

April 15, 2026

New Hampshire House Commerce and Consumer Affairs Committee
Room 229, South Building
1 Granite Place
Concord, NH 03301

Dear Members of the House Commerce and Consumer Affairs Committee:

On behalf of the Obesity Medicine Association (OMA), we are writing to express our **support for HB 455**, legislation that would provide coverage under New Hampshire's State Medicaid Plan for Glucagon-like peptide-1 (GLP-1) medications for obesity treatment. The OMA is the largest organization of physicians, nurse practitioners, physician assistants, and other health care providers working every day to improve the lives of patients affected by obesity. OMA members are clinical experts in obesity medicine. They use a comprehensive, scientific, and individualized approach to treating obesity, helping patients achieve their health and weight goals.

The OMA supports HB 455 because it would require the New Hampshire Department of Health and Human Services to cover GLP-1 medication if a patient has a BMI of 30 or greater or has a BMI of 27 or greater with at least one of the following comorbidities: type 2 diabetes; hypertension; dyslipidemia; obstructive sleep apnea; cardiovascular disease; prediabetes; metabolic dysfunction associated with steatotic liver disease. This policy proposal is critical because, alarmingly, 67% of adults in New Hampshire have obesity or are overweight.¹ Obesity is not a cosmetic issue—it is a serious, chronic disease, recognized by the National Institutes of Health (NIH) since 1998² and reaffirmed by the American Medical Association (AMA) and numerous medical organizations. According to the Centers for Disease Control and Prevention (CDC), more than 40% of U.S. adults are affected by obesity, which is associated with over two hundred comorbidities, including type 2 diabetes, certain types of cancer, cardiovascular disease, and hypertension.³

The OMA supports a multi-component approach to obesity care, empowering clinicians to deliver patient-centered care through four essential pillars: nutrition therapy, physical activity, behavioral modifications, and medical interventions. Recent advancements in medical science have paved the way for FDA-approved obesity medications, like GLP-1 agents, which not only assist in weight management but also offer crucial clinical benefits. These include reduced cardiometabolic risks, fewer major adverse cardiovascular events, decreased mortality in heart failure, and substantial improvements in conditions such as obstructive sleep apnea, chronic kidney disease, knee osteoarthritis, substance use disorders, and metabolic-associated steatotic liver disease. We believe that obesity should be treated like other chronic diseases, and Medicaid beneficiaries should have equitable and inclusive access to FDA-approved obesity medications.

For these aforementioned reasons, the OMA supports HB 455 and the legislature's commitment to ensuring that New Hampshire Medicaid beneficiaries have access to evidence-based obesity care. As the Assembly explores strategies to address this critical issue, we strongly encourage the Committee to support HB 813. For more information, please contact the OMA's Executive Director, Teresa Fraker, FACHE, RN, CPHQ, CAE, at TFraker@obesitymedicine.org or (303) 770-2526, extension #110.

Sincerely,



Marisa Censani, MD, MFOMA, DABOM
President, Obesity Medicine Association

¹ <https://www.tfah.org/wp-content/uploads/2023/09/TFAH-2023-ObesityReport-FINAL.pdf>

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC4988332/>

³ <https://www.cdc.gov/nchs/data/databriefs/db508.pdf>