

From: [REDACTED]
To: [ETF SMB Board Feedback](#)
Cc: [Sieg, Tricia - ETF](#)
Subject: Follow-up on Anti-Obesity Medication Coverage for 2026 Benefit Year
Date: Thursday, August 1, 2024 8:59:08 AM

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Dear ETF & Group Insurance Board Members,

My name is Atalie Andersen, and I am a Nurse Practitioner at the UW Health Department of Cardiology. I have had the privilege of working here for nearly 8 years, helping patients improve their health and quality of life. Last fall, I reached out to express my concern about the lack of coverage for anti-obesity medications (AOMs) under the Group Insurance Board's formulary. I was disappointed to learn that the board declined to expand coverage for the 2025 benefit year, despite the overwhelming evidence and broad support from the medical community supporting the efficacy of these FDA approved treatments.

Obesity remains a significant factor in the development of heart disease, which is one of the leading causes of premature death in Wisconsin. Many of my patients are overweight or obese, and untreated obesity often leads to severe complications, including diabetes, high blood pressure, and liver disease. As a healthcare provider, I witness the devastating impact of obesity on a daily basis.

Recent developments in obesity treatment, particularly the results of the SELECT trial, have shown that medications like GLP-1 agonists (e.g., semaglutide and tirzepatide) can significantly reduce major adverse cardiovascular events. The SELECT trial, involving over 17,000 adults with pre-existing cardiovascular disease and obesity, demonstrated a 20% reduction in such events over three years. These medications recalibrate the brain's hunger signals, making it easier for patients to make healthier choices and lose weight sustainably.

In light of this compelling evidence, I urge the board to reconsider adding AOMs to the formulary for the 2026 benefit year. The Wisconsin Obesity Society has also advocated for a tiered approach to coverage, which I believe is a practical solution. Starting with the neediest patients—those with severe obesity and serious BMI and cardiac challenges—and gradually expanding coverage as more medications and generics enter the market will help manage costs while providing essential care to those who need it most.

A phased approach will allow us to prioritize those at the highest risk, ensuring they receive the necessary treatments to prevent severe health complications. As more AOMs and generics become available, prices are likely to decrease, making it feasible to expand coverage further.

Untreated obesity can lead to difficult-to-treat conditions and premature death. It is crucial to adopt an "all of the above" strategy that includes FDA-approved therapeutics that have been shown to be safe and effective. Many state employees, including those working for UW, school systems, and state government departments, would benefit immensely from these medications. Using them as part of their care could prevent more serious consequences in the coming decades.

Thank you for your consideration. I hope the board will take this opportunity to promote the health and well-being of our state employees by expanding coverage for anti-obesity medications. I look forward to seeing these crucial medicines added to the formulary for the 2026 benefit year.

Best regards,

Atalie Andersen, NP
UW Health Department of Cardiology