

From: [REDACTED]
To: [ETF SMB Board Feedback](#)
Subject: Approve Weight Loss Drugs
Date: Saturday, February 17, 2024 12:38:05 PM

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Dear Board of Directors,

I request that the board approve drug coverage for weight loss drugs.

[REDACTED]
[REDACTED] My income from [REDACTED] prohibit the drug treatment. While the cost of these drugs may seem excessive the cost of other health issues from excessive weight exceed those costs. Treatment costs for high blood pressure, cholesterol, heart disease, diabetes, & lifestyle implications outweigh the drugs costs.

Continued denial of weight loss treatment coverage seems prejudicial since EFT has coverage for alcohol and drug treatment. I pay for ETF insurance coverage and yet am denied coverage for a less invasive weight loss treatment because there are biases toward those who are fat but it's ok if you're an alcoholic or drug addict.

Please provide services and treatment for all including those suffering from obesity. The weight loss drugs should be another tool in the toolbox and be covered by ETF.

Sincerely,

Patricia Oemig
[REDACTED]



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

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March 11, 2024

Patricia Oemig
[REDACTED]

Dear Ms. Oemig:

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

[Federal Statute 42 USC 1395W-102](#) prevents the Center for Medicare and Medicaid Services (CMS), which creates the Medicare Part D drug formulary, from including coverage for AOMs. Because of this federal law the Board can only consider adding AOM coverage to the non-Medicare drug formulary.

At the Board's February 21, 2024, meeting the Board considered 2025 GHIP changes. ETF staff prepared a [memo](#) to the Board regarding adding AOMs for non-Medicare members for 2025. The information can be found in the memo starting on the bottom of page three.

At the February 21, 2024, meeting the Board did not add AOM coverage for 2025. However, the Board directed ETF staff to continue to monitor utilization, costs, and effectiveness of AOMS, and to present coverage options for the Board's consideration.

While ETF staff 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 weight loss medications account for 1% of annual premium increases for 2025. The Board would either need to reduce \$21M 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.

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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,

Jessica Rossner
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