

From: [Rita German](#)
To: [ETF SMB Board Feedback](#)
Subject: Covering weight loss medicine
Date: Friday, December 15, 2023 4:53:16 PM

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Dear ETF:

My name is Rita German. I am a Hepatologist and Assistant Professor in the UW School of Medicine and Public Health Division of Gastroenterology and Hepatology. I also serve as Associate Program Director of the Transplant Hepatology Fellowship. My practice focuses on caring for patients with complex liver disease, liver cancer, and post transplantation support.

I am writing as both a physician, educator, and state employee to respectfully request that the State Board of Insurance add anti obesity medications to its covered health plans as soon as possible. I believe doing so would be a crucial, proactive step that would improve long term health outcomes and quality of life for thousands of patients while also helping to reduce health care costs in the long term as obesity related disorders are among the most costly conditions we treat. If we don't collectively identify more treatment approaches for what has become a true public health crisis, everyone will pay the price whether that's higher future premiums, medicare taxes, etc.

In my practice, I routinely treat Metabolic dysfunction-associated steatotic liver disease (MASLD), formerly known as non-alcoholic fatty liver disease (NAFLD). MASLD is a chronic, progressive condition affecting about 20% of the global population and it is strongly associated with features of metabolic syndrome, namely obesity and type 2 diabetes. Left untreated, MASLD can lead to cirrhosis, which is an often life-threatening permanent scarring of the liver which can lead to early death and the need for very expensive and risky procedures such as liver transplantation.

Losing weight and avoiding alcohol are among the biggest lifestyle changes to treat MASLD along with medications such as those to reduce cholesterol, triglycerides and blood pressure. However, the obesity epidemic is getting worse and despite many patients' best efforts, losing weight remains elusive given many complicated socioeconomic factors. I believe that covering anti-obesity medicines in the state group health plans would represent a big step forward in providing clinicians and patients with additional options to improve their health and avoid much more serious, costly and potentially deadly complications in the future.

While these drugs undoubtedly have a cost (like all medications), I believe that they have the potential to actually save money in the future because the cost of them will come down over time and the conditions they could help to address already burden the system with hundreds of millions of dollars to say nothing of the reduced lifespan and quality of life. Also, approval of these medicines to cover obesity related diseases (as opposed to just diabetes) is becoming the standard in many neighboring states including Iowa, Indiana, Michigan, Illinois, Minnesota and elsewhere in the country. Wisconsin's own Medicaid program covers AOMs and so does the federal government for its group health plans. It would be a disservice to Wisconsin state employees and the physicians like me that treat them to not be able to use them as an option for these hard working public servants.

Thank you for your time, attention and consideration. I look forward to hearing back and for the Board to take action on this matter as soon as practicable.

Sincerely,

Margarita German, MD

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December 18, 2023

Dear Dr. German:

Thank you for your email to the Group Insurance Board (Board) regarding adding coverage of anti-obesity medications (AOMs) to the Group Health Insurance Program (GHIP).

While ETF continues to monitor cost effectiveness research, the current pricing of these drugs is still greater than the measurable savings. The Board must still adhere to [Wis. Stat. § 40.03\(6\)\(c\)](#) that only allows the Board to add benefits to the GHIP if the addition is mandated by law or if a savings can be demonstrated. If neither of these provisions are met, the Board must reduce benefits to allow for the addition of new benefits.

Recent market data has suggested that AOMs account for 1% of annual premium increases for 2024. The Board would either need to reduce \$18M in benefits to accommodate this cost increase, greater savings values would need to be shown in literature, or pharmaceutical companies would need to reduce prices to bring the costs in line with the demonstrated benefits.

At their November 16, 2022, meeting, the Board received a [“Weight Management Analysis”](#) memo and [presentation](#) from Wisconsin Department of Employee Trust Funds (ETF) staff with a comprehensive review of methods to address overweight and obesity, and the available evidence related to treatments. The presentation and memo included information on approaches addressing overweight and obesity ranging from lifestyle and behavioral change services to medical services and anti-obesity drugs.

At the May 17, 2023, Board meeting, the Board discussed adding weight-loss drugs to the drug formulary for 2024 (see pages 9-10 of ETF’s memo to the Board linked here: <https://etf.wi.gov/boards/groupinsurance/2022/06/30/gib4/direct>). The same statutory restrictions still exist, and no additional research has shown greater cost savings; therefore, the Board was not able to add weight-loss drug coverage for 2024.

The Board will consider 2025 GHIP changes at its February 21, 2024, meeting. The agenda, memos, and presentations for that meeting will be posted on ETF’s [“Group Insurance Board Meeting Agendas and Materials”](#) webpage about a week prior to the meeting.

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

Sincerely,

Tricia Sieg
Pharmacy Benefits Program Manager

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