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Comments Submitted by the Public to the State Employee Benefits Committee

Fred Way III

To Whom this may concern,

As a retiree who needs these various medications for healthcare concerns find it disheartening that cost is always brought up when it is time to take care of the retiree population. After working over 27 years for the state I rarely got sick or utilized my healthcare benefits and paid each month without issue. Now as we grow older and in need of certain healthcare medication as prescribed by doctors everyone wants to chime in to what the course of medicine we should take. It's bad enough that the current workforce keeps getting raises and bonuses but the retirees keep getting overlooked. It was the retirees from the past who sacrificed and struggled for years without pay and or good benefits and now can't even get something as little as a weight loss prescription medication filled without having to jump through hoops. Stop saying you care as a talking point and correct the two major issues State of Delaware retirees are facing, trouble with the prior authorization system because folks are worried about making a buck at our expense and rectifying the problem of paying us our just do, because the little hundred dollar bonuses are truly laughable. The pay raises should be across the board and whatever rank a current retiree had at the time they retired should reflect the same pay they are recognized with now, it's only far!

Janet Nixon

I received your email concerning the Health benefits increase for state retirees that are not medicare age yet. I read the article with great interest, specifically the part where the increase is significant due to the coverage of Non FDA approved drugs for weight loss. While I sympathize with those that are morbidly obese, I find in my research that this drug is being prescribed quite a bit when it truly is not needed. Maybe instead of just increasing rates we fix the problems that are causing the deficit. Given that there are no studies about the long term affects of these drugs (which I am sure in the future will also incur greater costs that will be passed on to us), I would think it would be common sense to decrease the usage of these drugs, specifically for weight loss. I am sure there are other programs that would cost less for those that need to lose weight. ie: programs/apps that have been successful in helping in weight loss journeys. The bottom line is that for the majority of the people taking this drug for that purpose DO NOT need it, they need other programs and guidance for long term sustainability. How sad that the government "health" officials are not willing to explore this.

I also found interesting the DEI portion and the"deficit" that is to be incurred there. DEI is a racist program and should be obliterated. Problem solved. It amazes me how the government continually just wants more money from the tax payer and retirees to cover nonsensical programs like this to make them feel better.

Those are just a couple of the items that jumped out at me in reviewing the attached information.

Janice Ruebeck

Hello.

I am writing to ask the SEBC to please continue coverage of GLP-1 agonist medications for obesity. My family and I are happy to endure a 27% increase in our monthly premium and I'd be happy to pay more of the copay for the medication, but please, do not take away access to this medication, specifically for obesity.

This isn't about losing weight or vanity, it's about my health and my life. I've struggled with obesity since childhood, even while as a current active member of Weight Watchers for the past 15 years. While actively trying to lose weight to improve my health, I've developed high blood pressure and high cholesterol that require 3 different medications to control. Three different medications that I'm expected to take for the remainder of my life, if I don't lose weight. I pray that the current GLP-1 agonist that I'm prescribed will help lower my blood pressure and my cholesterol, allowing me to stop those 3 other medications and to live the healthier life that I've been fighting to obtain.

I'm happy to report that in the 13 short weeks that I've been taking this medication, I've lost 15lbs and I feel really good, better than I have in a long time. I physically feel better, mentally feel better and sleep better. I am excited to continue the medication and to see the impact that it has on my health.

Maintenance on GLP-1 medications is different for everyone. Some people may be able to come off of the medication completely and not gain weight back. Others may need a maintenance dose for the rest of their lives. That maintenance dose is different for everyone. Some may need an injection once a week, some may need 1 injection every 2 weeks. Others may need an injection just once a month. I would rather take an injection once a week or once a month, at a healthy weight, than have to take 3 different medications every day for the rest of my life.

Obesity is a serious, chronic, and progressive disease that requires long-term medical management. Obesity is not treated in the same way that other chronic and progressive diseases are treated. It is associated with at least 60 comorbidities. Weight loss of 5% to 15% or greater may result in improvements in many of these comorbidities. And healthcare costs for obese people are 34% higher than the average person who does not have obesity.

If coverage of GLP-1 agonist medications is stopped, I would lose access to this medication as there is no way that I could afford to pay out of pocket for it on my state salary. State employees are told to help keep GHIP costs down by maintaining their chronic conditions. I can't do that if you stop coverage of this medication. I fear that my health would continue to decline, both physically and mentally, leading to additional costly medical issues and/or medications, which would surely burden the GHIP. I've been fighting for my health my entire

life. This medication is allowing me to make progress in that fight and without it, I fear that I'll lose this battle.

Any state employee on a GLP-1 agonist for obesity, myself included – our health matters too. Our health is just as important as someone with diabetes. As obese people, we're already discriminated against because we're "fat" and told over and over again to "Just exercise and eat right and you'll lose weight." Unfortunately, obesity isn't that simple because it's a chronic, progressive disease. Allowing GLP-1 agonist coverage for diabetes, but not allowing coverage for obesity only furthers that discrimination.

Please do not stop coverage of GLP-1 agonists for obesity.

Jim Kaus (Prescription Group)

I have 2 comments to be considered by the SEBC Committee.

1. FY25 Planning Considerations:
 a. Mental Health Parity and Addiction Equity Act (MHPAEA) Plan Design Changes
b. Cost and Utilization of Approved or Extended Programs and Services – Update
c. Diversity Equity and Inclusion Benefits Review – Update
d. Updated Forecast and Rate Scenarios

As these proposals move forward, I would suggest that each program establish specific goals and objectives. I would recommend a daily tracking tool be part of the requirements in order to determine how well a program is performing. There are 3rd party software solutions that provide this . If at some point the State wants to use A I it would have some data on ways to improve these programs.
This may require establishing some additional support depending upon the complexity of the program.

8. Weight Loss Medications – Medical Purpose and Utilization Management Criteria
   This will require detailed requirements and instruction for use. Many programs fail because the infrastructure and support required need to be in place. Obesity and diabetes is often an issue with weight loss as well as other contributing factors. I would urge the committee to make sure that it has a complete view of the patient and avoid any complications due to other existing ailments that an individual may be suffering from.

Also as i mentioned above detail tracking, notification and messaging with the pharmacists and physician needs to be in place. Dr. Odokoya, University oF Pittsburgh The School of Pharmacy has written several articles on the importance of prescription adherence. If someone starts and then stops using the medication what side effects are there and how would the program administrator know. There are again companies that are looking at solving this and recommend having them talk about this topic as long as it adheres to current policy.