



RE: House Bill 1452

Testimony of Peter J. Pitts  
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Good morning. My name is Peter Pitts. I am the President of the Center for Medicine in the Public Interest and a former Associate Commissioner of the Food and Drug Administration.

New, better medications are the best and swiftest way for this country to cut down on our health care expenses. By more effectively combating disease and improving patients' lives, drugs reduce long-term medical costs and bolster the overall economy.

Nowhere is this more true or urgent than when it comes to battling obesity.

Obesity afflicts 44% of American adults. According to a new article in the New England Journal of Medicine, if 10% of Medicare beneficiaries with obesity used a GLP-1 receptor agonist drug (such as Wegovy, or Ozempic, or Zepbound), the annual cost to Medicare could be as much as \$26.8 billion. But the folks at CMS are talking about the costs while remaining silent on the benefits.

Let's look at a more balanced equation.

In 2023, according to the U.S. Joint Economic Committee, obesity caused \$5,155 in average excess medical costs per person diagnosed as obese. That's \$520 billion in preventable health care costs — an impressive return on investment.

When payors, state, federal, and private look at GLP-1 receptor agonists, they mustn't see only the cost. That's like the FDA reviewing only risks while ignoring benefits when considering new medicines. It must be about value. And when it comes to measuring value, we must embrace a comprehensive view of cost and benefit.

Regarding GLP-1 receptor agonists, the proper denominator isn't cost; it's value. Choosing only to only discuss costs without context is dishonest and deleterious to public health.

This is especially important because obesity rates are higher for lower-income people and in communities of color. Minus a more comprehensive view of costs and benefits relative to new medical technologies such as GLP-1 receptor agonists, we are redlining these populations out of safe and effective treatment options. That's the opposite of health equity.

Many insurance providers (most notably the Centers for Medicare and Medicaid Services) are worried that helping America successfully combat obesity will break the national health care piggy bank. Nothing could be more incorrect and shortsighted.

As Otto von Bismarck said, "Only a fool learns from his own mistakes. The wise man learns from the mistakes of others."

Let's make one thing crystal clear — helping America slim down must be a national priority lest we allow obesity and the diseases that often come with it (heart disease, stroke, diabetes, osteoarthritis, and some cancers, to name a few) to bury us both financially and literally.

Focusing on short-term costs while ignoring long-term benefits (to patients and our national treasury) is ignoring reality. It's worth remembering the wise words of President John Adams, who said, "Facts are stubborn things."

My organization is a 501(c)3, so I am not allowed to suggest that you vote for any specific piece of legislation.

I can, however, in my professional judgement, predict that if House Bill 1452 becomes law, that the people of North Dakota will be healthier and that your overall health care expenses will go down. Both of those things are important – and in that order.

Thank you for the opportunity to testify on this important piece of legislation.