

From: [David Usher](#)
To: [ETF SMB Board Feedback](#)
Subject: Medical treatment of Obesity
Date: Tuesday, April 4, 2023 9:33:58 AM
Attachments: [Letter to ETF GIB Obesity 040423.pdf](#)

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From a practicing obesity medicine expert. We see several hundred patients each month.
Thank you!

David Usher, MD

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April 4, 2023

Dear Members of the Group Insurance Board,

As a practicing family physician who has been treating patients for their obesity medically for over 18 years, I write to strongly encourage the Group Insurance Board (GIB) to approve coverage for anti-obesity medications (AOMs) in plan year 2024 for state employees.

Obesity is a self-perpetuating, chronic disease, which causes a relentless downward spiral of ill health in those afflicted by it. Aside from the common symptoms of obesity itself, such as fatigue, lassitude, joint pain, and obstructive sleep apnea, among others, it is a significant, independent risk factor for our number one cause of death, coronary heart disease. Further, obesity is a promoter of 13 different forms of our most common cancers –breast, uterine, colon, prostate, etc. Indeed, it is estimated that over 200 health conditions are caused or worsened by obesity.

Largely, obesity is a result of social determinants that lie extrinsic to the patient:

- cultural influences experienced by folks growing up (how the family and friends socialize, celebrate, or conduct meetings)
- socio-economic factors affecting availability of highly satiating, protein-rich foods (convenience stores, vending machines, low-incomes, SNAP coverage of obesogenic foods)
- the auto-friendly built environment
- federal government subsidies of items like sugar and corn production making highly-processed carbohydrate-rich, protein-poor foods cheaper, highly palatable/addicting

Unfortunately, people with obesity are often stigmatized as lazy, careless, or of lesser intelligence. However, largely, studies show that in the U.S. over the past 40 years, the population has followed prevailing dietary guidelines by reducing its fat and meat intake.¹ Despite this, obesity rates have skyrocketed, more than tripling in the last 4 decades. This is not a character problem in our people, but a result of policies and practices that promote obesity in our communities.

¹Jeanine Bentley. U.S. Trends in Food Availability and a Dietary Assessment of Loss-Adjusted Food Availability, 1970-2014, EIB-166, U.S. Department of Agriculture, Economic Research Service, January 2017.

While policy changes are debated, medicinal treatment of obesity can, immediately, be an important adjunct to lifestyle changes in the reversal of the obesity trend. The obesogenic American diet creates a biological climate crisis within obese patients where they have reduced brain energy, decreasing focus, attention, and critical thinking skills; intense cravings for highly processed foods, low physical energy due to undernourishment and lipotoxicity of skeletal muscle, inflammation in joints, brain and blood vessels, leptin resistance which promotes hunger, among many others.

We currently have a number of medications on the market proven effective for reduction in weight and these self-propagating symptoms of obesity. Some have been on the market for decades, others are newer on the scene. Generally, effective obesity medications should help with:

1. Hunger
2. Cravings
3. Feelings of Deprivation
4. Ability to manage impulsive eating in social situations
5. Emotional/stress eating.

Phentermine, phentermine/topiramate, Wegovy (semaglutide), Saxenda (liraglutide), and others have all shown to be effective in numerous scientific studies, and to be useful in our patients. Some are more expensive, some less so.

Whether it is a type 2 diabetic patient who is able to come off his/her insulin, or a young adult riddled with anxiety and depression due to fat-shaming, these medications can help a person to more easily adhere to dietary recommendations that can turn around their obesity and make them healthier.

There is no doubt that there is a small subset of patients for whom bariatric surgery is the best option, but with nearly half the U.S. adult population struggling with obesity, a much more cost-effective, readily available, safe, and humane approach is obesity medicine. Thousands of clinicians nationwide have become certified in the effective treatment of obesity.

Currently, 25 states have taken steps to expand access to obesity care by providing coverage for AOMs for their state employees, including our neighbors Minnesota, Iowa, Illinois, and Michigan. National data shows that utilization of AOMs is below 1% for patients with obesity.³ Further, Wisconsin provides coverage for AOMs. Why do the state employees have equal

²MacEwan J, Kan H, Chiu K, Poon JL, Shinde S, Ahmad NN. Antiobesity Medication Use Among Overweight and Obese Adults in the United States: 2015–2018. *Endocrine Practice* [Internet] 2021 [cited 2023 Mar 16];27(11):1139–48. Available from: <https://doi.org/10.1016/j.eprac.2021.07.004>

³WI Medicaid data

access? Wisconsin Medicaid has provided AOM access to patients through a prior authorization process for more than 4 years, prescribing of AOM therapy also remains below the national average (<1%).¹ Low utilization of AOMs and the cost of treatment associated with covering the AOM class is manageable and improves lives. Obesity should be treated seriously like other chronic diseases.

In closing, it is time that the Board vote in favor of providing coverage for AOMs to ensure that state employees have access to comprehensive, evidence-based treatment options to improve health and increase productivity. Thank you for your attention to this matter. Please contact me at 715-514-2827 with any questions.

Sincerely,

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April 21, 2023

David Usher
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Dear David Usher:

Thank you for your correspondence to the Group Insurance Board (Board).

Department of Employee Trust Funds (ETF) staff are currently reviewing the "[2024 Preliminary Agreement and Benefit Changes](#)" that were presented to the Board during the February 22, 2023, meeting. One change being considered is the adding weight-loss drugs to the commercial pharmacy formulary.

Staff will present their final recommendations to the Board for action at the May 17, 2023, meeting. The May meeting agenda and materials will be posted to the "[Group Insurance Board Meeting Agendas and Materials](#)" ETF webpage closer to the meeting date.

Again, thank you for your correspondence.

Sincerely,

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