

From: [Poddar, Kavita H](#)
To: [ETF SMB Board Feedback](#)
Cc: [Sieg, Tricia - ETF](#)
Subject: AOMs / GLP-1 follow up letter
Date: Wednesday, September 25, 2024 12:47:08 PM

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Dear Group Insurance Board Members,

I am writing again in my individual capacity to express my continued disappointment that the Board elected not to expand coverage for anti-obesity medications in the 2025 benefit year. As a clinical nutritionist and diabetes educator at UW Health, I work closely with patients who suffer from obesity and its severe complications—diabetes, cardiovascular disease, immobility, liver disease, osteoarthritis, and more. For many of these patients, no matter how diligently they adhere to diet and exercise regimens, sustained weight loss remains elusive, leading to worsening health and rising healthcare costs that impact quality of life and working productivity. While I would have preferred a different outcome for 2025, I sincerely hope that the Board can act soon to include coverage beginning no later than the 2026 benefit year.

While I understand that short to midterm cost considerations have played a significant role in the Board's decision, I urge you to reconsider and focus on the longer-term benefits and total value. Many state health plans, as well as the federal government employee health plans, already include coverage for anti-obesity medications. A potential incremental coverage approach, prioritizing the neediest patients with multiple co-occurring conditions who have tried other interventions without success, would allow Wisconsin to begin addressing this public health crisis based on the latest clinical best practices while managing costs. As more anti-obesity medications (AOMs) enter the market and prices likely decrease, there will be additional opportunities to expand coverage further.

Obesity costs the U.S. healthcare system nearly \$200 billion every year and that staggering burden is not limited to direct medical costs. My patients not only suffer from debilitating physical conditions, but also from the financial and emotional strain of long-term disease management, shame and diminished quality of life. Expanding coverage for anti-obesity medications will provide immediate relief to those most in need while laying the groundwork for broader cost savings in the future.

Medications such as GLP-1 agonists offer more than just A1C management and appetite suppression; they recalibrate the brain's hunger signals, addressing the underlying biological factors of obesity. The [SELECT trial also demonstrated](#) a 20% reduction in major cardiovascular events, further highlighting their efficacy. The long-term cost savings associated with these medications are not hypothetical—the [USC Schaeffer Center for Health Policy Economics estimates](#) that Medicare could save \$176 billion in the first decade of expanding coverage for these drugs, largely due to reduced hospitalizations, surgeries, and other healthcare services. These savings would also be felt in Wisconsin and likely lead to greater productivity of our public workforce and increased quality of life, a win win for all Wisconsinites.

The decision to act is not only in the public interest from a health standpoint but also from an economic perspective. I urge you to take this next step toward a healthier Wisconsin by providing the neediest patients with access to these life-changing medications. I remain available for further discussion and would be happy to provide any additional information.

Sincerely,

Kavita Poddar, PhD, RD
Clinical Nutritionist/Senior Registered Dietitian
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September 25, 2024

Dr. Kavita Poddar, PhD, RD
KPoddar@uwhealth.org

Dear Dr. Poddar,

Thank you for your September 25, 2024, email to the Group Health Insurance Board (Board) concerning the inclusion of anti-obesity medications (AOMs) in the 2026 Group Health Insurance Program (GHIP).

At the August 14, 2024, Board meeting I presented on weight-loss drugs analysis and coverage considerations. While the [memo](#) and [presentation](#) to the Board was for informational purposes only, there is a timeline in the memo on page 2 under the heading "Plan for Coverage Consideration" regarding when the Board will be able to consider options for AOM coverage for 2026.

I will be giving an informational update on AOMs to the Board at their upcoming November 13, 2024, meeting. That memo and presentation, as well as the meeting agenda, will be posted on the "[Group Insurance Board Meeting Agendas and Materials](#)" page on the ETF website about a week before the meeting.

Again, thank you for your letter. Please feel free to send me any research or information you find about AOMs.

Sincerely,

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