

**From:** [Lisa Marmet](#)  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** Weight Loss Drug Coverage  
**Date:** Friday, November 4, 2022 2:44:53 PM

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**CAUTION: This email originated from outside the organization.  
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Dear ETF Board Members,

I understand that you are meeting to discuss WL drug coverage again and wanted to contribute to the discussion.

I was a fat child born to two skinny parents. I attended my first weight watchers meeting at 8 years old, and ate rice cakes as an elementary student instead of food with nutrition. In high school and college I maintained my weight through extreme calorie restriction (aka an eating disorder) while never leaving the BMI category of "overweight."

I have now had two children, and have a fairly stressful state job. After the pandemic I decided I needed to make changes as I was starting to have issues with my joints, lab readings and other comorbidities. [REDACTED]

[REDACTED] Since starting that program, I have lost about 45 pounds, and would no longer qualify for bariatric surgery. I have also not missed a single day of work due to my treatment, as opposed to the standard 6-12 week recovery period for surgery which would have been a significant burden for my agency.

I urge you to reconsider your position on WL drugs. As these new prescription advances come forward, I firmly believe that bariatric surgery will quickly be seen as an outdated intervention. Even if Etf were to make stringent requirements, such as only being available through a certain pharmacy and only partially covered, even being able to obtain the insurance negotiated price rather than the list price would make a world of difference for people.

The idea that weight is strictly calories in/calories out is an outdated idea. There is significant evidence that metabolism is far more complicated, and is simply not just "eat less, move more."

I appreciate being able to briefly share my thoughts.

Sincerely,  
Lisa Marmet



STATE OF WISCONSIN  
Department of Employee Trust Funds  
A. John Voelker  
SECRETARY

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
[etf.wi.gov](http://etf.wi.gov)

November 7, 2022

Lisa Marmet  
[REDACTED]

Dear Ms. Marmet:

Thank you for your email to the Department of Employee Trust Funds (ETF). In your email, you expressed support for weight-loss drug coverage.

At the November 16, 2022, Board meeting, ETF staff will be presenting a weight management analysis to the Board. The accompanying memo, [“Weight Management Analysis,”](#) includes: an examination of the Group Health Insurance Program’s (GHIP’s) medical, pharmacy, and wellness benefits; other states’ employee health insurance benefits approach to weight management; legal limitations; and the next steps for the Board to consider. As you can see in the memo, ETF staff agree that the idea of weight being “strictly calories in/calories out” is outdated and that weight loss is more complicated than eating less and moving more.

The Board will take no action at the November meeting but possible next steps regarding weight management will be discussed. The November 16, 2022, meeting agenda on the [“Group Insurance Board Meeting Agendas and Materials”](#) page, contains information about how to attend the meeting either in person or virtually.

You wrote that being able to obtain drugs with partial coverage would make a world of difference for people and we recognize that the costs of these drugs add up fast. Unfortunately, the current insurance-negotiated prices of the most effective drugs—semaglutide (Wegovy) and liraglutide (Saxenda)—are between \$11,000–\$13,000 per year. Due to [Wis. Stats. § 40.03\(6\)\(c\)](#), the Board cannot add benefits that do not have concurrent savings and, as it stands today, these drugs are only estimated to save about \$1,400 per year, according to studies sponsored by the companies who manufacturer weight-loss drugs. The Institute for Clinical and Economic Review (ICER) recommended weight-loss drugs be priced substantially lower to be in line with the health benefits they provide in a press release article, [“ICER Publishes Evidence Report on Treatments for Obesity Management.”](#)

The Board will consider changes and additional coverages to the GHIP for the 2024 benefit year at the May 2023 Board meeting. ETF staff are eager to learn if the long-term studies currently being conducted on weight-loss drugs will show that long-term usage of the drug causes no health issues to users. If the studies show health benefits,

Lisa Marmet  
November 7, 2022  
Page 2

then the cost savings of weight-loss drugs may outweigh the high cost of the drugs.

Again, thank you for your email and for sharing your weight loss experience. If you have any other further questions, comments, or concerns, please do not hesitate to contact me using the contact information below.

Sincerely,

Tricia Sieg, Pharmacy Benefits Program Manager  
Office of Strategic Health Policy  
Department of Employee Trust Funds  
[tricia2.sieg@etf.wi.gov](mailto:tricia2.sieg@etf.wi.gov)  
(608) 261-6006

**From:** [Sieg, Tricia - ETF](#)  
**To:** [Lisa Marmet; ETF SMB Board Feedback](#)  
**Subject:** RE: Weight Loss Drug Coverage  
**Date:** Tuesday, November 8, 2022 11:49:28 AM

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Ms. Marmet,

Thank you for your response. The \$13,000 cost you site is for one year of taking weight-loss drugs. Many people will have to take weight-loss drugs for many years, possible for the rest of their lives.

Again, thank you for your email.

Sincerely,

Tricia Sieg, Pharmacy Benefits Program Manage  
Office of Strategic Health Policy  
Department of Employee Trust Funds  
[tricia.sieg@etf.wi.gov](mailto:tricia.sieg@etf.wi.gov)  
(608) 261-6006

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**From:** Lisa Marmet [REDACTED]  
**Sent:** Tuesday, November 8, 2022 11:45 AM  
**To:** ETF SMB Board Feedback <ETFSMBoardFeedback@etf.wi.gov>  
**Cc:** Sieg, Tricia - ETF <Tricia2.Sieg@etf.wi.gov>  
**Subject:** Re: Weight Loss Drug Coverage

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I appreciate your response, and have reviewed the materials you provided prior to my initial outreach.

(c) Shall not enter into any agreement to modify or expand benefits under any group insurance plan, unless the modification or expansion is required by law or would maintain or reduce premium costs for the state or its employees in the current or any future year. A reduction in premium costs in future years includes a reduction in any increase in premium costs that would have otherwise occurred without the modification or expansion. This paragraph shall not be construed to prohibit the group insurance board from encouraging participation in wellness or disease management programs or providing optional coverages if the premium costs for those coverages are paid by the employees.

The average cost of bariatric surgery in the Milwaukee area according to newchoice health is \$26,622 on average- this is simply the initial surgery and does not include any required follow ups.

Thus, a prescription cost of \$13,000 would represent a 50% savings and clearly meet the criteria of your cited statutory requirements if you limited recipients to those who would qualify for surgery.

Thanks

Lisa Marmet

On Tue, Nov 8, 2022 at 11:31 AM ETF SMB Board Feedback <[ETFSMBoardFeedback@etf.wi.gov](mailto:ETFSMBoardFeedback@etf.wi.gov)> wrote:

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Office of Strategic Health Policy  
Department of Employee Trust Funds  
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