

From: [Chris Gallagher](#)
To: [ETF SMB Board Feedback](#)
Cc: [Walk, Renee - ETF](#); [Houdek, Nathan D - OCI](#); [Mallow, Eileen K - ETF](#); [Joe Nadglowski](#)
Subject: OAC Comments re ETF Staff Memo and Segal Estimates
Date: Wednesday, June 8, 2022 9:30:01 AM
Attachments: [060622 OAC comments to WI ETF GIB re Special Hearing on AOM coverage .doc](#)

**CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Dear members of the Group Insurance Board,

On behalf of the more than 75,000 members of the Obesity Action Coalition (OAC) including the more than 900 in Wisconsin, we would like to express our appreciation for the Group Insurance Board's (GIB) diligence regarding the thoroughness of public comment submissions surrounding state employee coverage for anti-obesity medications (AOMs) for 2023. We believe that access to, and coverage of, comprehensive obesity care is critical for state employees. Therefore, we obviously share your concern that comments from OAC, and other stakeholders, failed to reach GIB members prior to the May 18th meeting.

For GIB's special hearing on AOM coverage later this month, we are pleased to offer the attached questions and observations that we believe the Board can use to ascertain more clarity from ETF staff and Segal regarding utilization and cost estimates included in the April 21st ETF staff memo that recommended against AOM coverage. Again, we strongly urge the Board to not accept the ETF staff recommendation and instead approve AOM coverage for state employees for 2023.

Thank you.

Chris Gallagher

Chris Gallagher
Washington Policy Advisor
ASMBS, OAC, TOS and OMA
Advocacy Manager
Center for Community Resilience
chris@potomaccurrents.com
571-235-6475



4511 North Himes Ave., Suite 250
Tampa, FL 33614

(800) 717-3117
(813) 872-7835
Fax: (813) 873-7838

info@obesityaction.org
www.ObesityAction.org

June 6, 2022,

ATTN: Members of the Group Insurance Board

On behalf of the more than 75,000 members of the Obesity Action Coalition (OAC) including the more than 900 in Wisconsin, we would like to express our appreciation for the Group Insurance Board's (GIB) diligence regarding the thoroughness of public comment submissions surrounding state employee coverage for anti-obesity medications (AOMs) for 2023. We believe that access to, and coverage of, comprehensive obesity care is critical for state employees. Therefore, we obviously share your concern that comments from OAC, and other stakeholders, failed to reach GIB members prior to the May 18th meeting.

For GIB's special hearing on AOM coverage later this month, we are pleased to offer the following questions and observations that we believe the Board can use to ascertain more clarity from ETF staff and Segal regarding utilization and cost estimates included in the April 21st ETF staff memo that recommended *against* AOM coverage.

Budget impact and clarification of Segal modeling leading to a cost estimate of \$20M-\$30M:

- The recommendation is to add the anti-obesity medication (AOM) class to the formulary, not just Wegovy
- What utilization management controls were assumed? It is appropriate to implement a prior authorization to ensure patients meet the product label prescribing information criteria
- What levels of persistence were assumed?
- What product mix assumption was used?
- What utilization rate was assumed?
- Was this number gross cost or net of rebates and co-insurance?
- Modeling from Navitus should represent retail price minus rebate and employee cost share

Regional comparators of other states that provide coverage of anti-obesity medications – Annual expenditures and utilization rates typical of other states. Totals are gross costs and not net of rebates:

- MN State Employees = \$2M (50k employees, not total lives)
- MI State Employees = \$2.7M (67k employees, not total lives)
- WI Medicaid = \$7.9M (1.1M lives)

Cost offset & avoidance information:

- As obesity is a leading contributor to rising health care costs in the United States, there is extensive evidence showing improvement in outcomes and reduction in comorbidities as a direct result in lowering of patient BMIs
- The economic impact of obesity includes the direct medical costs as well as the indirect costs of the disease, such as increased absenteeism, etc.

Summary - Value and Patient Health:

- Obesity is a costly public health crisis
- Data exist for cost offset at year 1, 2, 3 including both CV disease and OA (knee)
- Outcomes must include both direct and indirect patient considerations

In closing, we urge the Board to reject the ETF staff recommendation and provide coverage for AOMs to ensure that state employees have access to comprehensive evidence-based treatment options to address this complex and chronic disease.

Should you have any questions, or need additional information, please contact me or OAC Policy Consultant Chris Gallagher at chris@potomaccurrents.com. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Nadglowski". The signature is stylized and cursive.

Joe Nadglowski, OAC President and CEO