer Affairs Committee will consider our statements when making further decisions on SB 455.

Sincerely,

Sarah Hoffman

Sarah Hoffman

Senior Director

Partnership to Advance Cardiovascular Health