

From: [Tracy Zvenyach](#)
To: [ETF SMB Board Feedback](#)
Cc: [Joe Nadglowski](#); [Walk, Renee - ETF](#); [Sieg, Tricia - ETF](#)
Subject: Support for obesity medication coverage
Date: Tuesday, October 21, 2025 4:59:01 PM
Attachments: [102125 OAC Statement Supporting WI ETF GIB Meeting on State Employee AOM Coverage.docx.pdf](#)

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Dear colleague,

As the leading national non-profit representing people living with the disease of obesity, the Obesity Action Coalition (OAC) recommends that the Wisconsin Employee Trust Fund (ETF) Group Insurance Board (GIB) update the Segal cost analysis and quickly approve coverage for FDA-approved obesity medications in benefit year 2027 at the Board's scheduled November 12, 2025 meeting.

Please find a letter of support attached to this email. Happy to answer any questions. Thank you.

Kind regards,
Dr. Tracy Zvenyach

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Obesity Patient Group Recommends Wisconsin Group Insurance Board to Update Cost Analysis and Establish Obesity Medication Coverage for State Employees

October 21, 2025

As the leading national non-profit representing people living with the disease of obesity, the Obesity Action Coalition (OAC) recommends that the Wisconsin Employee Trust Fund (ETF) Group Insurance Board (GIB) update the Segal cost analysis and quickly approve coverage for FDA-approved obesity medications in benefit year 2027 at the Board's scheduled November 12, 2025 meeting.

OAC has been working for years through ETF staff to provide stakeholder feedback and urge GIB members to provide coverage for scientific-based treatment avenues such as intensive behavioral therapy, pharmacotherapy and metabolic and bariatric surgery to ensure that Wisconsin state employees have access to comprehensive care. Throughout this period, we have shared numerous statements from the medical community and federal and state policymakers recognizing obesity as a complex and chronic disease and calling on public and private health plans to provide coverage for treatment.

The ETF actuarial analysis on coverage for FDA-approved obesity medications needs to be updated based on new information and data. There is growing evidence and recognition of the need to treat obesity as the chronic disease that it is. Health plans that continue to exclude coverage for obesity medications are out of date and out of touch with the scientific evidence.

The current cost analysis by Segal continues to assume rising net prices, despite clear evidence to the contrary. This inflates the overall projections that ETF's recommendations to the board rely on. We believe both the board and GHIP members would benefit from a revised Segal analysis that better reflects the consistent net price declines observed over the last 18 months, with more expected.

Data from the 2025 Delaware GLP Trends Report show that, after accounting for rebates, the per-prescription cost of GLP-1 drugs remained essentially flat from 2020 to 2023, even while list prices rose. [Delaware Insurance Dept](#) That is, the net cost per prescription hovered around \$400 over the period, despite much higher sticker prices. [Delaware Insurance Dept](#) This data suggests that in practice, net prices often resist upward pressure, challenging the assumption inherent in the current analysis.

We know that obesity rates continue to rise with more than 40 percent of Americans affected by obesity nationwide – including more than 37 percent of Wisconsinites who currently struggle with this complex and chronic disease. For those health plans that do cover comprehensive obesity care, we are seeing cost offsets and savings in other areas.

The state of Connecticut has published data from their state employee obesity management program. In their observational evaluation of FlyteHealth's Comprehensive Obesity Care (COC) program in Connecticut, [Milliman](#)

[estimated](#) that the plan achieved \$430,000 to \$1.2 million in cost avoidance during the first year, equivalent to about 1 % to 3 % of the state's total OM pharmacy spend.

An [AON workforce obesity management program analysis](#) found that, while GLP-1 therapies create an upfront increase in pharmacy costs, they are associated with meaningful downstream savings and better health outcomes over time. By year two, medical cost growth among GLP-1 users was about half that of a matched control group, with a seven-percentage-point improvement in medical spend growth when excluding drug costs. Health outcomes also improved significantly where GLP-1 users had a 44% lower risk of hospitalization for major adverse cardiovascular events and showed reduced incidence of conditions such as pneumonia, inflammatory bowel disease, osteoporosis, and substance use disorders. These findings suggest that GLP-1 therapies, when integrated into workforce health benefits, can both bend the cost curve and improve health outcomes.

The evidence is clear that investing in obesity care is good for employee health and business. **We respectfully call for the GIB to update the Segal cost analysis and quickly approve coverage for FDA-approved obesity medications in benefit year 2027.** The analysis must incorporate realistic assumptions and include data from programs delivering obesity management to comprehensively address the dynamics of this market. People living with obesity deserve access to quality care and effective treatments. With questions, please contact OAC's policy advisor, Chris Gallagher, at chris@potomaccurrents.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joe Nadglowski".

Joe Nadglowski
President & CEO
Obesity Action Coalition