

From: [Chris Gallagher](#)
To: [ETF SMB Board Feedback](#)
Cc: [Houdek, Nathan D - OCI](#); [Walk, Renee - ETF](#); [Mallow, Eileen K - ETF](#); [Joe Nadglowski](#)
Subject: OAC Comments to ETF/GIB regarding AOM coverage
Date: Friday, October 14, 2022 1:34:44 PM
Attachments: [100722 OAC Comments to WI ETF GIB.doc](#)

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ATTN: Members of the Group Insurance Board


On behalf of the more than 78,000 members of the Obesity Action Coalition (OAC) including the more than 900 in Wisconsin, we would like to provide the attached comments regarding the upcoming November 16, 2022, meeting of the Wisconsin Group Insurance Board (GIB) regarding state employee coverage for anti-obesity medications (AOMs).

During the GIB's last public meeting on June 30th, the Board decided to table further discussion on adding AOM coverage until the November meeting when Employee Trust Fund (ETF) staff would be able to provide a more in-depth overview of weight loss management tools from wellness, medical, and pharmacy programs. As ETF staff prepare for their presentation, OAC is hopeful that the patient voice will be included, and we are requesting that ETF staff meet with OAC patient advocates prior to the November 16th meeting.

In addition, we believe that the Board should also afford 10-15 minutes to allow Wisconsin state employees to offer their thoughts surrounding AOM coverage given the ETF June 16 memorandum, which stated "Very few members are requesting the addition of weight-loss drugs. In the past two years, one member has requested coverage to continue on a drug covered by a private-sector employer. However, some members have reached out over this same period and requested the Board cover or reimburse for other aspects of weight loss like gym memberships, working with dietitians, or seeking assistance from a counselor." OAC has already heard from many Wisconsin state employees who support AOM coverage, and we believe the Board should allow their voices to be heard on this critical issue.

Thank you.

Chris Gallagher

Chris Gallagher
Washington Policy Advisor
ASMBS, OAC, TOS and OMA
Advocacy Manager
Center for Community Resilience




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October 13, 2022

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CDC Adult Obesity Prevalence Maps and Trust for America's Health Report on Obesity

A number of reports have been released since the June meeting that ETF and the Board should evaluate such as the latest Adult Obesity Prevalence Maps from the Centers for Disease Control and Prevention (CDC), which highlight that nineteen states and two territories have at least 35% of residents with adult obesity – more than doubling the number of states with a high obesity prevalence since 2018. In issuing their report, CDC stated

"These findings highlight the importance of equitable access to prevention and treatment. Supporting adults with obesity and its related health issues will take a sustained, comprehensive effort from all parts of society to reduce disparities and improve the health of our communities. In addition, obesity is a disease for which treatment options exist, including proven weight management programs, medications, and bariatric surgery. However, there is inequitable access to proven obesity treatment in the United States." CDC's acting principal deputy director, Debra Houry, MD, MPH, went further – stating that "this report illustrates the urgent need for making obesity prevention and treatment accessible to all Americans in every state and every community... and that when we provide stigma-free support to adults living with obesity, we can help save lives and reduce severe outcomes of disease."

The Trust for America's Health (TFAH) 2022 State of Obesity Report, which is based on CDC data, also included a recommendation supporting treatment in addition to prevention – recommending that "Medicare expand coverage of weight management and obesity related services such as obesity and nutritional counseling provided by registered dietitians, anti-obesity medications and bariatric surgery. TFAH also highlighted that "People with obesity not only live with additional health burdens, they are far too often victims of stigma and discrimination. Research has demonstrated

that weight-based discrimination is pervasive in educational, workplace, and healthcare settings, and even among friends and family. It can include ridicule, bullying, and fewer social, educational, and employment opportunities, and a lower quality of healthcare.”

Additionally, CDC stated that “Weight-based discrimination can result in measurable and often devastating consequences, including social isolation, mental health disorders, reduced wages, and poorer educational, employment, and healthcare outcomes. Evidence shows that on an annual basis less than three percent of eligible U.S. adults with obesity are prescribed anti-obesity medications or undergo bariatric surgery, demonstrating lower quality healthcare and barriers to treatment options for these individuals.”

Institute for Clinical and Economic Review Evidence Report on Treatments for Obesity Management

On August 31st, the Institute for Clinical and Economic Review (ICER) released its Evidence Report assessing the comparative clinical effectiveness and value of subcutaneous semaglutide, liraglutide, phentermine/topiramate, and bupropion/naltrexone for the treatment of obesity. In issuing the report, ICER’s Chief Medical Officer David Rind, MD, stated that “the vast majority of people with obesity cannot achieve sustained weight loss through diet and exercise alone.”

I am pleased that OAC leadership has been involved with the development process of the ICER report from the early stages. Most recently, I had the opportunity to join other patient advocates, clinical experts, and payer representatives for a policy discussion during ICER’s September 16th public meeting, which examined several issues surrounding access to, and coverage of, obesity treatment. The panel discussed public and private payer coverage of AOMs; drug pricing and affordability, health equity and roadblocks to care, and the profound impact that bias and stigma continue to have on individuals affected by obesity across so many sectors of our society. We encourage ETF staff to review the roughly [2-hour forum](#) as it touches on several of the critical issue areas that have been raised by ETF and the Board. **Please note that ICER will be issuing its final evidence report and meeting summary on October 20th and we will be sure to follow up with the Board regarding any new information that comes out of this process.**

Again, thank you and we look forward to working with both ETF staff and the members of the Group Insurance Board toward addressing the critical need for ensuring that state employees affected by overweight and obesity have access to the full continuum of science-based treatment avenues.

Sincerely,

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

Joe Nadglowski, OAC President and CEO



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SECRETARY

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October 31, 2022

Chris Gallagher
[REDACTED]

Dear Mr. Gallagher:

Thank you for your email and letter on behalf of the Obesity Action Coalition (OAC) regarding anti-obesity coverage in the Group Health Insurance Program. I also appreciate the time you and some of your members took on October 27 to discuss your concerns with me and my team; and allow us to walk through our planned memo to the Group Insurance Board (Board), our annual process for benefits changes, and the statutory limitations that we must abide by.

As we discussed on October 27, the Department of Employee Trust Funds (ETF) submits benefits changes to the Board annually for consideration. We typically begin this process in February with final recommendations being shared with the Board in May, so that we can include a complete listing of benefits for health plans to consider during the rate setting process. ETF will not be recommending any changes as part of our November Board memo. Instead, we intend to review obesity as a health condition; what treatments and services are available in the medical, pharmaceutical, and behavioral health space; what is covered by the Board's programs; and our legal requirements.

We also briefly discussed these legal requirements and limitations on our call. As we shared at that time, the Board is limited by [Wis. Stats. § 40.03\(6\)\(c\)](#) from expanding benefits in a way that would increase costs to the program unless we are required to cover by state or federal law, or we find commensurate savings either by cutting benefits or proving return on the cost of the services added. ETF recognizes the substantial impact that obesity has on our population and will continue to consider anti-obesity medications, along with other treatments and services for obesity, as evidence on costs and benefits continue to develop.

In your email you also requested time at the November 16, 2022, Board meeting for public comment. The Board meeting agendas do not include a public comment period. Public comments are welcomed by the Board through written correspondence and considered when making benefit policy and program decisions. As we discussed during our call, your members—particularly those who are also members of ETF's Group Health Insurance Program—can send their views to the Board's feedback email: BoardFeedback@etf.wi.gov.

Chris Gallagher
October 31, 2022
Page 2

If you have any additional questions about our approach or other concerns regarding our benefits, please don't hesitate to reach out to me either by phone at (608) 261-7254 or by email at renee.walk@etf.wi.gov.

Thank you,

Renee Walk, Programs & Policy Unit Director
Office of Strategic Health Policy
Department of Employee Trust Funds