

**From:** [REDACTED]  
**To:** [ETF SMB Board Feedback](#)  
**Cc:** [Sieg, Tricia - ETF](#)  
**Subject:** Anti-Obesity Medication Coverage  
**Date:** Friday, August 30, 2024 6:57:59 PM

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**Dear Group Insurance Board Members,**

My name is Suzy Gomez-Goldman and I'm a Family Medicine Physician at UnityPoint Health – Meriter in Madison. I regularly treat patients (particularly women) living with obesity related disorders that negatively affect quality of life, a significant number of whom are state employees.

As a physician dedicated to community health, I see firsthand the devastating impact of obesity on my patients and the high costs associated with its treatment. I am writing to urge you to reconsider your prior decision and include the latest FDA-approved anti-obesity medications (AOMs) in the Group Health Insurance Program beginning in 2026 or before.

Obesity is a complex, chronic disease that significantly contributes to numerous comorbid conditions such as diabetes, cardiovascular disease, and liver disease. Despite the best efforts of many patients to manage their weight through diet and exercise, these interventions often prove insufficient. Recent studies, such as the SELECT trial, have demonstrated the efficacy of FDA approved AOMs like GLP-1 receptor agonists in reducing major adverse cardiovascular events by 20% in patients with obesity and cardiovascular disease.

The impact of obesity extends beyond individual health, affecting families, communities, and the economy. The annual cost of obesity-related healthcare in the U.S. is nearly \$173 billion, with significant losses in job productivity due to related job absenteeism, workplace injuries, disability costs, and turnover costs. Addressing obesity with clinically effective AOMs can prevent severe lifelong complications and reduce long-term healthcare expenditures.

While I realize the costs of these medications may require an incremental, phased in approach where the most needy patients (such as those with morbid obesity plus at least one other serious comorbidity) are prioritized in the first year or two along with mandatory nutritional support, it's important to remember that over time, medication costs will tend to decrease as generics and additional brand name AOM competitors enter the market, which is already happening at a fairly rapid pace. Moreover, the Board should look beyond just the current costs of the medications but rather the costs of doing nothing, both in terms of public health

and budgets. Simply put, doing the same thing and expecting better results is not a viable nor evidence-based strategy.

This common sense, phased approach has been supported by the Wisconsin Obesity Society and other medical professionals, ensuring that those who need these medications the most receive them first.

Wisconsin is also increasingly becoming an outlier among Midwestern states, many of which have adopted AOM coverage for some or all of their public employees meeting clinical criteria. Additionally, Wisconsin Medicaid and the Federal Office of Personnel Management have recognized the benefits of including AOMs in their healthcare plans based on the best available clinical evidence.

The obesity and cardiovascular epidemic are worsening every year. By adopting an evidence-based, incremental implementation with targeted coverage and comprehensive support programs, we can improve health outcomes for our patients and reduce long-term healthcare costs.

Thank you for your consideration of this important matter. I look forward to discussing this further and answering any questions you may have.

Sincerely,

Suzy Gomez-Goldman, MD  
Family Medicine Physician  
UnityPoint Health-Meriter