

From: [Glasenapp, Kate](#)
To: [ETF SMB Board Feedback](#)
Subject: EXPANDING COVERAGE FOR ANTI-OBESITY MEDICATIONS
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To Whom It May Concern:

Obesity needs to be understood for what it is: a chronic, progressive, relapsing disease with significant physical, emotional, and psychological complications requiring ongoing compassionate medical care. I work daily to get this message out to our patients, my colleagues and our employers/payors.

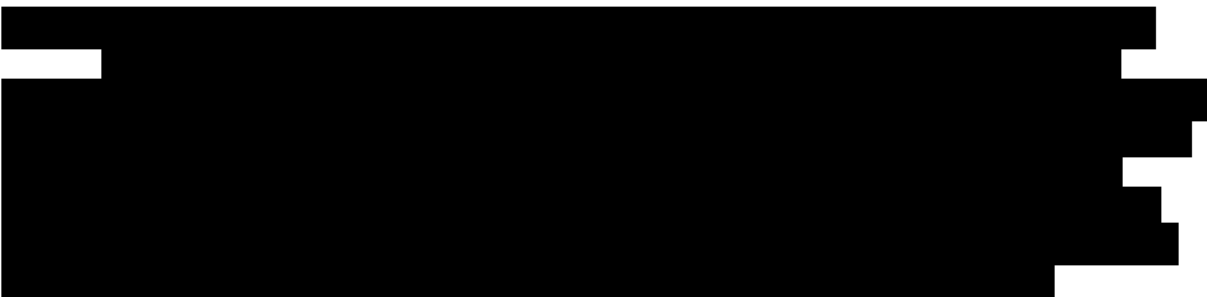
I am faculty with the Medical College of Wisconsin and a full time Nurse Practitioner in metabolic health with most of my work in diabetes and weight management. I see adult patients with chronic disease. These patients range from 18 years through 97-year-old. The population challenged most with obesity complications are the young adults through patients in their early 70s. The challenges these patients face with obesity is precipitating other complications of metabolic disease including prediabetes, diabetes, liver disease, joint pain/pathology and immobility, hypertension, dyslipidemia, and diabetes with its comorbidities of cardiac and renal disease. There are psychosocial detriments as well ranging from isolation, to guilt, remorse, shame as well as depression and suicidal ideation.

We offer patients a comprehensive program with education and support as well as medical expertise which often call for treatment with FDA approved anti-obesity medications (AOMs) according to obesity medicine guidelines. We have seen tremendous success and patient empowerment as well as reversal of obesity related disease with add on of anti-obesity medications. There is clear research and evidence that “eat less and move more” is NOT sufficient to treat the potentially devastating, chronic disease of obesity.

Here in Wisconsin, we need to align coverage for Anti-Obesity medication coverage with our neighboring states for those limited by their group plans: our state/county employees, our patients with Medicaid coverage, and our federal employees. We need to cover treatment for our disadvantaged populations the same as it is often covered for our privately, well-insured populations. We now have powerful tools in our pharmaceutical toolbox that are being denied to individuals because they don't have the right insurance coverage or there are formulary restrictions that are not concordant with our Obesity Medicine guidelines.

We have seen these medications, along with investment in lifestyle strategies, create lifesaving opportunities for our patients:

[REDACTED]



As a provider and weight management specialist it is painful and ethically challenging to work with patients in need of life altering medications, knowing the medication is FDA approved and a successful, research-based treatment, but I cannot offer it to them because of their insurance limitations. In time we watch their health deteriorate, their complications multiply, and the cost of their care increases exponentially simply because we could not treat their underlying chronic progressive disease- obesity. I clearly understand the economics of this. I understand the cost of these medications but that is genuinely nothing compared to the cost of impending complications and loss of quality of life that this population is sure to experience. Our population with overweight and obesity is already marginalized and discriminated against in many ways. Now they experience the same with their own employer, county, state or federal mandates in their decisions to deny or ration AOM therapy.

We are judicial in our prescribing of these medications and our message is clear that patients are required to invest in lifestyle strategies, they need to do the work. There is no magic in the medication alone, however, these medications are changing lives daily and there is nothing more hopeful than to see people rejoin life rather than remain spectators in it.

Obesity is an epidemic that is only promising to worsen without aggressive intervention now. As a seasoned, dedicated, and passionate expert in obesity medicine I respectfully request that you review and revise policies to enhance coverage of anti-obesity medications to offer this therapy in accordance with Obesity Medicine Guidelines (just as we would treat diabetes, hypertension or hyperlipidemia).

Most Sincerely,

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