

Tuesday, January 28, 2025

The Honorable Matthew Ruby Human Services Committee, North Dakota Legislative Branch 600 East Boulevard Ave Bismarck, ND 58501

Dear Chairman Ruby and members of the Human Services Committee,

Thank you for the opportunity to provide my perspective on House Bills 1451 and 1452. I write to you in my capacity as Senior Vice President of State Affairs at National Taxpayers Union — the oldest taxpayer advocacy organization in the country, as well as someone who is a former Wisconsin state senator and former pediatric nurse practitioner. My diverse background gives me a unique view of the policy you are discussing today. While NTU has registered today's testimony in support of the legislation, as the following remarks will indicate, an elegant fiscal balance can and should be established that serves taxpayers now and in the future.

As a taxpayer advocacy organization, NTU has engaged state and federal lawmakers on important questions surrounding the fiscal impact of legislation and regulations on the healthcare space. As a former state lawmaker, I know the challenges you face as legislators as you balance the goal of sound public health policy while being accountable to taxpayers. And as a former pediatric nurse practitioner, I have witnessed firsthand the dramatic increase in obesity and chronic illness in our society and am fully aware of the current threats and potential solutions to our nation's health problems.

Recently, NTU submitted <u>comments</u> to the Centers for Medicare and Medicaid Services (CMS) on innovative approaches to reduce health care costs. Please see our comments, which advocate for an informed, measured approach to the deployment of prescription drugs in more settings, specifically the use of Anti-Obesity Medications (AOMs). In this testimony, you will see clear evidence of the prospect of the longer-term economic and fiscal benefits that can occur when people improve their overall health through AOMs.

Estimates published in the <u>New England Journal of Medicine in 2019</u> projected that 53.9% of North Dakotans would reach an obese condition in 2030. This dangerous and costly

trajectory can and should be addressed by all who are concerned with the public health of your citizens.

As you consider possible solutions to this crisis, please give thoughtful deliberation on how pharmaceutical innovation can both improve patient outcomes and control taxpayer expenditures in government health plan offerings. I have reviewed the fiscal analysis of House Bill No. 1452 and completely understand the reservations that such a note might cause as you consider the legislation.. The \$72 million estimate assumes premiums will rise approximately 8% and applies that rate across various insured individuals, but does not include a longer-term calculation of the likely reduction in health care expenditures that may result from the improvement in health outcomes and a decrease in overall obesity rates.

Evidence is mounting that AOMs can, over time, reduce the cost of health care. Such evidence can be found in our CMS comments mentioned above and studies by reputable medical journals such as the <u>Journal of the American Medical Association</u> generally support the notion that weight loss in adults reduces overall health care spending.

If judiciously introduced with an eye toward minimizing administrative burdens and managing government's near-term phase-in costs, these medications can offer the promise of greater public and economic health for your state over the long run. As part of a phase-in, you could set limits every year for the total amount the state will reimburse, or you could begin with a pilot program limited to the most obese and at-risk patients. As market competition starts to drive down the prices of these drugs, you could always widen their availability as the benefits of reduced comorbidities take hold in the obese community. You could also include a per-patient lifetime coverage cap, as well as requirements for patients to participate in counseling to encourage adherence to the treatments instead of wasting money on those who drop out of the regimen prematurely.

It is my sincere hope that you will consider some of the policy suggestions included in this letter as a way to help improve healthcare outcomes for the good people in your state.

Thank you for your time and consideration. Please reach out with any further questions.

Respectfully submitted,

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