

From: [Gary Dougherty](#)
To: [ETF SMB Board Feedback](#)
Subject: Comments for March 12, 2025 GIB meeting
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Please find attached written comments for distribution to the members of the Group Insurance Board in advance of tomorrow's meeting.

Thank you.

Gary Dougherty

Director, State Government Affairs

Eastern Time Zone

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March 11, 2025

Department of Employee Trust Funds
Board Liaison
P. O. Box 7931
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Via email: ETFSMBBoardFeedback@etf.wi.gov

Members of the Group Insurance Board:

My name is Gary Dougherty and I am the Director of State Government Affairs for the American Diabetes Association® (ADA), the nation's leading voluntary health organization fighting to bend the curve on the diabetes epidemic. Founded in 1940, the ADA is comprised of people with diabetes, healthcare professionals, research scientists, and other concerned individuals. The ADA's mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

Whereas Wisconsin's Group Health Insurance Plan (GHIP) covers certain obesity medications for the treatment of diabetes, the Plan does not cover FDA-approved medications for weight loss. This policy limits members' access to potentially life-changing treatments, significantly affecting individuals with obesity and creating a barrier to effective medical interventions that could help manage their condition and improve their quality of life.

Obesity is a major contributor to over 200 medical disorders,¹ including diabetes, hypertension, and heart disease as well as 13 types of cancer.² These conditions negatively impact physical, mental, and emotional health while also limiting physical mobility. In Iowa, 71% of adults have obesity or overweight,³ signaling a major public health challenge that requires urgent attention.

Not only are health outcomes compromised, so, too, is the state's economic activity. In Iowa, obesity reduces economic activity by about \$8.5 billion and costs the state budget about \$1.2 billion annually.⁴

Obesity medications, combined with a lifestyle program, help individuals achieve significant weight loss—on average, 3% to 12% more of their starting body weight after one year compared to lifestyle changes alone.⁵ Even after stopping the medication, patients tend to maintain at least one-third of their weight loss, highlighting the sustained benefits of this approach.⁶

Achieving a weight reduction of 5-10% can greatly enhance quality of life, improve mobility, and reduce issues like depression, sexual dysfunction, and urinary incontinence. Larger reductions, such as 10-15%, have been shown to improve serious conditions like sleep apnea.⁷ Long-term participation in programs like the Diabetes Prevention Program (DPP) can also prevent or delay type 2 diabetes by up to 10 years, demonstrating the far-reaching benefits of effective obesity management.⁸

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We are already paying for obesity in Iowa. Obesity costs our health care system in the form of higher costs related to avoidable emergency and in-patient care and avoidable type 2 diabetes and other co-morbid conditions.

Investing in the coverage of obesity medications for GHIP members will dramatically improve the health of those with obesity and enable them to avoid developing costly co-morbid conditions. Shouldn't we invest in keeping Iowans healthier? Over the long-term, it is a common sense, cost effective way to begin to address the obesity epidemic in Iowa.

The American Diabetes Association encourages the the Group Insurance Board to add coverage for FDA-approved medications for weight loss in order to prevent the much more expensive complications that result.

Thank you very much for your consideration. If you have any questions, please direct them to me at gdougherty@diabetes.org and I will do my best to answer them for you.

¹ <https://www.ama-assn.org/topics/obesity>

² <https://www.cdc.gov/cancer/risk-factors/obesity.html>

³ <https://www.globaldata.com/health-economics/US/Wisconsin/Obesity-Impact-on-Wisconsin-Factsheet.pdf>

⁴ Ibid.

⁵ <https://www.niddk.nih.gov/health-information/weight-management/prescription-medications-treat-overweight-obesity>

⁶ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9542252/>

⁷ <https://link.springer.com/article/10.1007/s13679-017-0262-y>

⁸ <https://repository.niddk.nih.gov/study/40>

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