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Public Comment by Steven LePage

Steven LePage

Dear Members of the State Employee Benefits Committee,

I wanted to share something that pulls together several points that have come up in recent discussions — particularly **CVS's comment that pricing may be lower if prior authorization were removed**, the Committee's **clear preference to retain prior authorization**, and the fact that **all manufacturer rebates already pass through to the Plan, with no spread pricing**.

My takeaway from CVS's statement is **not that lower pricing is impossible with prior authorization in place**. Rather, it suggests that CVS is seeking to balance **pricing against utilization risk**. In simple terms, they appear more comfortable lowering prices when utilization is less constrained. That's understandable from a vendor perspective, but it doesn't mean the Committee needs to accept that tradeoff, especially given the importance it has placed on **maintaining prior authorization as a clinical and utilization safeguard**.

Since **prior authorization is staying**, it seems reasonable to **separate that decision from pricing**. If the Committee decides to continue coverage for GLP-1 medications used for weight loss, one option would be to establish a **clear pricing guardrail in the PBM contract** that does not depend on changes to utilization management.

Under this approach, the Plan's **net cost for GLP-1 medications prescribed for weight-loss indications would not exceed the lower of prevailing market reference prices or Medicare-equivalent benchmark pricing**, as defined and validated through the RFP and contracting process. This would not require the Committee to select a specific price or change benefit design. It would simply **set a ceiling on what the Plan is willing to pay** if coverage is retained.

Given that **all manufacturer rebates already pass through to the Plan and rebate retention and spread pricing are prohibited**, any pricing concession under this framework would need to be a **real, measurable reduction in net cost** — not a shift in rebate flow or margin, and **not a conditional offer tied to removing prior authorization**. CVS (or any PBM) would still have flexibility in how it achieves that result, but the outcome would need to be **enforceable and reflected in the Plan's actual costs**.

This framework also helps address the tension created by **higher flat copay options (\$120 or \$200)** and the growing availability of **lower cash-pay pricing outside the Plan**. As member copays approach those levels, it is reasonable for members to question the value of coverage if the Plan itself is **paying materially more than external benchmarks**. A pricing guardrail helps **keep the benefit coherent** without reimbursing or steering members to cash-pay programs.

If successful, this approach could also give the Committee a tested tool it could choose to use again for other high-cost prescription categories, should similar cost pressures arise. Importantly, nothing in this

option would require or presume broader application — it would simply preserve that flexibility for the future.

Importantly, this approach **does not assume coverage will continue**, nor does it **limit the Committee’s ability to discontinue GLP-1 weight-loss coverage** in the future. It applies **only if coverage is retained** and simply provides a **disciplined way to test whether coverage can be maintained** at a price that aligns with **what the broader market and Medicare already recognize as reasonable.**

If a PBM ultimately determines it is **unwilling to accept this type of pricing framework**, that outcome itself provides **useful information.** It would demonstrate that continuation of coverage under **disciplined pricing terms may not be feasible**, and that information could appropriately inform the Committee’s next steps.

I offer this as an additional perspective as the Committee weighs **cost, access, clinical oversight, and long-term sustainability**, and as it considers PBM feedback alongside the other options under review.

Very Respectfully,

Steven LePage

Persian Gulf War Veteran - Desert Shield/Desert Storm

USAF, Retired

State of Delaware, Department of Technology and Information, Retired

Public
Comment by
Steven LePage
#2

This was the email I was referring to concerning establishing a pilot program for the State of Delaware.

[Study Article](#)

I thought I would resend it for you to possibly give it another look?

While I agree about the cost, I would hate for anyone to go cold turkey on this without any support.

The Study is attached. **Weight maintenance on cost-effective antiobesity medications after 1 year of GLP-1 receptor agonist therapy: a real-world study**

Below is a plan for possible implementation to consider.

I think there may be another step to consider for GLP-1's...perhaps a Pilot Program?

Executive Summary

GLP-1 drugs are effective for weight loss and diabetes prevention, but their high cost is putting pressure on the State's Group Health Insurance Program (GHIP). Evidence from a recent study (Paddu et al., 2023) shows that patients who use GLP-1s for about 12 months and then transition to older, low-cost medications such as metformin, topiramate, or bupropion can maintain most of their weight loss.

A potential **Step-Down Pilot Program** for Delaware could start members on GLP-1s for one year, then move them to lower-cost medications for maintenance. This would test whether health outcomes can be preserved while reducing long-term spending.

Results would be reported to the **State Employee Benefits Committee (SEBC)** and also made **public**, ensuring transparency and accountability.

Reference: Paddu et al., 2023 – Transitioning from GLP-1RAs to Older Anti-Obesity Medications (See attached PDF: Study- Study-OBY-32-2255)

Step-Down Pilot Proposal

Rationale

- GLP-1 use within GHIP is rising rapidly and driving costs above projections.
- Evidence suggests step-down therapy may allow members to sustain outcomes at a lower cost.
- A pilot would allow Delaware to evaluate this approach in a controlled way before broader adoption.

Structure

1. **Initial Phase (0–12 months):** Eligible members prescribed GLP-1s with lifestyle support.
2. **Transition Phase (12–24 months):** Members tapered off GLP-1s and switched to low-cost alternatives (metformin, topiramate, bupropion).
3. **Maintenance & Monitoring:** Ongoing lifestyle coaching and regular tracking of weight, A1c, blood pressure, and adherence.

Evaluation Metrics

- % weight loss maintained at 12 and 24 months.
- Clinical measures such as A1c and blood pressure.
- Net drug costs before and after transition.
- Member adherence and reported experience.

Anticipated Outcomes

- **Year 1:** High costs associated with GLP-1 initiation.
- **Year 2+:** Drug costs decline as members move to generics.
- **Overall:** Potential to preserve outcomes while lowering long-term financial burden.

Reporting & Transparency

- Interim and final results presented to the SEBC.
- Public summary released to ensure accountability and inform stakeholders.

Next Steps

- Consider approval of a limited pilot (200–500 members).
- Implement with the State's PBM and health partners, regardless of vendor.
- Launch in FY26 with evaluation at 12 and 24 months.

Public Comment by Janet Ray

Janet Ray

SEBC Members,

I am writing to formally oppose the draft Scope of Services now in consideration by your committee. Specifically, the language that is used to describe solicited Medicare supplements. Language that is dangerously vague, structurally unclear and open to multiple interpretations by failing to provide an exact side-by-side definition like the unanimously adopted motion by the SEBC on 10/2/23: language that duplicates our current Medicfill plan. My fear is that this draft might create a “legal loophole” that could be used to push Delaware state retirees onto a reduced benefit tier plan (ex. G A B C etc. rather than F plan) or lower standard of care that is unacceptable.

Retirees served Delaware with the understanding that our health care would be stable. When I retired from the Department of Education, I was assured that my health benefits would continue as promised. Having been a registered nurse, I am keenly aware of the danger of losing health care benefits as we age and the impact that has on our physical and mental health. We should not have to guess what our coverage will look like because of vague solicitations language. Therefore, I urge the committee to reject this Draft and Scope provision and rewrite it to explicitly state that any bid must match the exact structure and language of our existing Highmark plan, with 0 additional barriers to care or anything else that WTW can think of to fool us with.

Thank you for your time and for upholding your fiduciary duty to Delaware retirees. I appreciate it.

Janet A Ray
DOE Retiree

Public Comment by Steven LePage #3

Steven LePage #3

Thought I would share what I think a gold standard is for an agenda and how they show an Executive Session.

This comes from Director Maxwells agency.

https://publicmeetings.delaware.gov/Document/81044_Agenda.pdf

Public
Comment by
Steven LePage
#4

GLP-1 manufacturers embrace models bypassing PBMs to boost employer coverage

As demand for weight loss medications climbs, Eli Lilly and Novo Nordisk will allow employers to purchase their drugs at a fixed, direct price.

<https://www.hr-brew.com/stories/2025/12/19/eli-lilly-novo-nordisk-direct-to-employer>

Excerpt:

Lilly and Novo Nordisk—which manufacture Zepbound and Wegovy, respectively—recently said they’ll allow employers to bypass PBMs and purchase the drugs from them directly starting on January. This so-called direct-to-employer model will be offered through [a partnership](#) with Waltz Health, which helps employers access lower-cost drugs. Participating employers will be able to purchase GLP-1s at a fixed price, forgoing the rebates and fees that companies often incur when working to offer medications through PBMs.

Public Comment by Steven LePage #5

This raises a real question: **Is Delaware leaving money on the table when it comes to other high-cost drugs?**

I came across a recent Willis Towers Watson (WTW) article that's worth a look. It breaks down newer ways employers can access pharmaceuticals directly—often with more transparency and at lower cost—without going through the traditional PBM model.

<https://www.wtwco.com/en-us/insights/2026/01/direct-access-to-pharmaceuticals-decoding-dtc-dtp-and-dte-for-employers>

Historically, employers have relied on PBMs, paying full list prices for brand-name drugs and waiting months for rebates to come back. But that approach is starting to be challenged by newer “direct” models, including:

- **Direct to Consumer (DTC):** Manufacturers engaging patients directly through digital channels rather than relying solely on physician referrals.
- **Direct to Patient (DTP):** Telehealth-based models where diagnosis, prescribing, fulfillment, and ongoing support are managed end-to-end.
- **Direct to Employer (DTE):** Employers contracting directly with manufacturers to avoid PBM rebate structures and lock in a lower net cost.

As these options continue to expand, it's worth asking whether Delaware could benefit from taking a closer look—especially for high-cost specialty drugs.

Public
Comment by
Steven LePage
#6

Appropriations bills can be long and difficult to digest. To cut through the volume, I asked AI to review the recently enacted Federal Consolidated Appropriations Act, 2026 (H.R. 7148) and assess how its prescription drug provisions apply to the State of Delaware's self-funded group health plan.

Provisions that apply directly to self-funded state employee health plans

1. PBM transparency and reporting requirements

Applies directly to employer and governmental group health plans

What

changes

PBMs must provide detailed reporting to the plan, including:

- Net drug costs
- Manufacturer rebates and discounts
- PBM fees and retained compensation
- Spread pricing (if applicable)
- Pharmacy reimbursement methodologies
- PBM ownership of or affiliations with pharmacies

Why it matters

- Gives the plan visibility into true prescription drug costs
- Reduces reliance on high-level "savings" summaries
- Enables informed contracting and oversight decisions

Timing

- Begins after enactment, subject to federal guidance and reporting cycles

2. Strengthened plan ownership of rebates and price concessions

Applies directly, but is not a new universal mandate

What changes

- The law reinforces that rebates and price concessions are assets of the plan sponsor
- Limits PBM practices that obscure or recharacterize retained revenue

Why it matters

- Improves the plan's ability to enforce rebate pass-through contractually
- Reduces hidden PBM revenue streams

Timing

- Effective for plan years beginning after enactment (2026), subject to contract terms

Provisions that apply to Medicare (CMS) and affect employer plans indirectly

3. PBM compensation restricted to service fees (Medicare Part D)

Applies directly to CMS / Medicare only

What changes

- PBMs serving Medicare Part D must be paid via clearly defined service fees
- Compensation cannot be tied to drug prices, rebates, or volume

Why it matters to employers

- PBMs face pressure to standardize business models across markets
- Employers can use Medicare standards as leverage in PBM negotiations

Timing

- Applies to Medicare Part D contracts after enactment
-

4. Increased federal scrutiny of PBM practices

Applies directly to CMS, indirectly to employers

What changes

- Greater oversight of PBM contracting, pricing, and reporting practices in Medicare

Why it matters to employers

- PBMs are less able to maintain opaque or aggressive pricing practices in other markets
- Improves employer negotiating position over time

Timing

- Effective upon enactment, with ongoing regulatory implementation

Outcomes the law makes possible, but does not require

5. Evaluation of alternative drug purchasing models

Not mandated; enabled by transparency

What changes

- With access to real pricing data, employers can more accurately compare:
 - PBM-managed pricing
 - Direct-to-employer arrangements
 - Specialty drug carve-outs
 - Limited-network or direct pharmacy partnerships

Why it matters

- These models were previously difficult to evaluate due to opaque pricing
- The law removes informational barriers, not legal ones

Timing

- Possible once required reporting is received and contracts allow
-

What the law does not do

- Does not change employee benefits or formularies
- Does not cap prescription drug prices
- Does not require employers to switch PBMs
- Does not automatically generate savings
- Does not override state pharmacy or procurement laws

Savings depend on how actively the plan uses the new transparency and contracting leverage.

Key takeaway for state self-funded plans

- H.R. 7148 **directly improves transparency and rebate accountability** for employer plans
- The most stringent PBM compensation reforms apply to **Medicare**, with spillover effects
- The law creates opportunities to better manage pharmacy costs, but **action is required** to realize savings

Public
comment by
Angela Dressel

Angela Dressel

Please continue the coverage of GLP1 medications at the current rate. I am a retired teacher who has been on the medication since August. I was in the prediabetes range prior to that despite changing food intake and increasing exercise. This medication has been a game changer. After a lifetime of fighting my weight, this drug seems to be helping. I've lost 30 pounds so far and hope for another 30. My understanding is that I will need to be on a maintenance level for the rest of my life. That's ok with me. But it has to be reasonably priced. On a teacher pension we cannot afford a much higher rate. Please work with the manufacturer to reduce their cost so that this important medication remains available.

Thank you,
Angela Dressel

Public
Comment by
Steven LePage
#7

Steven LePage #7

Mr. Taschner's comments really hit the nail on the head for me, especially his concern about CVS tying lower GLP-1 pricing to the removal of prior authorization requirements.

From what I can see, **CVS seems to be offering employer-specific pricing arrangements that look a lot like Direct-to-Employer models.** In practice, those deals often come with **strings attached — for example, easing prior authorization rules — which can push utilization higher while still protecting CVS's bottom line.**

I also wanted to share a **recent report from the U.S. House Judiciary Committee** that I think provides helpful context for this discussion:

When CVS Writes the Rules: How CVS Protects Itself from Innovation and Competition

(January 21, 2026 – U.S. House Committee on the Judiciary)

<https://judiciary.house.gov/sites/evo-subsites/republicans-judiciary.house.gov/files/2026-01/2026-01-21-When-CVS-Writes-the-Rules-How-CVS-Protects-Itself-from-Innovation-and-Competition.pdf>

The report describes how **CVS has used its position as a pharmacy benefit manager to set rules around access and pricing** in ways that **protect its business interests**, rather than simply **competing on price.** While the report focuses on **pharmacy hub models**, the **broader pattern it outlines — using pricing and access rules to shape behavior — feels very relevant** to what's happening today with **high-cost drugs like GLP-1s.**

What I'm seeing with recent GLP-1 pricing arrangements feels very similar. That raises **real questions about transparency, incentives, and whether this approach is truly sustainable** for employer health plans over the long term.

Given all of this, I find it genuinely hard to understand — and mind-boggling — why we continue to do business with CVS without taking a closer look at these practices.

Public
Comment by
Steven LePage
#8

Given ChristianaCare’s plans to expand into Sussex County, everything I’ve shared over the past month...month and a half, feels even more important now — especially the materials about what the SEBC can do. Delaware already has very little hospital competition, and when a dominant system grows into new markets, prices tend to rise while patients and employers are left with few alternatives. That’s why real oversight and clear guardrails on hospital pricing matter so much right now.

ChristianaCare eyes Sussex market with \$65M Georgetown campus

<https://spotlightdelaware.org/2026/02/12/christianacare-eyes-sussex-market-with-65m-georgetown-campus/>

Public Comment by Terry Miller

Terry Miller

Please do not stop coverage of GLP-1 medications for State of Delaware Retirees. I can't express enough the importance of these Medications for the health of us.

In the long term these GLP-1 medicines stop and/ or greatly reduce associated serious health issues, that ultimately save the State money spent on these, and diabetes complications, making the GPL-1 more cost effective.

That cost effectiveness is one thing. The better health and quality of life for retirees, on a fixed budget, is even greater

Public
Comment by
Steven LePage
#9

The SEBC is in a **difficult position** when it comes to GLP-1 pricing.

On one hand, **CVS has made it clear that they are willing to lower the net price, but only if certain conditions are met**, most notably the removal of prior authorization. The fact that they are willing to move on price at all suggests there is **room for the current pricing to come down**. At the same time, CVS has also been clear that they are **not willing to offer those lower prices without those conditions**, which raises real concerns for the State around utilization, cost growth, and long-term sustainability.

At the same time, **direct-to-employer (DTE) pricing is emerging as a possible alternative**, but it comes with significant uncertainty. While it is generally expected that **DTE pricing would be higher than direct-to-consumer (DTC) pricing**, these arrangements are still relatively new, and there is **very little transparent, real-world information available** to show what the State's actual costs would be under a DTE model.

Because of that, it is **difficult to confidently compare** DTE pricing to the State's current costs under the CVS arrangement, **after rebates**. Without clearer benchmarks or proven pricing data, it is challenging to determine whether moving away from the current model would result in better or worse outcomes for the State.

As a result, the SEBC is being asked to make decisions in a space where **pricing signals suggest there may be savings available**, but **the alternatives are not yet mature or transparent enough** to allow for a true apples-to-apples comparison. In the meantime, the SEBC is left trying to balance **cost, access, and risk** without clear leverage.

It is also worth remembering that CVS is not the State's first PBM. **Express Scripts previously served in this role and was ultimately replaced after an audit showed the State was overpaying by millions**. That history matters. While the State may technically retain control of the formulary, **the reality is that PBMs still hold significant leverage**, and that leverage is evident here. CVS cannot remove prior authorization on its own, but it can apply pressure by tying pricing relief to policy concessions.

At some point, **the State must begin to assert itself more forcefully through the RFP process and contract negotiations**. The current structure leaves too much room for PBMs to dictate terms, rather than compete transparently on price and value. Until that changes, the SEBC will continue to face these same trade-offs, regardless of which PBM is at the table.

Very Respectfully,
Steven LePage

Public Comment by Kunal Agarwal

Kunal Agarwal

Dear Members of the State Employee Benefits Committee,

I am a board-certified physician specializing in Family Medicine, Sleep Medicine, and Obesity Medicine, caring for many patients across the Delmarva region. I strongly urge you to continue insurance coverage for FDA-approved anti-obesity medications such as Wegovy and Zepbound for Delaware state employees.

Obesity is a chronic medical disease, not a lifestyle choice. Effective treatment improves related conditions including obstructive sleep apnea, diabetes, hypertension, cardiovascular disease, and kidney disease. In my clinical experience, these therapies significantly improve health outcomes, quality of life, workplace productivity, and ultimately reduce long-term healthcare costs.

Maintaining coverage would demonstrate Delaware's commitment to preventive care, employee wellness, and responsible healthcare spending.

Thank you for your consideration.

Sincerely,

Kunal Agarwal, MD, FAAFP, FAASM, DipABOM

Medical Director TidalHealth Sleep Medicine-Eastern Sussex

Board certified in Family, Sleep, & Obesity Medicine

Public Comment by Steven LePage #10

Steven LePage #10

Attached is the Meeting Minutes from the Diamond State Hospital Review Board. They have more information on the Bailit Presentation that is helpful.

You can see I did attend this presentation online as my public comments are posted.

Excerpt from the meeting minutes:

Delaware-Specific Data and Regional Comparisons

It was noted that the Board may want to revisit that for Delaware specifically. **The presentation asserted that Delaware's commercial spending growth is significantly higher than other Northeast states with cost growth benchmark programs**, even doubling Rhode Island's growth by 2023. There was a question asked why Massachusetts, Connecticut and Rhode Island were looked at in comparison to Delaware. It was stated that Delaware has a higher uninsured population. Mr. Bailit stated those Northeast states were chosen for geographic proximity and because they have benchmark programs with public data. Delaware's growth rate has been the highest among these states. Some states' programs are newer, like New Jersey's program. It was also noted that the populations and healthcare challenges differ among the states.

FYI – Bailit Health Presentation to the Diamond State Hospital Review Board on Sept. 9, 2025.

I have seen their presentation and watched online as they gave their presentation.....they are pretty good. This should give you a flavor of what to expect.

https://dhss.delaware.gov/wp-content/uploads/sites/4/2025/09/DSHCRB-Meeting-Presentation-September-9-2025-Meeting_LW_Final-1.pdf

Very Respectfully,

Steven LePage

Persian Gulf War Veteran - Desert Shield/Desert Storm

USAF, Retired

State of Delaware, Department of Technology and Information, Retired

Public Comment by Robert Clarkin

Robert Clarkin

I am pleased to note that the top of page six of the Medical Third Party Administrator (TPA) RFP Presentation, Follow-Up Questions and Answers states: “Several SEBC members requested that wording related to the Medicare Supplement requirements for this RFP match the 2023 Medicare Supplement Plan RFP wording. This will be available for the SEBC’s review in advance of the March 23rd SEBC meeting.” As explained in my public comments for the 2/13/26 SEBC meeting, after considerable discussion during the 9/18/2023 and 10/2/2023 SEBC meetings, as well as public comments from the retiree community during numerous SEBC and RHBAS meetings, comprehensive and unambiguous language was placed into the 2023 RFP. The exact language from the 2023 Medicare Supplement Plan RFP reads: **“Proposals are being requested from interested bidders that can administer a self-funded employer sponsored Medicare Supplement plan offered to current and future Medicare retirees that duplicates the current Medicare Supplement plan without deviation; for the quoted Medicare Supplement plan, bidders should duplicate the plan design (copays and other out-of-pocket costs to the plan participant at the point of care), provider network (i.e., all providers who accept Medicare assignment), and administrative set-up including coordination of benefits. This plan requires no prior authorization of services and mirrors CMS requirements under Original Medicare. Bidders should note that prescription drug coverage will continue to be provided through the State’s Employer Group Waiver Plan (EGWP). All Medicare-eligible pensioners will have the same plan for the duration of the contract awarded in this RFP. Bids for any other arrangement are not being solicited and will not be considered by the SEBC”**. I sincerely hope that the phrase “wording related to the Medicare Supplement requirements for this RFP match the 2023 Medicare supplement Plan RFP wording” means that the exact language from there 2023 RFP will be placed into the draft RFP.

Public Comment by Lynda Hastings

Lynda Hastings

Public Comments on the Medical TPA RFP for the March 9, 2026 SEBC Meeting

I want to second the Public Comments that you have received from Bob Clarkin. You should ensure that the language in this RFP unambiguously requires the Medicare Supplement plan which we worked for and which we struggled to retain in the most recent RFP. The carefully crafted language from the 2023 Medicare Supplement Plan RFP reads:

“Proposals are being requested from interested bidders that can administer a self-funded employer sponsored Medicare Supplement plan offered to current and future Medicare retirees that duplicates the current Medicare Supplement plan without deviation; for the quoted Medicare Supplement plan, bidders should duplicate the plan design (copays and other out-of-pocket costs to the plan participant at the point of care), provider network (i.e., all providers who accept Medicare assignment), and administrative set-up including coordination of benefits. This plan requires no prior authorization of services and mirrors CMS requirements under Original Medicare. Bidders should note that prescription drug coverage will continue to be provided through the State’s Employer Group Waiver Plan (EGWP). All Medicare-eligible pensioners will have the same plan for the duration of the contract awarded in this RFP. Bids for any other arrangement are not being solicited and will not be considered by the SEBC”.

This same language should also be used in the current RFP. Thank you.

Lynda Hastings

Delaware Retiree

Public Comment by Nancy Colley

Nancy Colley

I totally agree with Bob Clarkin's letter about what state retirees are looking for in the the new medical plan the state has out for bids. I am so grateful for the plan I had when I had complications after my first surgery and had complications which required a second surgery in which I was very sick and apparently went into shock. I had more hospital time trying to resolve a too high high heart rate and a two low blood pressure. I felt like I was spending my summer in the hospital. Thanks to my doctors and my wonderful health insurance, I recovered and without worries of medical bills.

Thank you SEBC. Nancy Colley Retired State Advanced Practice Nurse.

Public Comment by Barry Schechter

Barry Schechter

Good morning,

As a person who has struggled for years with weight loss and heart disease, I am distressed to hear that there is the possibility of losing access to the one thing that is currently helping me lose weight, and that is a GLP-1 medication. I have tried all different diets and exercise routines. I have lost and gained like a yo-yo for a long time. The GLP-1 is finally helping me lose and with the consultations with my doctor, has begun to really make a difference. The medication is currently affordable while the price of everything else is rising. Please do not consider discontinuing coverage of GLP-1 medication - it is a life saver!

Kind Regards,

Barry Schechter

6th Grade ELA & Exploring Theater

Sharks on Stage and I.T.S. Advisor

AG Waters Middle School

Public Comment by Shannon Mihalyi

Shannon Mihalyi

Dear Members of the Delaware State Employees Benefits Committee,

I am writing as a Delaware State employee to respectfully urge the committee to continue covering GLP-1 medications for weight management under the State Health Plan.

As a 48-year-old who has struggled with weight my entire life, I can say with certainty that GLP-1 medications are the first treatment that has provided sustainable, long-term results. Over the years, I have made extensive and repeated efforts to improve my health through traditional methods. I have participated in multiple structured weight-loss programs including Weight Watchers, Jenny Craig, and Nutrisystem. I have invested in meal preparation programs, worked with a personal trainer, and committed to lifestyle changes through diet and exercise. I have even undergone bariatric surgery (lap band) in an effort to address my weight and improve my health.

Despite these significant efforts, nothing has provided lasting results the way GLP-1 medications have.

For the first time in my life, I am experiencing a treatment that addresses the underlying metabolic and hormonal factors that contribute to obesity. GLP-1 medications are not simply an appetite suppressant or a short-term weight-loss aid—they are a medically recognized treatment for a chronic disease.

Since beginning this medication, I have experienced improvements that extend far beyond the number on the scale. I have noticed decreased inflammation, improved mood, and a stronger overall sense of well-being. I get sick less frequently and feel healthier and more energetic in my daily life. These improvements directly impact my ability to remain productive at work and engaged in my responsibilities as a state employee.

Research increasingly supports these experiences. Clinical studies show that GLP-1 medications can help patients lose an average of 15–20% of their body weight and maintain that loss when the medication is continued. In addition to weight reduction, these medications have been shown to:

- Reduce the risk of cardiovascular events such as heart attack and stroke
- Improve blood pressure and cholesterol levels
- Lower the risk of developing type 2 diabetes
- Reduce systemic inflammation
- Improve metabolic health overall

Obesity is recognized by the American Medical Association and other leading medical organizations as a chronic disease. Like other chronic conditions such as hypertension or diabetes, it requires ongoing medical treatment to manage effectively.

When coverage for GLP-1 medications is removed, patients who rely on them often regain weight and lose the health improvements they achieved. This not only affects quality of life but can also lead to increased long-term healthcare costs due to higher rates of diabetes, cardiovascular disease, joint problems, and other obesity-related conditions.

Continuing coverage for GLP-1 medications is not only an investment in the health and well-being of state employees—it is also a proactive step toward reducing future healthcare costs associated with chronic disease.

For individuals like me who have tried every traditional weight-loss method available, these medications represent a medically necessary treatment, not a cosmetic choice. They allow us to finally manage a lifelong health challenge in a sustainable and effective way.

I respectfully ask the committee to consider the profound impact these medications have on the health and lives of state employees and to maintain coverage for GLP-1 treatments under the Delaware State Health Plan.

Thank you for your time, consideration, and commitment to supporting the health of Delaware's state workforce.

Sincerely,

Shannon Mihalyi

Public Comment by Mike Matthews

Mike Matthews

Good morning:

I'm a teacher in the Red Clay School District. I was recently diagnosed with Type II Diabetes and I have been prescribed and have been using for two months a GLP-1. I have been a state employee for 17 years and have only nominally used my health insurance benefits. I was shocked to hear the SEBC may vote to remove coverage for GLP-1s in future plan years and I'm writing to urge you to please NOT remove this critical coverage. In just two months, my blood sugar has stabilized, my energy levels have spiked, and I've even lost a bit of weight. As someone who has tried both dieting and other weight loss methods in the past, GLP-1s appear to be the missing link in jump starting my body to improved health as I get older. I know GLP-1s are expensive, but the alternative costs for care could be devastating down the road. I would be open to increased co-pays or even premiums, but to get rid of GLP-1s from the state plan would be disastrous to my health and the health of so many Delawareans.

Please keep GLP-1s in the state's insurance plan.

Thank you,

Mike

Public Comment by Janice Hall

Janice Hall

Please continue to cover GLP 1's as this is the only thing that has worked with my Thyroid medicine to help lose the weight.

It is bad enough that my Thyroid medicine is \$104.00 for a 3 month supply because I cannot take the generic as it does not work and caused me to gain weight. This cost is up as well. It is crazy that a medicine we need to live is triple digits.

As a teacher - it is hard enough - add the meds to the cost of living and the increase in cost of meds is difficult to handle.

Already difficult is the fact that imaging must be done at a freestanding facility and not affiliated with a hospital or the cost is tripled. In Kent and Sussex County - the options are few and far between for a free standing facility.

Let's not put a greater burden on the population.

Public Comment by Erin Ellis

Erin Ellis

Dear Members of the Delaware State Employee Benefits Committee,

I am writing to respectfully ask that the committee vote to keep coverage for GLP-1 medications on the State of Delaware Employee health plan.

Since starting a GLP-1 medication, I have experienced significant improvements in my health and overall well-being. My lab work has improved and my quality of life has also improved. I feel healthier both physically and mentally. Because of this medication, I have more energy and am able to be more present at work and at home as a parent.

For many employees, these medications are not optional- they are an important medical tool that helps manage chronic health conditions and prevent more serious health problems in the future. Removing coverage will make these medications financially inaccessible for many people who depend on them.

I respectfully urge the committee to vote to keep these medications and continue to provide coverage for GLP-1 medications for state employees who have been prescribed them.

Thank you for your time and consideration.

Public Comment by Robyn Howton

Robyn Howton

Dear SEBC -

Thank you for the opportunity to address this issue. I am asking the committee to continue coverage of GLP-1 medications for Delaware state employees.

Five months ago, I began taking a GLP-1 medication after years of struggling with my weight. Before this, I tried multiple approaches including Noom, Weight Watchers, and working with a dietician. Despite genuine effort, none of those methods led to lasting success.

Since starting this medication, the results have been life-changing. I am losing weight, but the impact goes far beyond that. The chronic inflammation I used to experience throughout my body has significantly improved. I sleep better, my blood work numbers are improving, and I have far more energy and stamina in my daily life. Even simple things like walking up and down the stairs are easier than they have been in years.

Like many women in my family, I have struggled with weight my entire life. For the first time, I feel that I have found a treatment that addresses the biological side of obesity, not just willpower or dieting.

I am a public school teacher, and my health directly affects my ability to do my job well. I can honestly say I am a better teacher today because I am healthier and have more energy than I did five months ago.

If coverage for GLP-1 medications is removed, I will be faced with trying to find a way to afford a medication that has dramatically improved my health and quality of life. Many public servants accept lower salaries with the understanding that strong benefits are part of the compensation. Removing coverage for a life-changing medication undermines that promise.

I respectfully ask the committee to continue coverage for GLP-1 medications so that Delaware employees can remain healthier and better able to serve our communities.

Robyn

Robyn Howton M.Ed. NBCT

AVID Coordinator/ELA Department Chair

Public Comment by Kristie Wyatt

Kristie Wyatt

Good morning,

It has come to my attention that the SEBC will be voting on either to continue to cover GLP-1s for state employees soon and I wanted to send an email letting you know how detrimental it could be for many employees if the state decides to no longer cover this amazing medication. Prior to March 2024 I felt hopeless. I was a 37 year old woman fighting an uphill battle that I could never seem to win. I had tried working out, Jenny Craig, Weight Watchers, calorie counting, calorie deficit, high protein/low carb; literally every trick in the book and no change. My asthma and allergies were out of control, my lymphedema at an all time high and my eczema was back to how it was as a kid which was open sores and scratches. To top it off, I was constantly sick. No matter how much I tried to take vitamins or avoid it, I got sick. Finally I asked my primary about the GLP-1 and would I be a right fit. Thankfully my numbers were high enough that insurance covered me to start mounjaro. My first shot was March 22, 2024, and I like to call that my second birthday because that's when I got a new lease on life. From March 22, 2024 to November 2025 I lost 122 lbs at my lowest. My life totally changed; I was able to keep up with my kids, my asthma was the best managed it's ever been, my lymphedema was under control, eczema cleared up, basically my overall bodily inflammation was clear! To give myself a break and see how my body was my doctor suggested coming off the shot. From December to February I GAINED 30 lbs, eczema inflamed, found myself in the hospital ER because of a chest infection, lymphedema on the rise and migraines are back. My point of this is, these medications are providing more than just weight loss. For many like myself they are a missing link in their chemical makeup that our own bodies cannot provide. Many women have found even that after having issues with infertility for years, taking GLPs have reduced the inflammation which have caused their issues in the past and they have been able to successfully get pregnant on their own! GLPs have also been found to successfully help treat addictions such as alcoholism. Voting to no longer cover these essential medications is, in my opinion, going to be harmful to the states infrastructure in the long run. By no longer covering these, you risk future rise in costs for health issues caused by obesity and inflammation including emergency room visits. By continuing to cover these medications you are heading off the potential for rising costs in the long term.

Please reconsider this ceasing of coverage. I promise there are thousands of stories like mine going unsaid who all feel like their only fleeting hope is about to be torn away from them.

Public Comment by Teresa Craig

Teresa Craig

Good Morning,

I contributed to the discussion of the plan to cover GLP 1's. I was so beyond happy that we were able to get them. I had so many health issues due to my weight. Fast forward to today I have lost over 100 lbs. I am still losing weight as I am currently on them still. I feel like without the extra weight I am so much healthier and have a much improved quality life and feel like I am truly living not like before I lost the weight, Please don't take theses medications away.

Thank you,

Teresa Craig

Public
Comment by
Tiffany
McPhatter

As a state employee who takes advantage of the health insurance, removing the GLP1 from the insurance program and charging more than \$50 a month would be a huge disservice to the employees like myself who need this medication. As an individual who has a diagnosis of endometriosis, fibroid tumors, PCOS, and para menopause metformin is not the answer and does nothing to help me maintain a healthy weight to ensure that I maintain cardiovascular health, appropriate blood pressure, and appropriate diabetes health. I currently have none of the listed help issues due to GLP1 use. Without GLP1 medications, I could obtain three or more health issues that would cause the state of Delaware to have to put out more money in those areas than the cost of a GLP1.

Public Comment by Megan Blythe- Hores

Megan Blythe-Hores

Hello,

I noticed there is discussion about changing the coverage for GLP1 medications. I am someone who has benefited tremendously from this medication for weight loss and now maintenance. If I go off this medicine it has the great potential to cost insurance more money in my health costs. I am a teacher and cannot afford to pay more money for this very necessary medication. Please leave this medication off the table for changes.

Megan Blythe-Hores

Hello,

I would also like to add to my original comment that GLP1 maintenance paired with my Gastric bypass surgery has brought me down from my highest 281 lbs weight to my current 133lb weight. I have maintained this since 2023. GLP 1 meds have helped me maintain my weight loss. Please do not take this medication coverage away. I cannot afford to pay out of pocket for it as a teacher or pay more than the current copay cost. This is a necessary medication for me and has been the only thing that has worked for me battling weight issues my entire life. Again, taking this away will only increase my health risks and costs to the insurance company if I regain the weight. Thanks for listening!

Megan Blythe-Hores

Public Comment by Tabitha Horne

Tabitha Horne

I am writing to in regard to the proposal that would remove coverage for GLP-1 medications. As someone who not only takes this medication for weight loss and management, it is also part of my treatment for alcoholism helping with the reductions of cravings as an alcoholic in recovery.

This past year I went away to the Caron Treatment Center to address my alcoholism and to take my first steps toward recovery. Caron has been conducting studies with John Hopkins University on the use of GLP1s to treat addictions and cravings over the past few years and has published studies in the NYTimes thar you can read in regard to what they are finding. I saw almost every patient, regardless of weight, be put on this medication as part of this treatment plan.

The number of benefits of this medication far outweigh its costs, as excessive weight or alcohol use would incur far higher costs in the long term. We're not talking about a pill that helps a man with his sex drive, but something that can save lives and improve its quality with its use. Do not make this decision in haste and understand that the short term costs and benefits far outweigh some of the very things this medication is treating in a good portion of our society.

Thank you for your time and please take a moment to understand what this medication means to your employees that are prescribed it for multiple health issues. It is a lifeline in my recovery.

Sincerely,

Tabitha Horne

Public Comment by Samantha Teel

Samantha Teel

Good morning,

I am expressing my concern over the possible changes in coverage of GLP1s for State of Delaware employees. A large number of state employees are experiencing relief from a huge number of medical issues because of GLP1s. I know a large number of people who no longer need medicine for heart issues, high blood pressure, high cholesterol, and more because of their use of GLP1s. Myself personally have been able to stop taking high blood pressure medicine and high cholesterol medication because the GLP1 helped me get healthy. The cost of both of those medications each month was the same as my monthly cost for my GLP1. I am confident that other people who have eliminated other medical issues are also decreasing the cost in those medications. The State of Delaware should continue coverage for GLP1s so employees can remain healthy, and eliminate the need for other multiple medications.

Thank you,

Samantha Teel

Public Comment by Nicole Rollins

Nicole Rollins

As a hard-working State Employee that has seen a lot of helpful benefits from GLP-1's, I am against the proposal to remove the coverage. The longevity of this medication will save the State in the long run. This makes us workers feel as if the State rather see us unhealthy and unfit to continue to serve the State of Delaware.

Thank you,

Nicole Rollins

Legal Assistant

Department of Justice – Special Victims Unit

Public Comment by Shari Cannon

Shari Cannon

Good Morning,

I am writing regarding the upcoming vote concerning SOD benefits and GLP-1 coverage. I am, admittedly, a very overweight individual. After having tried Weight Watchers and a Medical Weight Loss center and was seen by a specialist, and having little to no success in my weight loss journey, I started going to a nutritional center that sees me monthly, provides a nutritionist, and a weight loss doctor who provides my GLP-1 prescriptions. I am FINALLY seeing success. This is a health issue as it affects, potentially, many other areas of my health, not just weight. It would be a major setback for me, and the many others, who experience obesity and really want to lose weight if these helpful medications were no longer covered.

Please consider continued coverage of these prescriptions, especially for those that need them to continue to make progress toward their health goals.

Respectfully,

Ms. Shari Cannon, M.Ed

Special Education Teacher

Public Comment by Elizabeth Snell

Elizabeth Snell

Dear Members of the State Employee Benefits Committee, I am writing as the spouse of a State of Delaware employee and a dependent covered under the state health plan. My husband teaches high school physics in a Delaware public school, and our family relies on the benefits provided through his employment. I currently take Wegovy, a GLP-1 medication, under my doctor's supervision.

I live with insulin resistant PCOS, stage four endometriosis, and hypothyroidism, which together make weight management and overall health extremely difficult even with careful diet and exercise. Since starting Wegovy in August at 220 lbs, I have lost 30 pounds and now weigh 190 pounds. This progress has already improved my health, mobility, and long-term risks, and has allowed me to better care for my family and remain active in daily life.

If coverage for GLP-1 medications is removed, I am at high risk of regaining this weight and experiencing worsening of my PCOS, thyroid-related issues, and overall health. This would be devastating for me personally and could also lead to higher health-care costs over time due to complications that are currently being prevented.

I rely on Wegovy not as a cosmetic treatment, but as a medically necessary tool to manage serious, chronic health conditions and to live a healthy, functional life. I respectfully urge you to maintain coverage for GLP-1 medications like Wegovy for spouses and dependents, as well as for employees.

Thank you for your time and consideration.

Sincerely,

Elizabeth Snell

Spouse of a Delaware public high school physics teacher Smyrna, Delaware

Public Comment by Leah Pusey

Leah Pusey

Good afternoon,

I am a Delaware State Employee, a teacher to be specific. I have dedicated the last 25.5 years of my life to my students, providing the best education for them I possibly can. Although many state employees have challenging and time-demanding jobs, I can only speak for educators. Teaching is a job that goes beyond the regular classroom hours and can be exhausting. Teachers, in many cases, don't truly get the salary they deserve, considering the many facets of their job. One of the benefits of teaching is the health care we receive. Many teachers, like me, rely on our health care coverage and the GLP-1 coverage is no exception. I exercise and eat well but I have a difficult time controlling my weight. The GLP-1 medication allows me that extra step I need to help with not only my weight but also helps with not becoming diabetic. I know I'm not the only person who relies on this coverage. I'm asking that you take this into consideration when reviewing the coverage of these medications. Even if the co-pay has to be increased, please don't take away this benefit that so many people rely on to support their health. Thank you for this consideration.

Public Comment by Mackenzie Nicholson

Mackenzie Nicholson

Dear SEBC,

The benefits of GLP-1 medications should be enough to reconsider removing coverage. While some may see this medication as a scapegoat, there are so many benefits beyond the weight loss.

I wouldn't consider myself a "health-nut", but I am very aware of the lifestyle decisions I make especially pertaining to health and my body. Only natural, as I have 3 little girls I am in the midst of raising and want to ensure they understand the importance of health.

I enjoy teaching (&practicing) Vinyasa Yoga, Meditation, and encourage balanced eating; but all these things get thwarted when faced with a hormonal disorder such as PCOS and Endometriosis. After child-bearing the symptoms of these hormone disorders were exacerbated and have made maintaining a healthy weight a STRUGGLE.

Due to Endometriosis, myself and many others, manage constant weight fluctuations due to hormones and inflammation; in one month I can shift between 4 pant sizes!

GLP-1 treatment has been a savior. Did you know that many autoimmune/chronic disorders (endometriosis, pcos, lupus, etc...) also concurrently cause insulin resistance? This is more than just being overweight, this is maintaining a comfortable lifestyle, a better quality of life.

My personal experience with GLP-1 treatments have led to:

- Maintained weight, no more yo-yo fluctuations
- Reduced fibroids
- Increased energy due to less inflammation/pain

In addition to the above, I have suffered chronic migraines since the age of 12. An unexpected side-effect of using GLP-1 medications was a complete halt to my weekly migraines. I literally cried after the first two months of treatment and being migraine free!

And that is something to consider – migraine abortive medications are expensive. During my worst, I have gone through 8-10 doses of Ubrelvy a MONTH. While on Wegovy, I haven't even had to think about filling that prescription.

All of this to say: Please reconsider discontinuing coverage for GLP-1 treatments. There is more at stake than the "easy way" weight loss stigma; GLP-1 medications have allowed many to live more comfortably and healthier. Considerations of copay during the current financial climate are also appreciated. I am happily a state worker and proud Delawarean, but in order to report to work each day I am already faced with the insane costs of childcare- over \$500 per week – increasing copay or initiating stand-alone costs would make this medication just unfeasible, unaffordable, and could result in low employee retention due to symptom recurrence.

Thank you,
Mackenzie Nicholson
DHR State Employee

Public Comment by Michelynn Troubetaris

Michelynn Troubetaris

Dear Members of the State Employee Benefits Committee,

I am writing to respectfully urge the Committee to continue coverage of GLP-1 medications for Delaware state employees. These medications have been life-changing for many individuals, including myself, and their continued coverage is critical to maintaining the health gains that so many of us have worked hard to achieve.

Over the past two years, with the help of a GLP-1 medication prescribed by my physician, I have lost more than **85 pounds**. This weight loss has dramatically improved my quality of life. I no longer experience the knee pain that once made everyday activities difficult, and I feel healthier and more energetic than I have in years. These improvements are not simply cosmetic—they represent meaningful changes to my overall health and long-term wellbeing.

The effectiveness of GLP-1 medications is supported by significant clinical evidence. Studies have shown that patients using these medications can lose **15–20% of their body weight on average**, which is a level of sustained weight loss that was historically very difficult to achieve through traditional methods alone. In addition to weight loss, GLP-1 medications have been associated with reductions in risk factors for serious conditions such as **type 2 diabetes, cardiovascular disease, hypertension, and sleep apnea**. Research has also demonstrated that patients taking GLP-1 medications experience improved blood sugar control and lower rates of major cardiovascular events.

Beyond individual health benefits, maintaining coverage can also help reduce long-term healthcare costs for the State by preventing or delaying chronic diseases that are far more expensive to treat. By supporting preventative and medically supervised weight management, the State helps employees stay healthier, more productive, and better able to serve the people of Delaware.

For many of us, discontinuing coverage would mean losing access to a medication that has fundamentally improved our health. Weight management is a chronic condition, and stopping treatment often results in significant weight regain and the return of associated health problems. Continuing coverage ensures that employees can maintain the progress they have made and avoid reversing these important health improvements.

I am deeply grateful for the healthcare benefits provided to Delaware state employees, and I respectfully ask the Committee to consider the real and measurable impact these medications have had on the lives of employees like me. Continuing coverage for GLP-1 medications is an investment in the health, productivity, and wellbeing of the state workforce.

Thank you for your time, consideration, and dedication to the health of Delaware's public servants.

Sincerely,

Michelynn Troubetaris

Public Comment by Barbara Philbin

Barbara Philbin

Please introduce my public comment into the public record. Thank you.

SEBC Committee Members,

In my February Public Comment, I urged the SEBC to reject the vague, structurally unclear, open to multiple interpretations language that was used to describe solicited Medicare plan supplements and rewrite the language to explicitly state that any bid must match the exact structure and language that appeared in the motion introduced by Shaun O'Brien and seconded by Insurance Commissioner Trinidad Navarro at the 10/2/23 SEBC meeting that passed unanimously.

SEBC UPDATE: Great motion at the 10/2/23 SEBC meeting yesterday by Shaun O'Brien (AFSCME representative), seconded by Insurance Commissioner Trinidad Navarro, that passed unanimously: "It is the SEBC's intention to solicit bids for medical third-party administration services for one self-funded employer-sponsored Medicare Supplement plan that duplicates the current plan design without deviation. All Medicare-eligible pensioners will have the same plan for the duration of the contract awarded in this RFP. Bids for any other arrangement are not being solicited and will not be considered by the SEBC."

So it is my hope that the SEBC adopt the same words that appeared in the 2023 Motion that were further refined in the requested Medicare supplement 2023 plan. This means assuring that the rewritten language appears in the draft RFP exactly as stated below:

"Proposals are being requested from interested bidders that can administer a self-funded employer-sponsored Medicare Supplement plan offered to present and future retirees that duplicates the current Medicare Supplement without deviation: for the quoted Medicare supplement plan, bidders should duplicate the plan design (co-pays and other out-of-pocket costs to the plan participants at the point of care) provider network (ie., all providers who accept Medicare assignment), and administrative set up, including coordination of benefits. This plan requires no prior authorizations of services and mirrors CMS requirements under Original Medicare. Bidders should note that prescription drug coverage will continue to be provided through the State Employer Group Waiver plan (EGWP). All Medicare-eligible pensioners will have the same plan for the duration of the contract awarded in this RFP. Bids for any other arrangement are not being solicited and will not be considered by the SEBC."

Thank you for your consideration. Perhaps a motion is also warranted to assure the following language is included in the final RFP???? Just wondering????

Barbara Philbin

SEBC Observer

DRSPA member

Public Comment by Gina Chambers

Gina Chambers

As a State Employee with over 25 years' service I wanted to give my input about my coverage and use of GLP-1's. I am against the proposal to remove the coverage. The longevity of this medication will save the State in the long run. This medication has been a life saver for me and if I am no longer covered, I will not be able to afford it personally and my health problems will no doubt return which may cost the State even more money than if I am able to continue my GLP-1 medication.

Thank you,

Gina Chambers

Legal Assistant III

Felony Screening Unit

Department of Justice

Public
Comment
made
Anonymously

Anonymous

I was informed by a Benefits Specialist with DHR that I could submit these comments as a state employee on an anonymous basis. I work for DHSS and would like to share my comments regarding the coverage of GLP-1 medications.

I have struggled with my weight since I was a child. I attended my first Weight Watchers meeting when I was 10 years old and have tried many diet trends and other methods of weight loss over my life and only now, at 34 years old, do I feel like I'm making progress. My blood work has always been in the "normal" range, and the only health issue that doctors have identified is that I am obese. I have been sent away time and time again with instructions to eat healthy, exercise more, and try this or that new trend.

I have found limited success on the keto diet, losing about 20 pounds in a year; however, this diet and lifestyle was simply not sustainable. My doctor expressed concern about heart health and cholesterol, too, if that was sustained. I have worked with a dietician for several years, coordinating meal plans and food diaries; her words were, "I just don't understand how you're gaining weight - you're doing everything right." I exercise five times a week and follow a protocol made for me by a personal trainer.

Two years ago, I began discussion with my PCP about a GLP-1 medication. I was hesitant and felt like maybe I was cheating the system, until she reminded me that I was already doing the hard work and this might be a tool to try next. The change was almost instant. I have now been taking my GLP-1 injection weekly, and I have lost 85 pounds since starting this medication. I cannot remember the last time I was wearing the pant size I now wear, and the feelings of confidence and success this has inspired cannot be understated. I still have over 100 pounds to lose, but with the help of this medication (combined with the lifestyle changes I had already made), I know that I can get there.

I am writing to the SEBC to ask you to please find ways to continue coverage of GLP-1 medications. I didn't take this as a cop-out or because I am lazy. I truly believe that this is a maintenance medication that my body needs to do what other people's bodies do normally. Something with the way this interacts with my system is making the weight come off as it should, and I feel incredible. My bloodwork has shown great improvements too! Though I was never diabetic, my a1c has fallen from 5.9 to 5.0 since starting this medication, and my other blood levels look fantastic.

I recognize that there is a lot of stigmas around weight loss medication and around people who are overweight. Whatever your feelings are around this conversation, please know that the insurance coverage for GLP-1 medication has truly been a life-changing thing for me. Until the prescription cost can come down, the only way I could afford this medication is with the current insurance coverage provided by the State.

Public Comment by Suzanne Deely

Suzanne Deely

Please continue to cover the GLP-1 medications in my health benefits. I am under a doctor's care at Christiana (Wilmington hospital location) and have been taking the medication for a year.

I meet with a nutritionist every three months, and I meet with my doctor every six months.

I have three joint replacements and high blood pressure. Under my doctor's care I have lost 35 pounds and lowered my blood pressure. My orthopedic doctor is very happy I have lost weight (and continue to lose) because this relieves the pressure on my joints and bones. My primary care physician has also been pleased at the fact I have lowered my blood pressure.

Under the nutritionists guidance I have also reduced my bad cholesterol. This has been evident because I have blood work as needed so my care can be monitored.

I am taking this medication for my health NOT for cosmetic reasons. I was once obese and now I am just overweight. I continue to work on my health.

Thank you for taking my request into consideration.

Public Comment by Paige Rollins

Paige Rollins

Good afternoon.

As a State Employee that has received benefits from GLP-1's, I am against the proposal to deny the coverage. This makes us who work with the state feel as if the State rather see us unhealthy and unfit to continue to serve the State of Delaware.

Thank you,

Public Comment by Julieann Giannone

Julieann Giannone

Dear Members of the State Employee Benefits Committee,

I am writing to ask you to please continue covering GLP-1 medications for state employees.

I have struggled with obesity for most of my life. Like many people, I tried everything—Weight Watchers, Noom, fasting, strict diets, portion-controlled meals, and constant exercise. I did all the “right” things, yet lasting success always seemed out of reach.

Six years ago, I started a GLP-1 medication and paid for it completely out of pocket because my health was worth it. With that medication, along with exercise and healthier eating, I was finally able to succeed. I lost **97 pounds and kept it off**. For the first time in my life, I feel like my body is working with me instead of against me.

This medication has truly changed my life. I am healthier, more active, and more confident in my long-term health.

I have also seen the same success with several friends and family members who struggled with weight for years and were finally able to reach their goal weights with the help of these medications.

Obesity is a chronic medical condition that often leads to diabetes, heart disease, stroke, and other serious health problems. Treating obesity early can help prevent these costly conditions later. Continuing coverage for these medications is not just life-changing for employees—it can also help prevent much larger healthcare costs for the state in the future.

Please remember that behind this decision are real people whose lives and health are being transformed.

Thank you sincerely for your time and consideration.

Sincerely,
Julieann Giannone

Public Comment by Sandi Pisarski

Sandi Pisarski

Dear State Benefits Office,

I respectfully request that the State of Delaware reconsider any plans to remove GLP-1 medications from the State Employees' prescription plan.

For many state employees and their families, GLP-1 medications are a critical part of managing chronic health conditions such as diabetes and obesity. These treatments have been shown to significantly improve health outcomes, reduce complications, and support long-term wellness.

Removing coverage could create serious financial and health burdens for employees who rely on these medications as prescribed by their healthcare providers. Maintaining access helps employees stay healthy, productive, and able to continue serving the residents of Delaware.

I respectfully urge the State to continue covering GLP-1 medications under the prescription benefit plan so that employees can maintain the treatments recommended by their physicians. These medications have lowered my A1C number from 5.9 to 5.3 I have also lost a considerable amount of weight. We all want to be healthy and live our best lives since this drug helps to lower blood sugar levels dramatically I would have to say its much better than monitoring your blood sugar every day and being on insulin.

Thank you for your time and consideration.

Sincerely,

Sandi Pisarski

Public Comment by Ray Failing

Ray Failing

I am writing about the upcoming vote on GLP-1 medications. I am currently on a glp-1 prescribed by my Cardiologist. This medication has been instrumental in helping me loose weight and keep it off. It has made a major difference in my heart health and sugar and cholesterol numbers.

Please continue to cover this essential medications! Without coverage I would not be able to afford them. My health would suffer greatly! I have not had an emergency room visit for heart related issues since controlling my weight.

Sincerely,

Ray Failing

CR School District

Public Comment by Ashley Dibert

Ashley Dibert

Good Afternoon,

I am submitting public comment for the committee to review regarding the possibility of removing coverage of GLP-1 medication. I have struggled with my weight for years and have a lot of underlined health conditions. After many failed attempts of attempting to lose weight in many different ways, I was prescribed Wegovy and it has been life changing for me in more ways than just my weight. I have lost a significant amount of weight, and been able to come off of blood pressure medication and feel so much better. My cholesterol numbers have dropped and if the coverage is dropped, I know that I will put the weight back on and gain a lot of other health problems back as well.

It may cost a lot to cover the GLP-1, but I think that you are saving on a lot of other medications that your employees have been able to come off of. As state employees we do not make a lot, but our health insurance is one of the perks of the job and this should not be taken from us. I ask that this coverage remain.

Thanks,

ASHLEY DIBERT

Social Service Administrator

DCSS Program and Policy Unit

Public
Comment
made
anonymously
#2

Anonymous #2

As a state employee who takes advantage of use of a GLP-1 due to a number of underlying health issues, it has been the BIGGEST and most life changing tool I have used for the last year.

Although I believe it should be used for assistance in weight loss (in individuals who have tried other things and not just to lose "those last 5 pounds") it has helped several of my health conditions when all the other interventions have failed. I am on a very low dose, a starter dose actually- but it provided the tool I needed to begin to tip the scales (literally and figuratively) and symptoms in another direction.

My husband also was recently approved for a GLP-1 for his underlying health conditions- most especially his heart issues. This is a well regarded drug to use as defense for high blood pressure, diabetes, sleep apnea, Afib, tachycardia and more.

Don't take our medication access away. These are life changing tools and life is hard enough- and if you need this medicine, documented and approved by a doctor, you should get it. It is a tool in a providers toolbox. Let them use it. Believe me, it's hard enough to get it even if you need it.

Thank you for your time.

Public Comment by Michelle Lamers

Michelle Lamers

Good afternoon:

I am writing regarding the upcoming vote for continued coverage of GLP-1 medications for state employees.

I have finally found personal success on my health journey using this medication. Having this available to me through state health insurance has been very beneficial.

I respectfully ask that your committee read public comments before voting on continuing coverage for this medicine. I also implore the committee to consider the benefits of GLP-1s for all state employees. Offering coverage for the medicine now will ultimately save our state money in the long run.

Thank you for your attention to this important matter.

Best regards,

Michelle Lamers

Reading Specialist

Kirk Middle School

Christina School District

Public Comment by Courtney Hoopes

Courtney Hoopes

Good afternoon,

It has come to my attention that there is an upcoming vote regarding GLP-1 medication coverage and I wanted to share my concerns about removing that coverage.

While it is true that many people use GLP-1s as an aid towards weight loss, this medication does so much more. It helps regulate hormones for women with PCOS. It tackles inflammation from autoimmune diseases. Blood sugar levels stabilize. Cardiac health concerns are significantly reduced. Weight loss isn't the only thing these medications cover.

By allowing coverage, you are allowing the opportunity for a healthier workforce. Please consider all of the positives these medications have and how those are impacted. We have a healthier workforce to do everything we can for our students.

Courtney Hoopes

Secondary Language Arts Teacher and Middle School Team Lead

Delaware School for the Deaf

Public
Comment by
Krista
Cannatelli

Krista Cannatelli

Dear Decision Makers,

I am writing as a Delaware resident to respectfully ask the state to reconsider the proposal to remove insurance coverage for GLP-1 medications.

I have been taking a GLP-1 medication for the past 10 months. During that time, I have lost 11 pounds, but more importantly I have seen significant improvements in my overall health. I have lost inches around my waist and arms, which shows meaningful changes in my body composition and health. I also have much more energy and have been able to make healthier lifestyle choices.

I also live with Hashimoto's disease and hypogammaglobulinemia, which make managing my health and metabolism more challenging. These conditions can make it significantly harder to lose weight and maintain healthy metabolic function, even when making good lifestyle choices. Because of these medical conditions, having access to effective treatments is especially important for me.

One of the most important improvements has been my blood glucose levels. Before starting this medication, my glucose was consistently high. Since beginning treatment, my glucose has remained in the normal range. The medication has also helped reduce inflammation in my body, which has made a noticeable difference in how I feel day to day. These changes reduce my risk for serious long-term health problems such as type 2 diabetes and other chronic conditions.

These medications are helping me make real progress toward better health. I am committed to continuing healthy habits and working with my doctors, but the medication is an important part of that progress.

Without insurance coverage, I would not be able to afford this medication. Losing coverage would mean losing access to a treatment that is clearly improving my health and helping prevent more serious and costly medical conditions in the future.

I respectfully ask that the state allow patients like me the opportunity to continue these medications so we can keep improving our health and preventing more serious illness.

Thank you for taking the time to consider the real impact this decision will have on Delaware residents.

Krista L. Cannatelli

Physical Science Instructor

Delcastle Technical High School

Public
Comment by
Michelle
Browne

Michelle Browne

Good afternoon,

I would like to voice my concerns on the proposal for removing coverage for the GLP-1 medications.

My husband and I are both on Ozempic due to being Type 2 Diabetes. I am Type 2 Diabetic – Stage 2 Kidney Disease. Our primary doctors have us on Ozempic for 2 years now to help regulate our diabetes. I am very concerned if this medication is taken away – it will cause setbacks for us. The GLP-1 medications that many people are on is for their health issues and taking it away from hundreds of people will be devastating to say the least.

I vote to the proposal is a no. Please don't take this away from us.

Thank you.

Michelle Browne

FTAP Intelligence Analyst

Delaware State Police

State Bureau of Identification

Public Comment by Laura Krapf

Laura Krapf

I have heard that the state is considering discontinuing or significantly increasing the copay for GLP-1 medications for State of Delaware, employees. As someone who has finally been able to lose weight and maintain that loss, I can tell you that this is extremely distressing to me. People are finally taking steps to maintain healthier weight, which has a benefit for all of our bodily systems and overall health and now you're looking at making that prohibitive and essentially making it so that only people who can financially afford it can continue to use it. Wellness should not be dictated by your income. It should be accessible. Please keep GLP-1 medications affordable and accessible for Delaware State employees.

Thank you,

Laura Krapf

Public Comment by Michele Bruner

Michele Bruner

I am submitting this comment from a personal perspective in support of continuing coverage for GLP-1 medications for state employees.

Obesity and related chronic diseases affect many individuals and families, and they often require more than diet and exercise alone to manage effectively. For many patients, GLP-1 medications provide a medically supported option that can significantly improve health outcomes, reduce complications from chronic disease, and improve overall quality of life.

Access to these treatments can help employees better manage their health, remain productive, and potentially reduce long-term healthcare costs associated with conditions such as diabetes, cardiovascular disease, and other weight-related illnesses.

Continuing coverage for these medications demonstrates a commitment to evidence-based care and the health and well-being of the state workforce.

Have a great day!

Thank you,

Michelle Bruner

Chief of Administration

Public Comment by Jessica Perrine

Jessica Perrine

Good afternoon, as someone who has struggled with ongoing weight issues my whole life, I started the glp 1 in April last year I have lose 41lbs this is a medicine that has changed my life and health as a whole, I am using this medicine for maintenance now it is something I want to continue for my health. Please take your employees well being into consideration and continue coverage for these medications. Thank you.

Public
Comment by
Kristan
Garofalo

Kristan Garofalo

Good Evening,

I am writing to you today regarding GLP-1. This medication has truly helped my obesity in so many ways. Not only have I lost weight, but my health has improved, I have increased stamina, I am happier, & more importantly, am not ashamed of how I look.

Prior to GLP-1, I made many, many attempts to lose weight; however, nothing worked. This has truly been a lifesaver & removing it from our insurance is a complete disservice.

Please keep the GLP-1 on The State of Delaware insurance, so individuals like myself can maintain a happy healthier life!

Thank you.

Public
Comment by
Jessica
Thompson

Jessica Thompson

Removal would be detrimental to my health. This has been the only thing that has helped me lose weight and I also have rheumatoid arthritis. I have become a much better teacher being able to lose weight so my RA symptoms affect me minimally. Also as a paraprofessional we do not make enough money for a ridiculously high copayment. I am also a mother of 6. Please dont remove this coverage.

Public Comment by Janelle Bradway

Janelle Bradway

Dear sir or madam,

I am writing to respectfully request that the state continue to cover GLP-1 medications as part of my prescription benefits. These medications have had a significant and positive impact on my health, and continued access is extremely important for maintaining the progress I have made.

Since starting a GLP-1 medication, I have experienced meaningful weight loss that has improved my overall health and well-being. Beyond the number on the scale, this medication has helped regulate my appetite, improve my relationship with food, and make it easier to maintain healthier lifestyle habits. The weight loss has reduced strain on my body and lowered my risk for many serious health conditions such as heart disease, diabetes, and joint problems.

As someone who works in healthcare, I understand how important preventative care is. Treatments that help people manage weight and metabolic health can prevent far more serious and costly medical conditions in the future. Losing access to this medication would not only jeopardize the progress I have made but could also lead to worsening health outcomes that ultimately increase healthcare costs over time.

GLP-1 medications are not a short-term solution; they are an important medical treatment that helps people maintain long-term metabolic health. Continued coverage allows patients like me to sustain the progress we have worked hard to achieve and avoid preventable complications down the road.

I strongly encourage the state to continue covering GLP-1 medications so that individuals who rely on them can maintain their health and quality of life.

Thank you for your time and consideration.

Sincerely,
Janelle Bradway

Public Comment by Dennis Holford

Dennis Holford

To the Members of the Employee Benefits Review Committee:

I am writing regarding the proposal to reduce or discontinue coverage for GLP-1 medications which have been life-changing for my family.

These medications are among the most impactful and life-saving treatments developed in this century.

GLP-1 medications are transforming lives, eliminating conditions such as sleep apnea, fatty liver disease, heart disease, hypertension, and metabolic syndrome. As patients regain their health, many are able to reduce or discontinue a half dozen medications for diseases like diabetes, blood pressure, cholesterol, reflux, asthma, and other chronic conditions.

When a treatment reduces disease, lowers the need for multiple prescriptions, and improves long-term health, its value cannot be measured by its annual cost alone.

When employees are healthier, the state benefits through lower healthcare costs, reduced absenteeism, improved mental health, and a stronger, more productive workforce.

Eliminating these medications from the formulary, or pricing them beyond employees' reach, will come at great cost to those whose health depends on them and will ultimately increase long-term healthcare costs for the State of Delaware.

For these reasons, I respectfully urge the board to maintain current GLP-1 coverage for the many employees and families who depend on them. Thank you for your time.

Sincerely,

Dennis Holford

Comment by Jen Brown

Jen Brown

Dear Members of the State Employee Benefits Committee,

I respectfully urge the committee to maintain coverage for GLP-1 medications under the State of Delaware health plan.

For many state employees, these medications are an essential, evidence-based treatment for chronic conditions such as obesity and diabetes. Removing coverage would place an overwhelming financial burden on patients and force many people to stop medications that are actively improving their health, in turn lowering long term insurance costs.

Access to effective treatment for chronic conditions should remain part of a comprehensive health plan for those who serve the state of Delaware.

Thank you for considering this public comment.

Jen Brown

Public
Comment
made
anonymously
#3

Anonymous #3

I am a state of Delaware employee and a recently diagnosed diabetic. I understand the SEBC is considering the cost savings of removing coverage of GLP-1 drugs from the state's prescription plan or increasing the costs to an untenable amount. This drug has been lifesaving for me, reducing my A1C dramatically in a few short months, protecting my heart and kidney function, and assisting in weight loss. GLP-1 drugs are lifetime medications. If you stop taking them, everything reverses itself.

GLP-1 drugs have been proven to reduce heart attacks, stroke, kidney disease and many other diseases that plague those with diabetes. The added benefit of weight loss reduces a litany of other diseases that accompany obesity. All these diseases that are being prevented by taking these drugs would likely cost the state far in excess of the cost of the GLP-1 drugs.

If the SEBC chooses to increase the copay's for these drugs to the levels contemplated, this could cause state employees to have to turn to alternative cheaper sources of GLP-1's from unsafe suppliers at the risk of causing negative health consequences. I've always been told the biggest benefit to working for the state is the great benefits. Removal of GLP-1 drugs would significantly negatively impact the benefits provided to state employees and will force more people to have to turn to private sector jobs that will offer superior health benefits.

I urge the SEBC to further study the cost savings these drugs provide by preventing other diseases, poll state employees about how strongly they feel about these drugs remaining an economically feasible option in our benefits plan, and as a very last resort, consider adopting different copays for use of GLP-1 drugs for weight loss vs. the long term treatment of diabetes and the many related diseases that accompany diabetes.

Thank you for your consideration,

From a State of Delaware employee

Public
Comment by
Kimberly
Barbato

Kimberly Barbato

Dear Members of the State Employee Benefits Committee,

Thank you for the opportunity to provide public comment regarding the discussion of coverage for GLP-1 weight loss medications.

I understand the Committee's concerns about the rapid increase in costs associated with these medications. However, it is important to recognize how detrimental it would be for many members if coverage were eliminated or if copays increased to a level that makes these medications unaffordable.

For many individuals, GLP-1 medications are not simply about weight loss—they are an essential medical treatment that helps manage obesity and related health conditions. Removing access to these medications could lead to significant setbacks in members' health and well-being.

It is also important to consider that the health complications associated with obesity—such as diabetes, heart disease, and other chronic conditions—carry significant long-term costs for the health plan. Providing access to effective treatment now may help reduce the future costs associated with managing these conditions.

I encourage the Committee to carefully consider both the financial sustainability of the plan and the real impact this decision will have on members who rely on these medications to maintain their health.

Thank you for your time and consideration.

Kimberly Barbato, M.Ed. C&I

4th and 5th Grade Intensive Teacher

Colonial Education Association (CEA) President

Castle Hills Elementary School

Public Comment by Alexis Ridgeway

Alexis Ridgeway

Dear Members of the Delaware State Employee Benefits Committee,

I am writing to respectfully urge the committee to continue insurance coverage for GLP-1 medications for Delaware state employees and their dependents. These medications have become an essential tool in treating chronic health conditions such as obesity and type 2 diabetes, both of which significantly affect the long-term health of many individuals.

GLP-1 medications are not simply weight-loss drugs; they are evidence-based treatments that address metabolic disease. For individuals with obesity, these medications help regulate appetite, improve insulin sensitivity, and support sustainable weight management. When obesity is effectively treated, it reduces the risk of numerous serious health conditions including heart disease, stroke, hypertension, sleep apnea, and certain cancers.

From a healthcare cost perspective, maintaining coverage for GLP-1 medications can actually reduce long-term expenditures. Preventing complications associated with obesity and diabetes helps avoid costly hospitalizations, surgeries, and chronic disease management later on. Investing in preventive treatment now supports healthier employees and can lower the overall financial burden on the state healthcare system over time.

Additionally, access to effective treatment improves employee well-being, productivity, and quality of life. When employees are healthier, they are better able to perform their jobs, take fewer sick days, and remain active contributors to the workforce. Removing coverage would create significant barriers for individuals who rely on these medications to manage their health, potentially reversing meaningful progress they have made.

For many people, lifestyle changes alone are not sufficient to treat metabolic conditions that have strong biological and genetic components. GLP-1 medications provide medically necessary support that allows patients to achieve and maintain healthier outcomes under the supervision of their healthcare providers.

I respectfully ask the committee to consider the health, financial, and human impact of this decision and continue providing coverage for GLP-1 medications within the Delaware State Employee Health Plan. Access to effective medical treatment should remain available to those who need it.

Thank you for your time and thoughtful consideration.

Sincerely,

Alexis Ridgeway

Public Comment by Jill League

Jill League

Good Afternoon to Whom it May Concern;

I am a teacher in Red Clay School District, so a State of Delaware employee, under a state health plan. I use Blue Cross Blue Shield/Highmark. We also have great prescription coverage with CVS Caremark. I am also someone currently prescribed a GLP-1, Wegovy.

I implore you to continue covering the cost of the GLP-1. My story is long, but a condensed version has three layers. My multiple medical diagnosis and age have attributed to me being 60 lbs. overweight for over 15 years. I tried every diet, exercise routine, and even seen a nutritionist, to no avail. My body chemistry fought me every step of the way, which caused an increasing number of medical issues, in turn increased the number of medications and procedures that I have had to endure. Some of which are life altering and even life threatening. Hashimoto Thyroiditis with Thyroid Nodules, Type 2 Diabetes, High Cholesterol, Kidney Stones, and the latest, A-fib, are some of my diagnoses. My bloodwork is closely monitored by multiple doctors and specialists. My endocrinologist tried to prescribe me Mounjaro for over 2 years, which was denied by insurance, even as a diabetic. Finally in August 2025 I was able to be approved for Wegovy. Since then, I have lost 40 pounds, but what is more remarkable is that my blood work has come back with EVERYTHING in normal range for the first time in 15 years. I am no longer in the diabetes range of A1C, my cholesterol is all down, and more importantly, I haven't had an A-Fib episode since September. My cardiologist has taken me off the list to have a cardiac ablation. All of my doctors are working on reducing the other medications that I currently take, which means they will no longer need to be paid for by the insurance, plus my high-risk status is coming down which also lessens the health care costs needed for me. Here's the other SIGNIFICANT issue, I know that I will probably need to be on a maintenance dose of this GLP-1 forever because it is what my body needs, but I CANNOT afford to do that if it's not covered by insurance. I am a teacher with two children in college and my salary increases yearly have not been enough in the last 5 years to match the inflation rates. My husband and I are barely making it now, and prices of things keep increasing daily. In my case, this has been a lifesaving medication, not just an option for weight loss, and to take away the coverage would cause me to no longer take it and I would be at risk of having to be covered for all the procedures, doctors' visits, and additional medications again, all the while having the side effect of gaining the weight back. Committee members need to understand that this is not just for weight loss!!!! And honestly the benefits outweigh everything else and it reduces the need for coverage on so many other levels.

Sorry for the long story, but I feel that committee members who haven't lived this and only see it for weight loss are not qualified to make such a decision. The question needs to be asked, does the cost of this outweigh the cost of the other medications that people will no longer have to take and or the cost of procedures and doctors' visit that will need to be covered?

Please share my story with whomever needs to hear it. And vote to continue covering the cost of this life saving medication!

Jill League

Public
Comment
made
anonymously
#4

Anonymous #4

Dear Members of the State Employee Benefits Committee,

I am writing to submit a public comment regarding the proposal to remove coverage for GLP-1 medications from the State of Delaware health plan.

For many state employees, retirees, and their families, these medications are not simply optional treatments. They are an important part of managing serious health conditions such as diabetes, obesity, and related medical complications. Removing coverage could place a significant financial burden on employees who rely on these medications to maintain their health and prevent more severe medical issues.

Personally, I was taking Zepbound, which helped me tremendously with my health and overall well-being. However, I was suddenly no longer allowed to receive it and had to switch to a different medication that did not provide the same results. Changes like this can be frustrating and discouraging for employees who are simply trying to follow medical guidance and take care of their health.

I also believe it is important to consider why committees are making decisions about what is best for people's bodies when individuals and their doctors should have the ability to determine the most effective treatment. Too often it feels as though decisions are driven by cost rather than the well-being of the people who rely on these benefits.

State employees dedicate their time and service to the residents of Delaware, and access to necessary and effective healthcare should remain a priority. I respectfully ask the committee to carefully reconsider this proposal and to take into account the real impact it may have on the health and well-being of state employees and their families.

Thank you for your time and consideration.

Public Comment by Tracy McCarthy

Tracy McCarthy

To whom it may concern,

I am a DE teacher who is on GLP 1 medication. It is very important to me that coverage for this medication continues so that I, and others who need this, can continue to get the medication. Without coverage, I, and others, would not be able to be on this.

I can attest that being on a GLP 1 medication is not for vanity. This medication is needed for health reasons. In my case, I have fatty liver disease and MASH, and the GLP 1 medication is needed for weight loss to decrease or hopefully even eliminate the damage to my liver. Not only does this improve my quality of life, but I have noticed that it has a factor on my job as well. Teachers do a tremendous amount of walking, bending, and a host of other movement throughout each day, and MASH caused so much inflammation that my stomach was hard and distended making these movements difficult to say the least. GLP 1 medication is the key that decreased all that inflammation and allowed me to be able to bend over to tie shoes, to pick up things from the floor again, and more. This is huge!

On behalf of myself and so many others who need this medication, I ask you to please continue to provide coverage for GLP 1 medications.

Thank you!

Tracy McCarthy

Public Comment by Kevin Daniels

Kevin Daniels

To the Delaware State Employee Benefits Committee and the Office of Management and Budget,

I am writing as a licensed clinical social worker, a Delaware-based behavioral health provider, and a resident who has watched this state make the same fiscal calculation before. Deciding that treating a chronic condition is too expensive, pulling back coverage, and absorbing consequences that cost far more than the original intervention is a documented pattern in our history. We did it with mental health. We did it with substance use disorder. The opioid epidemic is, in significant part, the downstream consequence of that pattern. I am asking this committee not to repeat it with obesity.

The Clinical Case Is Not Ambiguous

GLP-1 receptor agonists are not lifestyle drugs. They are medications with robust clinical evidence demonstrating reductions in type 2 diabetes onset, major adverse cardiovascular events, hypertension, sleep apnea, and certain obesity-related cancers. Semaglutide carries an FDA indication specifically for cardiovascular risk reduction in adults with obesity or overweight and established cardiovascular disease. These are not marginal effects. They are the kind of downstream cost reductions that state health plans should be competing to capture, not retreating from.

Obesity is a chronic, biologically-mediated condition. It is not a failure of willpower or a lifestyle preference. Treating it as such in coverage decisions is not only scientifically inaccurate, it is a policy position that disproportionately harms lower-wage state employees who already carry the highest burden of metabolic disease in this state.

The Fiscal Argument Has a Hole in It

Delaware's own Insurance Commissioner reported that on commercial plans, GLP-1 costs were virtually offset by manufacturer rebates. At the same time, Delaware's Attorney General filed suit in January against pharmaceutical manufacturers and pharmacy benefit managers, alleging they artificially inflated GLP-1 and insulin prices through kickback arrangements and exclusionary practices. The state is simultaneously arguing it cannot afford these medications and litigating the claim that those prices are fraudulently inflated. The resolution to that contradiction is not to remove coverage from patients. It is to fix the pricing structure, which the lawsuit is attempting to do, while keeping patients on treatment in the interim.

Removing coverage does not make obesity go away. It makes it unmanaged. Unmanaged obesity converts into managed cardiovascular disease, managed diabetes, and managed renal failure. Paradoxically, the state continues to cover bariatric surgery, an invasive intervention that costs significantly more per patient than a monthly GLP-1 prescription. Choosing to cover the scalpel while denying the script is a failure of both clinical logic and fiscal stewardship.

We Have Seen This Before

In the 1980s and 1990s, mental health treatment was routinely carved out of insurance coverage, capped at arbitrary visit limits, and treated as a secondary, optional benefit. The reasoning was the

same: too expensive, too open-ended, too difficult to define clinical necessity. What followed was not savings. What followed was a generation of undertreated depression, anxiety, and trauma that funneled directly into emergency rooms, county jails, and eventually opioid prescriptions written by primary care providers who had no other tools available because the behavioral health system had been deliberately defunded.

The opioid epidemic did not emerge from nowhere. It emerged, in significant part, from a healthcare system that decided pain, both physical and psychological, was cheaper to manage pharmacologically in the short term than to treat comprehensively over time. Opioids were covered. Therapy often was not. The result was catastrophic, and Delaware felt it alongside every other state in this region. Removing access to effective chronic disease treatment is not a neutral fiscal act. It is a decision with a trajectory, and that trajectory has a well-documented destination.

A Note on Language

One board member described loosening prior authorization requirements as giving these medications out "like Tic Tacs." I want to name that framing directly: it is the same dismissive register that was used for decades to deny mental health coverage, to question whether depression was real, and to frame addiction treatment as enabling rather than medicine. That language has consequences. It shapes policy. And the policy it shapes has costs that do not show up in this fiscal year's budget. They show up in the next decade's emergency department data.

What I Am Asking

I am asking this committee to reject outright coverage removal. I am asking for a transparent accounting of the downstream cost offsets that GLP-1 coverage produces, not only the line-item prescription spend. I am asking that any modifications to coverage be made with clinical criteria, not budget pressure alone as the driver. And I am asking that this state learn from its own history before repeating it.

Delaware residents, including state employees, deserve healthcare policy that treats chronic disease as a medical reality, not a fiscal inconvenience.

Respectfully submitted,

Kevin Daniels, LCSW, LCDP, ACSW, QCSW Owner and Clinical Director, Open Minds Therapy LLC Milford, Delaware

Public Comment by Chelsey Cubbage

Chelsey Cubbage

Dear Members of the State Employee Benefits Committee,

I am submitting this email as a public comment regarding the proposal to remove coverage for GLP-1 medications from the State of Delaware health plan.

I am a Delaware state employee currently covered under the Highmark PPO health plan, and I respectfully request that the committee reconsider any proposal that would remove coverage for GLP-1 medications.

Due to chronic, lifelong medical conditions that require ongoing medical management, I have previously used a GLP-1 medication under the supervision of my healthcare provider. This medication was prescribed and monitored by my healthcare provider as part of a medically necessary treatment plan to address my underlying health conditions. It has been truly life-changing for my health and allowed me to successfully manage conditions that are difficult to address through lifestyle changes alone.

For many individuals, these medications are not a short-term solution but an important long-term treatment that supports ongoing health management. Because these conditions require lifelong management, it is likely that I will need continued access to this medication as part of long-term maintenance of my health. Removing coverage would create a significant barrier for many state employees who rely on these medications as part of physician-directed care.

I hope the committee will consider that for many state employees, these medications are not cosmetic or optional, but part of medically supervised treatment for chronic health conditions.

Maintaining coverage for GLP-1 medications also supports preventative care and chronic disease management, which can help reduce long-term healthcare costs by preventing more serious and expensive health complications.

Health benefits are an important factor in the recruitment and retention of qualified state employees. Maintaining access to medically necessary treatments helps ensure that employees are able to stay healthy and continue serving the State of Delaware effectively. Decisions about health plan coverage have a real impact on the lives and health of the employees who rely on these benefits every day.

As state employees, we contribute to the cost of our health insurance, and access to medically necessary treatments is an important part of the value of the benefits we rely on.

Please include this email as part of the public comment record for the March 9, 2026 SEBC meeting.

Thank you for your time and thoughtful consideration.

Sincerely,

Chelsey Cubbage, M.Ed.

Delaware State Employee

Special Education & ChildFind Coordinator

Public Comment by Nikki Bartolo

Nikki Bartolo

To Whom It May Concern,

I am a 16 year state education employee who has benefitted from GLP1 treatment for almost two years. I was diagnosed with moderate sleep apnea and my physician indicated weight loss would, in tandem with other therapies, help reduce the risks of heart issues along with other issues that sleep apnea present. I have been through months of appeals with CVS Caremark due to the formulary change off of Zepbound, which helped me lose over 50 pounds, reduce inflammation in my body (I suffer from arthritis as well) and has, surprisingly, also helped reduce issues related to my Generalized Anxiety Disorder and reduced my food noise. I also noticed my immune system seemed stronger, and working in a school, I was having fewer incidents of colds and other seasonal illnesses.

Unfortunately, I had to be off the recommended medicine for the apnea for a few months and on Wegovy and my anxiety, joint issues, and food noise returned. My sleep quality declined again. After my doctor worked for hours to appeal the removal of Zepbound, he was able to get me on Mounjaro.

After four months back on the correct medicine for my apnea and weight needs, I am seeing great benefits once again. To remove my ability to treat my pre-existing conditions by the state would cause me mental and physical harm. Please reconsider the proposal of removing coverage for all GLP1 medicines, as many have seen multiple positive health benefits. Taking this medicine away from our treatment plans will ultimately cost the state more for other medical treatments related to apnea, obesity, and other health conditions GLP1 is showing to treat.

Thank you for your consideration,

Nikki Bartolo

Brandywine School District

Public Comment by Kitsaa Rousell

Kitsaa Roussell

Good Afternoon

I am writing to ask that please vote down the proposal to remove coverage for GLP-1 medications.

I am embarrassed to say but I am obese. I have high blood pressure and sleep apnea. And am also pre-diabetic. These medications are helping me and so many other State Employees to reverse most of these health issues. If the proposal is passed we will have to continue to take many more medications than a GLP-1 weight lose medication, and I believe the cost of GLP-1 medications are worth it. These medications have already helped so very many people in and out of the state of Delaware (employees and non-employees). I can say for myself it is helping me immensely.

Please do not vote to pass this proposal.

Thank You

Kitsaa Roussell

Public Comment by M

To Whom It May Concern,

I am writing as a Delaware resident and patient who has been prescribed Ozempic (semaglutide) for nearly three years. I recently learned that my employer may stop covering this medication under our health insurance plan, and I feel compelled to share how life-changing this treatment has been for my health.

Before beginning Ozempic, I struggled with several serious medical conditions, including diabetes, high cholesterol, heart-related concerns, and obesity. Managing these conditions was extremely difficult, and despite my best efforts with diet, lifestyle changes, and other medications, I was not seeing the improvements that my doctors and I hoped for.

Since starting Ozempic, I have experienced significant and measurable health improvements. My diabetes has become far more manageable, my cholesterol levels have improved, and my overall cardiovascular health has benefited. In addition, the medication has helped me lose weight in a sustainable way that I had previously been unable to achieve. These improvements have not only enhanced my quality of life but have also reduced my long-term health risks and the likelihood of more serious medical complications. Because of the success of being on Ozempic, I was also able to come off of 2 other medications that I was taking daily. This has benefitted me mentally, physically and financially.

For patients like me, medications such as Ozempic are not simply about weight loss—they are a critical part of managing chronic health conditions. Removing coverage for this medication could reverse the progress that many patients have worked hard to achieve under the supervision of their healthcare providers.

I respectfully ask that the State of Delaware consider the real impact that medications like Ozempic have on patients who rely on them for legitimate medical reasons. Continued access and insurance coverage allow people like me to maintain better health, prevent costly complications, and live more productive lives.

Thank you for taking the time to consider my experience and the importance of maintaining access to this medication for those who truly depend on it.

Sincerely,

M

Public
Comment by
Denise
Matthews

Denise Matthews

I am writing as a public school teacher living with diabetes to strongly support the continued medical coverage of GLP-1 medications. These medications are not cosmetic or optional treatments—they are an essential part of diabetes care that allow many of us to manage our health, remain productive at work, and avoid serious long-term complications.

As a teacher, my job requires constant focus, energy, and the ability to be present for my students every day. Managing diabetes without effective treatment can make this incredibly difficult. GLP-1 medications have helped many people like me stabilize blood sugar levels, improve overall health, and reduce the risk of complications such as heart disease, kidney damage, and vision problems. Maintaining stable health allows teachers to stay in the classroom and continue serving our communities.

Without insurance coverage, these medications can cost hundreds or even thousands of dollars per month—far beyond what most educators can reasonably afford on a public school salary. Removing coverage would force many patients to stop treatments that are working, which could lead to worsening health outcomes and ultimately higher healthcare costs due to hospitalizations and complications.

Supporting coverage for GLP-1 medications is not only a compassionate decision, but also a practical one. Preventive care and effective disease management reduce long-term costs for the healthcare system and help people with chronic conditions remain active members of the workforce.

As someone who is committed to my students and my profession, I urge decision-makers to continue covering GLP-1 medications for patients with diabetes. Access to these treatments allows people like me to stay healthy, continue teaching, and contribute to our communities.

Thank you for considering the voices of patients and educators who rely on these medications to manage a serious chronic condition.

Denise Matthews

Public Comment by Kelly Cohee

Kelly Cohee

Dear Members of the State Employee Benefits Committee,

My name is Kelly Cohee, and I am writing to respectfully share my personal experience ahead of the committee's upcoming vote regarding insurance coverage for GLP-1 medications such as Zepbound and Wegovy.

I am 42 years old, and until my mid-30s I was generally able to maintain a healthy weight. However, as I got older it became increasingly difficult to manage my weight despite consistent effort. Between the ages of 35 and 39 my weight increased from approximately 140 pounds to 232 pounds, even though I exercised regularly and followed very restrictive diets.

During that time, I tried numerous weight-loss approaches, including over-the-counter medications, programs like Noom, and prescription medications from my primary care physician. At most, I would lose about 15 pounds, only to gain it back once my body adapted to the treatment. Along with the weight gain came several health issues, including hypertension, fluid buildup in my legs, and sleep apnea.

In June of 2024, after months of struggling and feeling discouraged, I began treatment with Zepbound through NutriHealth, an evidence-based medical weight-loss clinic that provides supervised nutrition counseling and medical treatment. I followed all the required steps, including receiving prior authorization through CVS Caremark.

Starting this treatment was not an easy decision. I initially felt embarrassed seeking medical help for weight loss because I believed I should be able to solve it with diet and exercise alone. From January through June of 2024, despite working extremely hard, exercising regularly, and eating very little, I lost only four pounds.

Since beginning treatment, however, the results have been life-changing. Over the past two years, through continued medical supervision, regular exercise (at least three times per week), and improved nutrition, I have lost 102 pounds.

The medication did not replace healthy habits—it helped make them possible. Zepbound significantly reduced cravings and helped my body recognize when I was full. For example, I went from drinking soda daily and eating pizza several times a week to almost exclusively drinking water or carbonated water with no sugar. When I do have foods like pizza, I can only eat a slice or two and no longer crave it the way I once did.

Most importantly, my health has dramatically improved. My hypertension has resolved, the fluid buildup in my legs has disappeared, and my sleep apnea is no longer an issue. These improvements mean fewer medications, fewer doctor visits, and a significantly better quality of life.

Before this treatment, I could not walk for more than 15 minutes without severe leg cramps and swelling. My sleep apnea caused loud snoring and constant sleep disruption for both me and my partner, Wes, which affected our daily lives and our work. Today, those issues are gone.

I am deeply concerned that losing insurance coverage for these medications would put me—and many others—in a position where maintaining our health becomes extremely difficult. Weight management is not as simple as “eat less and exercise more” for many people. Metabolism, hormonal changes, mental health challenges, and other factors all play significant roles.

Without insurance coverage, medications like Zepbound become financially unrealistic. Even reduced-cost options can be around \$449 per month, which is not affordable for many working individuals. While I would be willing to contribute more out of pocket, losing coverage entirely would put continued treatment out of reach.

These medications are not cosmetic treatments. For many of us, they are medically necessary tools that allow us to maintain health, prevent chronic disease, and reduce long-term healthcare costs.

I respectfully ask the committee to consider the real-life impact your decision will have on people like me who have followed the proper medical process, worked closely with physicians and nutritionists, and combined these medications with diet and exercise to achieve lasting results.

Thank you for taking the time to consider my story and the experiences of many others who rely on these treatments to maintain their health. I sincerely hope that in your March 9th decision you will allow continued insurance coverage for GLP-1 medications that are helping so many people live healthier lives.

Respectfully,
Kelly Cohee

IREC Transportation

Administrative Assistant II

Indian River School District

Public Comment by Lauren Sokola

Lauren Sokola

To: The Delaware State Employee Benefits Committee

Fr: Lauren Sokola, MEd, BCBA, Behavior Analyst, Christina School District

Steven Newton, PhD, Past President DSU Chapter, American Association of University Professors

RE: Research-based recommendation for continuing GLP-1 benefits for women

Date: 6 March 2026

We recommend that the State Employee Benefits Committee follow current medical research and continue GLP-1 benefits for women employees and retirees for uses other than diabetes.

It is typical of many modern health policy decisions that this question seems to have been framed as “diabetes vs weight loss” without taking gender differentials into account. This derives from an implicit but inaccurate assumption that GLP-1 therapy for women’s weight management and other medical issues is elective rather than essential healthcare.

Current medical research makes the case that GLP-1 therapy for women is an effective tool for tackling fertility issues, cancer prevention, osteoporosis remediation, and post-menopausal weight management. GLP-1 not only generates these positive health outcomes, but also saves Delaware tax dollars by reducing the necessity for other, more costly treatments.

We make four arguments on behalf of Delaware women employees and retirees:

ONE: GLP-1/E Agonists successfully mediate Polycystic Ovarian Syndrome in many women, reducing the need for costly interventions under Delaware fertility benefits, including the \$30,000 for ART/IUI/OI, up to 6 IVF egg retrievals, and coverage for fertility preservation due to medical treatment.

TWO: GLP-1/E Agonists have successfully maintained bone density for post-menopausal women. The research suggests that this benefit does not accrue equally from other weight-loss regimens.

Eliminating/restricting GLP-1 benefits for these women threatens increased adverse health outcomes and increased treatment costs.

THREE: Emergent research demonstrates multiple potential positive impacts on cancer prevention in women, including endometrial and breast cancer.

FOUR: GLP-1 is consistently effective at post-menopausal weight management, mitigating a wide variety symptoms that other weight management regimes do not.

CONCLUSION:

Polycystic Ovarian Syndrome, Osteoporosis, Cancer, and post-menopausal weight management are all significant health risks to Delaware’s women employees and retirees.

Current medical research suggests that a one-size-fits-all-genders approach will result in both significant negative health outcomes and negative financial consequences for the system. More nuanced restrictions on the GLP-1 benefit may be in order, but the research suggests that none of the choices proposed in the last committee meeting are good ones.

We strongly recommend a research-based approach that takes gender differences into account to be the basis upon which final decisions are made. The health of Delaware's women employees and retirees is too important for anything less.

Sources have been limited to three recent, definitive publications in each topic area. Additional references can be provided on request.

(Sources: Polycystic Ovarian Syndrome)

Hellas Cena, Luca Chiovato, Rossella E Nappi, Obesity, **Polycystic Ovary Syndrome, and Infertility: A New Avenue for GLP-1 Receptor Agonists**, *The Journal of Clinical Endocrinology & Metabolism*, Volume 105, Issue 8, August 2020, Pages e2695–e2709, <https://doi.org/10.1210/clinem/dgaa285>

Bednarz, K.; Kowalczyk, K.; Cwynar, M.; Czapla, D.; Czarkowski, W.; Kmita, D.; Nowak, A.; Madej, P. **The Role of Glp-1 Receptor Agonists in Insulin Resistance with Concomitant Obesity Treatment in Polycystic Ovary Syndrome**. *Int. J. Mol. Sci.* 2022, 23, 4334. <https://doi.org/10.3390/ijms23084334>

Sánchez-Garrido, M.A., Serrano-López, V., Ruiz-Pino, F. *et al.* **Superior metabolic improvement of polycystic ovary syndrome traits after GLP1-based multi-agonist therapy**. *Nat Commun* 15, 8498 (2024). <https://doi.org/10.1038/s41467-024-52898-y>

(Sources: Bone Density and Osteoporosis)

Montes Castillo, M.C., Martínez Ramírez, M.J., Soriano Arroyo, R. *et al.* **Glucagon-like peptide 1 and Glucagon-like peptide 2 in relation to osteoporosis in non-diabetic postmenopausal women**. *Sci Rep* 9, 13651 (2019). <https://doi.org/10.1038/s41598-019-50117-z>

Daniilopoulou, I.; Vlachou, E.; Lambrou, G.I.; Ntikoudi, A.; Dokoutsidou, E.; Fasoi, G.; Govina, O.; Kavga, A.; Tsartsalis, A.N. **The Impact of GLP1 Agonists on Bone Metabolism: A Systematic Review**. *Medicina* 2022, 58, 224. <https://doi.org/10.3390/medicina58020224>

Hee-Ju Kim, Seo-A Choi, Min-Sun Gu, Seo-Yeong Ko, Jae-Hee Kwon, Ja-Young Han, Jae Hyun Kim, Myeong Gyu Kim. **Effects of Glucagon-Like Peptide-1 Receptor Agonist on Bone Mineral Density and Bone Turnover Markers: A Meta-Analysis**. *Diabetes Metabolism Research and Reviews* 2024 <https://doi.org/10.1002/dmrr.3843>

(Sources: Cancer Prevention)

Xande, J.G.; del Giglio, A. **GLP-1 Receptor Agonists in Breast Cancer: A New Frontier in Obesity and Prognosis Management**. *Int. J. Mol. Sci.* 2025, 26, 7744. <https://doi.org/10.3390/ijms26167744>

Bourou M, Matsas A, Valsamakis G, et al. (September 18, 2024) **The Potential Role of Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists as a Type of Conservative Treatment of Endometrial Cancer in Women of Reproductive Age: A Review of the Literature and a Call for Study.** *Cureus* 16(9): e69678. <https://doi.org/10.7759/cureus.69678>

Lauren Schneider, **GLP-1 Drugs Associated With Lower Overall Cancer Risk.** *JAMA* Published Online: September 12, 2025 2025;334;(14):1224. <https://doi.org/10.1001/jama.2025.13876>

(Sources: Post-menopausal weight management)

Paschou, Stavroula A. et al. **GLP-1RAs for the treatment of obesity in women after menopause.** *Maturitas*, 2021 Volume 156, 65 - 66 [https://www.maturitas.org/article/S0378-5122\(21\)00347-9/abstract](https://www.maturitas.org/article/S0378-5122(21)00347-9/abstract)

Palacios, S., Chedraui, P., Sanchez-Borrego, R., Coronado, P., Simoncini, T., Schauding, K., ... Nappi, R. E. (2024). **Management of obesity in menopause.** *Climacteric*, 27(4), 357–363. <https://doi.org/10.1080/13697137.2024.2374760>

ALLEN JT, ZAHLER-MILLER C, LOUGH M, TITUS H, **Management of Obesity in the Menopause Transition and Postmenopausal Period, Surgery for Obesity and Related Diseases (2026)**, doi: <https://doi.org/10.1016/j.soard.2026.01.015>

Public Comment by Liz Merrick

Liz Merrick

I am writing to support **continued coverage of GLP-1 medications** for weight management under the state employee health plan.

These medications offer benefits far beyond their stated goal of weight loss. These medications have been linked to lower risk of heart attack, stroke, chronic kidney disease, and dementia. They have been linked to improved outcomes in people with heart failure, metabolic dysfunction associated liver disease, sleep apnea, and osteoarthritis ([Gonzalez-Rellan & Drucker, 2025](#)).

I applaud the committee for doing its due diligence in looking into cost saving measures. The committee has shared the cost of GLP-1 medications, but I have not seen information on the savings that are bound to result from the lower incidence of disease and better outcomes that are associated with GLP-1 use. I imagine it would take years for the relevant data to be available. I urge the committee to continue coverage at least until those data are available.

Thank you for considering my comment.

Liz Merrick

Public Comment by Melissa Kunz

Melissa Kunz

Good morning,

I am reaching out to you about the possible change in coverage for GLP-1 medications. I am currently on Wegovy due to Zepbound not being covered. I lost the majority of my weight over 80 lbs on Zepbound. I was able to come off of Metformin and high blood pressure medication. I am more active and healthier. When I had to switch to Wegovy I gained 20-25 pounds. I fluctuate in that 5 pound area. I was disappointed not to be able to stay on Zepbound which was more effective with less side effects. I would love to be able to stay on the GLP- 1 medication. Ideally, I would like to be on Zepbound and I feel like I would continue losing weight. I do see a nutritionist and exercise. I should have started on GLP-1 medication sooner due to having PCOS and having difficulty losing weight. I am now post menopausal and that makes it difficult to lose weight. The GLP-1 medications have been a game changer for me and other people. Please help us stay on this positive health journey. Additionally, please consider adding Zepbound to the approved list. I am not the only state employee that has found success with Zepbound and had to switch to Wegovy who have gained a little weight or maintained their weight, but are having difficulty losing more weight. Feel free to contact me with any questions.

Thank you for your time and consideration.

Thank you,

Melissa

Melissa Kunz, MSN, RN, NCSN

School Nurse Mount Pleasant High School

Public Comment by Helene Diskau

Helene Diskau

I want to second the Public Comments you have received from Bob Clarkin.

The language in the current RFP should be the same as the language from the 2023 Medicare Supplement Plan RFP which reads as:

"Proposals are being requested from interested bidders that can administer a self funded employer sponsored Medicare Supplement plan offered to current and future Medicare retirees that duplicates the current Medicare Supplement plan without deviation; for the quoted Medicare Supplement plan, bidders should duplicate the plan design (co-pays and other out-of-pocket costs to the plan participant at the point of care), provider network (i.e., all providers who accept Medicare assignment), and administrative set up including coordination of benefits. This plan requires no prior authorization of services and mirrors CMS requirements under Original Medicare. Bidders should note that prescription drug coverage will continue to be provided through the State's Employer Group Waiver Plan (EGWP). All Medicare-eligible pensioners will have the same plan for the duration of the contract awarded in this RFP. Bids for any other arrangement are not being solicited and will not be considered by the SEBC."

The same language should also be used in the current RFP. Thank you.

Helene Diskau

Retiree

Public
Comment by
Tara
Amsterdam

Tara Amsterdam

To the Members of the SEBC:

My name is Tara Amsterdam, and I am writing to urge the Committee to maintain affordable access to GLP-1 medications. For years, I experienced "fat bias" in medical settings, where my symptoms were dismissed as a simple lack of willpower or poor diet.

It was only after starting GLP-1 therapy that the underlying cause of my health issues was finally identified: **a hormone-producing tumor on my brain**. This medication didn't just manage my weight; it allowed my body to stabilize enough for a life-saving diagnosis. My body is finally healing.

The proposed increase of copays to **\$120 or \$200 per month** would create a significant financial barrier for me. This is not a "lifestyle" drug for me—it is a medical necessity that has restored my quality of life. I ask the Committee to consider the clinical risks of discontinuation and the disproportionate burden these high copays place on employees who rely on these treatments to remain healthy and productive.

Thank you for your time and for considering the human impact of these financial decisions.

Sincerely,

Tara Amsterdam

Instructional Technology Coach

Public
Comment
made
anonymously
#5

Anonymous #5

Dear Members of the Delaware State Employee Benefits Committee,

I am writing regarding the Committee's upcoming vote on GLP-1 coverage for Delaware state employees and pensioners. I respectfully urge you to continue this coverage.

Before starting a GLP-1 medication in August 2024, I struggled with obesity for many years and had a BMI of 34.16. I have been a Weight Watchers member for more than 20 years and consistently exercised and tracked my food, yet I was never able to maintain long-term weight loss.

Over time, my health declined. I developed hypertension and required two blood pressure medications to keep my levels safe. I was also diagnosed with fatty liver disease after elevated liver enzymes led my doctor to order an ultrasound.

My situation was especially concerning because I have had two cerebral aneurysms. One required coiling surgery, and the other cannot be repaired due to its location. My neuroradiologist strongly emphasized that controlling my blood pressure was critical.

Since starting a GLP-1 medication, my health has dramatically improved. I have lost 85 pounds and maintained that loss for 18 months. My blood pressure is now completely normal and I no longer require medication. My liver enzymes have returned to normal and the fatty liver disease has resolved.

I continue to exercise and track my food daily, just as I did before. The difference is that the GLP-1 medication allows my body to respond to those efforts. My physician has explained that obesity is a chronic condition and that GLP-1 medications are intended as long-term treatment to maintain health and prevent serious complications.

The State has already discontinued coverage of Zepbound, the medication that helped me lose the weight. I was required to switch to Wegovy for maintenance, which has already proven more difficult and less effective. However, I am grateful it is still covered because as a pensioner I would not be able to afford it on my own.

This medication eliminated my need for blood pressure medication, resolved my liver disease, and restored my health. Maintaining coverage will also reduce long-term healthcare costs by preventing obesity-related illnesses.

Please continue GLP-1 coverage for the health and well-being of Delaware employees and pensioners.

Thank you for your time and consideration.

-Anonymous State of Delaware Pensioner (after 27 years of service to the State of Delaware)

Public Comment by Jennifer Cipolla

Jennifer Cipolla

To Whom It May Concern,

I am writing to express my strong support for continuing insurance coverage of GLP 1 medications. As someone who currently receives this treatment, I can speak firsthand about the medical value it provides. For me, this medication has not simply prevented weight gain. It has been an essential part of managing real health conditions.

I have PCOS and insulin resistance, and the use of a GLP 1 medication has helped regulate my insulin levels and stabilize my weight in a way that previous treatments could not. Since starting this treatment, I have also seen improvements in my blood pressure, cholesterol, liver function, and overall blood work. These are meaningful medical outcomes that directly impact my long term health.

If insurance coverage for GLP 1 medications is removed, it would take away an important treatment option that is helping manage my condition effectively. Without it, my health risks would likely increase and could result in additional medical treatments and greater health care costs over time.

It is important to remember that GLP 1 medications were originally developed to support people with metabolic and endocrine conditions. While they are often discussed publicly as weight loss drugs, for many of us they are medically necessary treatments. In my case, other medications I used in the past did not produce the same level of success or improvement in my health markers.

I know I am not the only person who benefits from this treatment. Removing coverage would be a disservice to many individuals who rely on this medication to manage serious health conditions. I strongly urge you to consider the medical impact on patients and maintain insurance coverage for GLP 1 medications.

Thank you for your time and consideration.

Sincerely,
Jennifer Cipolla

Public Comment by Denise Nuss

Denise Nuss

Dear Members of the State Benefits Committee,

I am writing as a retired teacher and a beneficiary of our state health plan to respectfully ask that you reconsider any decision to remove coverage for GLP-1 medications.

For me, this medication has been life-changing. With the help of a GLP-1 medication, I have been able to lose nearly 100 pounds and maintain that weight loss. As a direct result, I have completely come off my high blood pressure medication. I also live with rheumatoid arthritis, and my inflammation markers have significantly decreased since starting this treatment, which has allowed me to reduce other medications used to manage that condition.

These improvements are not just numbers on a chart—they represent better health, greater mobility, and a higher quality of life.

Obesity is now recognized by the medical community as a complex, chronic disease. It is far more complicated than the outdated idea of simply “eat less and move more.” For many of us, GLP-1 medications are the first treatment that has truly addressed the biological aspects of this disease and allowed us to manage our health effectively.

This medication has been nothing short of a miracle for many people. It has helped us take control of our health in ways that traditional approaches alone never could.

As someone who spent a career in education, I did not enter teaching for financial gain. Teachers have long been told that while the salary may not be high, the benefits and retirement security would help care for us later in life. Access to the healthcare we need is part of that promise.

I respectfully ask that this decision not be made based solely on the immediate cost of these medications. Please consider the long-term benefits—reduced chronic disease, fewer medications for other conditions, lower healthcare costs over time, and healthier lives for the people you serve.

If the goal of our benefits system is to support the health and well-being of its members, then maintaining coverage for these medications is an important step toward that goal.

Please vote to keep GLP-1 medications covered so that people like me—and so many others—can continue managing our health successfully.

Thank you for your time, your service, and your thoughtful consideration.

Sincerely,
Denise Nuss

Public Comment by Jesse Gary

Jesse Gary

Good afternoon.

I am a State of Delaware retiree who started taking a GLP-1 medication approximately 6 months ago. I have been managing pre-diabetes and diabetes for more than 15 years. For many years, I was able to maintain acceptable numbers through diet, exercise, and medication, but as I have gotten older my AC1 levels have gradually increased despite continued adjustments to my medications and their dosages by my physician.

Last fall, my doctor recommended a GLP-1 medication specifically for diabetics management, Mounjaro. After just 3 months my A1C dropped from 7.1 to 6.1. This improvement occurred after other treatment approaches had become less effective.

I am writing to respectfully ask the committee to **continue the coverage of GLP1 medications for diabetic patients under the State benefit plan**. For patients like me, this medication has made a tremendous difference in managing a chronic condition when other treatments were no longer producing adequate results. In addition, maintaining coverage for these medications may also help prevent more serious and costly complications associated with poorly controlled diabetes.

Thank you for your consideration and for the work you do for State employees and retirees.

Sincerely,

Jesse Gary

Public Comment by Alexandra Overgaard

Alexandra Overgaard

The numerous health benefits that Wegovy and other similar drugs provide go beyond weight loss. There are studies that I am sure you are aware of that outline the extensive benefits. Preventative action now, versus reactive medical care in the future for other health issues that can be prevented makes sense to me, however things always come down to money, and not what is in the best interest of the people.

One of the benefits of working for the state is our health insurance benefits. By potentially taking this Wegovy benefit away from our prescription benefit, it is just one more reason that makes working the state less attractive. While increasing copays is a better option than not covering at all, the option about having to meet the family maximum is outrageous. Most people would not be able to afford that.

I sincerely hope that you reconsider your options, and continue to cover Wegovy as currently stands so that we as a state can become healthier and reduce future health issues (that you will have to pay for down the road anyways).

Alexandra Overgaard

Art Teacher

North Smyrna Elementary

Public
Comment
made
Anonymously
#6

Anonymous #6

I would like to respectfully ask the committee to reconsider eliminating coverage for GLP-1 medications used for weight management.

I was prescribed Zepbound after my provider submitted documentation and a prior authorization request confirming that I met the clinical criteria. My BMI was above 31 and I also had high cholesterol. At the same time, I was being treated for lumbar stenosis and osteoarthritis. Since starting treatment, I have lost 47 pounds and have experienced significant improvements in my overall health.

One of the most meaningful outcomes is that I ultimately did not need the back surgery initially recommended by my orthopedic surgeon. A second minimally invasive lumbar decompression procedure that had also been recommended was no longer necessary. The weight loss and the anti-inflammatory effects of these medications have made a noticeable difference in my mobility, pain levels, and overall quality of life.

When coverage for Zepbound ended, I transitioned to Wegovy. Although I experienced a short plateau after switching medications, I was still able to continue losing weight and am now very close to my goal. My physician and I believe that remaining on this medication—possibly at a lower maintenance dose—will be important to prevent weight regain and to maintain the health improvements I have achieved.

As I approach retirement, I am also encouraged by the growing body of research showing cardiovascular benefits from GLP-1 medications, as well as studies suggesting reduced risk for certain serious conditions, including heart disease and some forms of dementia. Maintaining access to this treatment could help reduce future medical needs and improve long-term health outcomes.

From a cost perspective, my experience illustrates how these medications may help avoid more expensive interventions such as surgery, joint replacement, or treatment for cardiovascular disease. Preventing or delaying these types of procedures could reduce long-term costs for the plan while improving employee health.

I understand the financial pressures associated with covering these medications. However, there may be ways to continue offering access while managing costs. Other employers are exploring structured approaches such as stricter clinical criteria, maintenance dosing strategies, or emerging models like GLP-1 subscription or risk-pool programs that help stabilize spending.

Continuing coverage, even in a more controlled form, would allow the state to gather more long-term data on outcomes and costs while supporting the health of its workforce and retirees. Healthier employees often mean fewer medical leaves, greater productivity, and stronger satisfaction with employer benefits.

I appreciate the committee's work in evaluating these difficult decisions and hope you will consider

maintaining coverage for these medications while the long-term health and economic impacts continue to emerge.

Public Comment by Ken Bullwinkle

Ken Bullwinkle

Dear Members of the Committee,

I am writing to submit a **public comment in strong support of maintaining coverage for GLP-1 medications under the Delaware State Employee Benefit Program.**

As a state employee and a nurse, I have seen firsthand the real and often devastating effects of the chronic conditions these medications are helping to treat. Every day in healthcare we care for patients struggling with diabetes, heart disease, sleep apnea, and complications related to obesity. These conditions don't just affect numbers on a chart. They affect people's ability to live their lives, work, support their families, and stay healthy.

Over the years I have watched many patients try everything to lose weight and improve their health. Diet programs, exercise plans, medications that don't work, and in some cases, they just keep gaining weight despite their best efforts. It can be incredibly frustrating and discouraging for them.

For many people, GLP-1 medications have been truly life changing. They are finally seeing weight come off, blood sugars improving, blood pressure getting better, and overall feeling healthier than they have in years. Patients who once felt like they were fighting a losing battle finally feel like they have something that works.

I have also seen the other side of this. When chronic disease goes unmanaged, the outcomes are serious. Heart attacks, strokes, kidney failure, hospitalizations, worsening diabetes, and severe sleep apnea that affects every part of someone's life. These are not small problems, and they are incredibly expensive to treat once they happen.

From both a healthcare and financial perspective, removing coverage for these medications feels very short sighted. Helping people become healthier now will ultimately reduce the long-term costs associated with chronic disease. Preventing complications is always better than treating them after the fact.

As a Delaware state employee, I strongly support maintaining coverage and urge the committee to vote against removing GLP-1 medications from the Delaware state medical benefits program. Without coverage, many people will simply not be able to afford these medications and will be forced to abandon the progress they have made toward improving their health and living a healthier lifestyle. That would be a step backward for many individuals who are finally starting to see real results.

I appreciate the committee taking the time to consider public input on this issue. I truly hope the decision made supports the health and well-being of the state employees and families who depend on this program.

Respectfully,
Ken Bullwinkle, MSN, RN
Nursing Faculty
Delaware Technical Community College-

Public comment by Jonathan Tate

Jonathan Tate

Hello members of the State Employee Benefits Commission,

Recently, my friend and former American Association of University Professors-Delaware State University chapter president Steve Newton along with Lauren Sokola sent over an email to you urging continuing coverage of GLP-1s for female state employees and retirees, which can be found in this post:

<https://www.facebook.com/share/1CniUqqrPe/?mibextid=wwXlfr>. I fully agree with them, but I also want to urge you to retain coverage for taller (6'0" and above, or one standard deviation above the mean American male height) men as well. Below are some reasons why:

- 1) tall obese men have more than double the risk of blood clots compared to their short obese counterparts
- 2) the diabetes risk goes up 80% more as taller men experience the same BMI increase as shorter men, even though weight increases by more with each inch of height which BMI doesn't account for
- 3) for each 4 inches in height in obese men's the risk of prostate cancer death increases by 17%
- 4) a 6 foot obese man will have 30-35% knee pressure than his short counterpart. For a 6'4" man it'll be more like 55-60%. This means that tall obese men will have a 33-50% higher rate of knee osteoarthritis than their shorter counterparts and about a 15-25% higher risk of needing a knee replacement than their shorter counterparts.

I realize this is anecdotal, but I have multiple male relatives over 6 feet tall who have experienced significant health problems related to their height that could have been mitigated with weight control medications had they been accessible to non-diabetics at the time that they developed. While I don't work for the state, as a 6'3" man who is currently taking GLP-1s, I fear the same fate for myself if I no longer have access to these medications. Again, these health problems down the line can often be far more costly than the GLP-1s themselves, so covering them for more at-risk folks can actually save the State of Delaware, to which I pay taxes, money in the long run.

Regards,

Jonathan Tate
Former Delaware Democratic Socialists of America Co-Chair

Public Comment by Holly Schwalbe

Holly Schwalbe

I am currently taking a GLP-1 medication, and my health has improved significantly as a result. Since starting this treatment, I no longer need blood pressure or cholesterol medications. In the long term, my heart health is benefiting greatly from the use of this medication.

The benefits extend far beyond weight loss. This medication has improved my mental health, reduced strain on my joints, lowered my A1C—which was previously at pre-diabetic levels—and is supporting my long-term cardiovascular health.

For these reasons, I respectfully ask that the State of Delaware not remove coverage of GLP-1 medications from employee benefits. Doing so would have a significant negative impact on many employees who rely on these treatments to maintain and improve their health.

While I understand that these medications are costly, the reduction in other medications and the prevention of more serious health conditions should help offset some of the expense over time. If necessary, increasing the copay may be a reasonable option, but eliminating coverage entirely would be a major detriment to those who depend on this treatment.

Thank you for your consideration.

Holly Schwalbe

M.Ed in Special Education

Teacher of Future Artist

Bunker Hill Elementary

Appoquinimink School District

Public Comment by Ginny Poore

Ginny Poore

I am totally against this proposal. Many family members are seeing considerable weight loss using these drugs. I and my husband are completely against removing these drugs from the plan

Public Comment by Melissa Dobbbs

Melissa Dobbs

Good afternoon,

I am writing as a state employee advocating for coverage of GLP-1 medications. I do not agree with Wegovy being the only option. It is not successful in losing weight and has worse side effects for the patients. When patients use these drugs their high blood pressure, diabetes risk, and stress levels go down. They are not using alcohol as much which has its own side effects. Once they successfully lose weight they are no longer a burden for their high cholesterol, high blood pressure and diabetes. They cause so many more issues and problems. Let the people be healthy and have their medication. Can't there be a better solution than just taking the coverage away? I'm sure a higher co-pay would work, or another way to balance it. There needs to be more negotiations to get these medicines approved and keep them available.

Thank you,
Melissa Dobbs

Public
Comment by
Heather
Volkomer

Heather Volkomer

Retired State employee here who has taken Ozempic since before 2020. These medications work. I am a type II diabetic and this medication has brought my A1C down from over 11 to 5.2. Due to more controlled blood sugar, I am now no longer as sick as I once was. I am much more active and healthy. If I was still having daily blood sugar readings over 300, I would be at a much higher risk for cardiac issues and many other illnesses that would be more costly to cover. It is cheaper in the long run for me to be on this medication. Ending coverage would impact my health and your bottom line. This is a win/win scenario. Do NOT remove coverage of this medication for people covered by state employee or retiree insurance plans.

Heather Volkomer

Public Comment by Amy Yarnall

Amy Yarnall

Greetings

I write in support of women's health and in particular for women who work for the state and retirees.

Please use the research in GLP1 health benefits for women and retirees. Eliminating GLO1 coverage is not a long term cost savings measure.

What is supported by research is outlined in the attached letter.

Thank you

Amy Yarnall

To: The Delaware Employee Benefits committee

Fr: Lauren Sokola MEd Bcba, Behavior Analyst
Steven Newton, PhD, Past President DSU Chapter, American Association of University Professors

RE: Research-based recommendation for continuing GLP-1 benefits for women

Date: 6 March 2026

We recommend that the State Benefits Committee follow current medical research and continue GLP-1 benefits for women employees and retirees for uses other than diabetes.

It is typical of many modern health policy decisions that this question seems to have been framed as "diabetes vs weight loss" without taking gender differentials into account. This derives from an implicit but inaccurate assumption that GLP-1 therapy for women's weight management and other medical issues is elective rather than essential healthcare.

Current medical research makes the case that GLP-1 therapy for women is an effective tool for tackling fertility issues, cancer prevention, osteoporosis remediation, and post-menopausal weight management. GLP-1 not only generates these positive health outcomes, but also saves Delaware tax dollars by reducing the necessity for other, more costly treatments.

We make four arguments on behalf of Delaware women employees and retirees:

ONE: GLP-1/E Agonists successfully mediate Polycystic Ovarian Syndrome in many women, reducing the need for costly interventions under Delaware fertility benefits, including the \$30,000 for ART/IUI/OI, up to 6 IVF egg retrievals, and coverage for fertility preservation due to medical treatment.

TWO: GLP-1/E Agonists have successfully maintained bone density for post-menopausal women. The research suggests that this benefit does not accrue equally from other weight-loss regimens. Eliminating/restricting GLP-1 benefits for these women threatens increased adverse health outcomes and increased treatment costs.

THREE: Emergent research demonstrates multiple potential positive impacts on cancer prevention in women, including endometrial and breast cancer.

FOUR: GLP-1 is consistently effective at post-menopausal weight management, mitigating a wide variety symptoms that other weight management regimes do not.

CONCLUSION:

Polycystic Ovarian Syndrome, Osteoporosis, Cancer, and post-menopausal weight management are all significant health risks to Delaware's women employees and retirees.

Current medical research suggests that a one-size-fits-all-genders approach will result both significant negative health outcomes and negative financial consequences for the system. More nuanced restrictions on the GLP-1 benefit may be in order, but the research suggests that none of the choices proposed in the last committee meeting are good ones.

We strongly recommend a research-based approach that takes gender differences into account be the basis upon which final decisions are made. The health of Delaware's women employees and retirees is too important for anything less.

Sources have been limited to three recent, definitive publications in each topic area. Additional references can be provided on request.

(Sources: Polycystic Ovarian Syndrome)

Hellas Cena, Luca Chiovato, Rossella E Nappi, Obesity, **Polycystic Ovary Syndrome, and Infertility: A New Avenue for GLP-1 Receptor Agonists**, *The Journal of Clinical Endocrinology & Metabolism*, Volume 105, Issue 8, August 2020, Pages e2695–e2709, <https://doi.org/10.1210/clinem/dgaa285>

Bednarz, K.; Kowalczyk, K.; Cwynar, M.; Czaplą, D.; Czarkowski, W.; Kmita, D.; Nowak, A.; Madej, P. **The Role of Glp-1 Receptor Agonists in Insulin Resistance with Concomitant Obesity Treatment in Polycystic Ovary Syndrome**. *Int. J. Mol. Sci.* 2022, 23, 4334. <https://doi.org/10.3390/ijms23084334>

Sánchez-Garrido, M.A., Serrano-López, V., Ruiz-Pino, F. *et al.* **Superior metabolic improvement of polycystic ovary syndrome traits after GLP1-based multi-agonist therapy**. *Nat Commun* 15, 8498 (2024). <https://doi.org/10.1038/s41467-024-52898-y>

(Sources: Bone Density and Osteoporosis)

Montes Castillo, M.C., Martínez Ramírez, M.J., Soriano Arroyo, R. *et al.* **Glucagon-like peptide 1 and Glucagon-like peptide 2 in relation to osteoporosis in non-diabetic postmenopausal women**. *Sci Rep* 9, 13651 (2019). <https://doi.org/10.1038/s41598-019-50117-z>

Daniilopoulou, I.; Vlachou, E.; Lambrou, G.I.; Ntikoudi, A.; Dokoutsidou, E.; Fasoi, G.; Govina, O.; Kavga, A.; Tsartsalis, A.N. **The Impact of GLP1 Agonists on Bone Metabolism: A Systematic Review**. *Medicina* 2022, 58, 224. <https://doi.org/10.3390/medicina58020224>

Hee-Ju Kim, Seo-A Choi, Min-Sun Gu, Seo-Yeong Ko, Jae-Hee Kwon, Ja-Young Han, Jae Hyun Kim, Myeong Gyu Kim. **Effects of Glucagon-Like Peptide-1 Receptor Agonist on Bone Mineral Density and Bone Turnover Markers: A Meta-Analysis**. *Diabetes Metabolism Research and Reviews* 2024 <https://doi.org/10.1002/dmrr.3843>

(Sources: Cancer Prevention)

Xande, J.G.; del Giglio, A. **GLP-1 Receptor Agonists in Breast Cancer: A New Frontier in Obesity and Prognosis Management**. *Int. J. Mol. Sci.* 2025, 26, 7744. <https://doi.org/10.3390/ijms26167744>

Bourou M, Matsas A, Valsamakis G, et al. (September 18, 2024) **The Potential Role of Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists as a Type of Conservative Treatment of Endometrial Cancer in Women of Reproductive Age: A Review of the Literature and a Call for Study**. *Cureus* 16(9): e69678. <https://doi.org/10.7759/cureus.69678>

Lauren Schneider, **GLP-1 Drugs Associated With Lower Overall Cancer Risk**. *JAMA* Published Online: September 12, 2025 2025;334;(14):1224. <https://doi.org/10.1001/jama.2025.13876>

(Sources: Post-menopausal weight management)

Paschou, Stavroula A. et al. **GLP-1RAs for the treatment of obesity in women after menopause**. *Maturitas*, 2021 Volume 156, 65 - 66 [https://www.maturitas.org/article/S0378-5122\(21\)00347-9/abstract](https://www.maturitas.org/article/S0378-5122(21)00347-9/abstract)

Palacios, S., Chedraui, P., Sanchez-Borrego, R., Coronado, P., Simoncini, T., Schauding, K., ... Nappi, R. E. (2024). **Management of obesity in menopause**. *Climacteric*, 27(4), 357–363. <https://doi.org/10.1080/13697137.2024.2374760>

ALLEN JT, ZAHLER-MILLER C, LOUGH M, TITUS H, **Management of Obesity in the Menopause Transition and Postmenopausal Period, Surgery for Obesity and Related Diseases (2026)**, doi: <https://doi.org/10.1016/j.soard.2026.01.015>

Public Comment by Nicole Mitchell

Nicole Mitchell

Good morning,

I am a State of Delaware employee who has proudly served the state for five years going on six years. I appreciate the opportunity to provide public comment to the Benefits Committee as you review coverage for GLP-1 medications.

Like many state employees, I work in a high-stress position that requires me to remain at my desk for long periods of time. Much of our work is deadline driven and requires constant attention, which often makes it difficult to step away during the day for walks or movement breaks. Many employees spend the majority of their workday sitting, attending meetings, answering emails, managing projects, and completing administrative tasks. While we do our best to stay healthy outside of work, the nature of many state positions can make maintaining an active routine during the workday very challenging.

Because of these limitations, managing weight through traditional methods alone can be difficult for many employees, not just myself. Long hours of sedentary work, combined with workplace stress and limited opportunities for movement throughout the day, can make it harder to maintain a healthy weight even when we are trying to make good lifestyle choices.

For years, I struggled to lose weight despite trying many diets and maintaining regular exercise. As someone with heart-related health concerns, maintaining a healthy weight has always been extremely important for my long-term health.

Since starting a GLP-1 medication, my body has finally been able to respond to healthy lifestyle changes. The medication has helped regulate my appetite and hormones, allowing my efforts with diet and exercise to actually work. As a result, I have been able to lose weight, feel healthier, and become more comfortable in my own body.

I am also borderline diabetic, and this medication has helped bring my insulin levels under better control. I now have more energy and can be more active in my daily life.

Access to this medication has made a meaningful difference in my health and my future. As a state employee who has dedicated nearly five years of service, I respectfully hope my experience and the challenges many employees face will be taken into consideration when the committee votes on this matter.

Thank you for the opportunity to share my experience.

Public Comment by Jennifer Cinelli- Miller

Jennifer Cinelli-Miller

Hello and thank you for accepting this public comment regarding GLP-1s and similar medications. As an end user of different types of these medications I need you to know that there is no other option for some of us. No matter what we have done to try to lose weight, to try to reduce our A1c and to try to get and stay healthy we have been unable to do so without the help from these medications. Please also know that the side effects can be extreme however, balancing some of those with the results we get from the help of these medications is a no brainer. In my family I have to battle osteoporosis, high blood pressure, heart disease and diabetes. For the state to consider removing these medications from our prescription benefit is heartbreaking. This is not a quick fix for most of us. This is years of trying everything else and having no other option. I worry for myself but also for my daughter who has special needs and requires my care. Please consider continuing coverage of these medications so that we don't have to pay the exorbitant retail prices. Thank you,
Jenn Cinelli-Miller

Public Comment by Sheena Evans- Willson

Sheena Evans-Wilson

Dear Members of the Statewide Employee Benefits Committee,

My name is Sheena Evans-Wilson, and I am a Delaware public school teacher and mother. I am writing to urge the committee to continue coverage for GLP-1 medications because this treatment plays an important role in protecting my long-term health.

I live with dilated cardiomyopathy, a serious heart condition that can lead to heart failure. I take Wegovy as part of my treatment plan because research shows it can significantly reduce the risk of heart-related events. In addition, I am actively working with my cardiologist through exercise, nutrition, and medication management to improve my heart function and increase my ejection fraction. My ejection fraction has already improved with treatment, but there is still more progress to be made as I continue working closely with my cardiologist to strengthen my heart function.

As a Delaware public school teacher and a mother, maintaining my health is critical so that I can continue caring for my family and serving the students of our state. Supporting the health of teachers and other public servants helps ensure we can continue showing up for the students and communities who rely on us every day.

Preventative care is both compassionate healthcare policy and sound financial decision-making. I respectfully ask the committee to continue providing coverage for GLP-1 medications for Delaware state employees and retirees.

Thank you for your time and consideration.

Sincerely,

Sheena Evans-Wilson, Ed.D.

Public Comment by Lauri Gross

Lauri Gross

Members of the Statewide Employee Benefits Committee,

I am writing to express my firm and unequivocal position that GLP-1 receptor agonist medications — including semaglutide and tirzepatide — **must continue** to be covered by medical insurance. Any decision to restrict, limit, or eliminate coverage for these drugs would be a serious mistake with devastating consequences for patients across this Delaware.

Let me be direct: GLP-1 medications are **not lifestyle drugs**. They are evidence-based, FDA-approved treatments for chronic, complex medical conditions. The clinical evidence supporting their use is overwhelming and cannot be ignored.

THE HEALTH BENEFITS ARE UNDENIABLE! This is a life saving drug.

GLP-1 receptor agonists have demonstrated remarkable, life-changing outcomes across multiple serious health conditions:

- **Cardiovascular Protection:** The landmark SELECT trial demonstrated that semaglutide reduced the risk of major cardiovascular events — including heart attack and stroke — by 20% in patients with obesity and established cardiovascular disease. This is not a minor finding. This is a drug that saves lives.
- **Type 2 Diabetes Management:** GLP-1 drugs provide superior glycemic control compared to many older therapies, reducing HbA1c levels significantly while also promoting weight loss — a dual benefit that no insulin regimen alone can match.
- **Kidney Disease:** Recent data shows that GLP-1 agonists meaningfully slow the progression of chronic kidney disease in patients with Type 2 diabetes — reducing the need for dialysis and transplants, which carry far greater costs.
- **Obesity Treatment:** Obesity is a recognized, chronic disease — not a personal failing. Clinical trials have shown weight reductions of 15–22% of total body weight with GLP-1 therapy. This level of weight loss dramatically reduces the risk of obesity-related complications, including sleep apnea, osteoarthritis, fatty liver disease, and certain cancers.
- **Kidney Disease:** Recent data shows that GLP-1 agonists meaningfully slow the progression of chronic kidney disease in patients with Type 2 diabetes — reducing the need for dialysis and transplants, which carry far greater costs.
- **Mental Health:** Emerging research suggests GLP-1 medications may reduce symptoms of depression, anxiety, and addictive behaviors, broadening their therapeutic value even further.

THE COST ARGUMENT DOES NOT HOLD UP!

Insurers who cite cost as a reason to deny coverage are taking a dangerously short-sighted view. The downstream costs of untreated obesity, uncontrolled diabetes, cardiovascular disease, and kidney failure

far exceed the cost of these medications. Hospitalizations, surgical interventions, long-term disability, and lost productivity represent an enormous economic burden — one that GLP-1 drugs have been shown to reduce

Denying coverage today does not save money. It defers and multiplies costs.

THIS IS A MATTER OF HEALTH EQUITY!

Without insurance coverage, these medications are financially inaccessible to the vast majority of patients who need them most. Out-of-pocket costs can exceed \$1,000 per month. Restricting coverage does not eliminate the need for these drugs — it simply ensures that only the wealthy can access them. That is not acceptable in a healthcare system that is supposed to serve all patients equitably.

I urge you in the strongest possible terms to maintain and expand coverage of GLP-1 medications. The science is clear. The patient outcomes speak for themselves. Denying coverage for these treatments is not a cost-saving measure — it is a failure of care.

Sincerely,

Lauri Gross

Public
Comment by
Stacy
Brittingham

To Whom It May Concern,

I am writing to express my concern regarding the potential discontinuation of insurance coverage for GLP-1 medications, or the proposed increase in monthly copays from \$32 to \$120–\$200. These medications have proven to be life-changing for many individuals who struggle with obesity and related health conditions.

For many patients, GLP-1 medications are not simply a convenience but a necessary medical treatment. Increasing the copay to such a high level, or eliminating coverage entirely, would make these medications financially inaccessible for a large number of people who rely on them to manage their health. When effective treatments become unaffordable, patients are often forced to discontinue care, which can lead to worsening health conditions and higher long-term healthcare costs.

I recently began a GLP-1 medication as part of my treatment plan to address my weight after years of struggling with it. My doctor and I decided on this approach because I have been experiencing increased pressure in my eyes, which has been attributed in part to my weight. This medication offers hope for improving my health and reducing the risk of further complications.

Like many others, I have worked for most of my life to manage my weight through various methods, often with limited long-term success. Access to GLP-1 medications represents an important step forward in treating obesity as a chronic medical condition rather than a personal failing. Restricting access through higher costs or removal of coverage would take away a critical tool that patients and healthcare providers rely on.

I respectfully ask that you reconsider any decision to discontinue coverage or significantly increase copays for GLP-1 medications. Maintaining reasonable access to these treatments allows patients like myself to take meaningful steps toward better health and prevents barriers that could reverse important progress.

Thank you for your time and consideration.

Sincerely,

Stacy Brittingham

Public Comment by Monica Tesno

Monica Tesno

Hello,

I wanted to reach out and voice my concern over the possible loss of coverage for GLP-1 medications for state employees. My husband and I both have health conditions that have led our doctor to prescribing these medications and we have both made improvements while on these medications. As teachers, we are able to afford the \$32 copay as it is currently. Removal of this coverage would put us in a position where we would not be able to afford the medications and that could impact our health. Please consider keeping the coverage as is. Thank you for your time in reading this message.

Sincerely,

Monica Tesno

Public
Comment by
Susan
Puddicombe

Susan Flamminio Puddicombe

Dear Members of the State Employee Benefits Committee,

I am writing to respectfully urge the committee to reconsider any proposal that would eliminate coverage for GLP-1 medications used for weight management.

Over the past year, I have personally experienced the life-changing health benefits of these medications. With medical supervision, I have been able to move from an obese weight classification to nearly a healthy weight range. This change has significantly improved my overall health and well-being. My mental health has improved, my energy levels are better, and I feel healthier and more capable in my daily life.

For me, this medication is not simply about weight loss. It is preventive healthcare. I have a strong family history of cardiovascular disease, and I also experienced gestational diabetes during both of my pregnancies. As medical professionals consistently warn, individuals with a history of gestational diabetes face a significantly increased lifetime risk of developing type 2 diabetes. Access to effective treatments that help manage weight and metabolic health is critical in reducing that risk.

The presentation prepared for the committee acknowledges that eliminating coverage could lead to weight regain, worsening metabolic health, and increased rates of conditions such as diabetes, hypertension, and sleep apnea. It also notes that short-term savings could ultimately be offset by higher long-term medical costs. These concerns are very real for employees like me who rely on these medications to maintain our health.

Eliminating coverage would place thousands of employees in a difficult position. Many of us would lose access to a treatment that has already improved our health and reduced our risk for serious chronic diseases.

I understand the committee must consider financial sustainability. However, maintaining access to effective preventive treatments helps employees remain healthier and can reduce the long-term burden of chronic disease on the health plan.

I respectfully ask the committee to consider alternatives to eliminating coverage, such as reasonable adjusted copays or other strategies that allow members to maintain access to these medications while addressing cost concerns.

In addition, I hope the committee will carefully consider the impact this decision could have on the nearly 6,000 members who currently rely on these medications and the potential long-term health consequences of removing access to effective treatment.

Thank you for your time and for considering the real health impact these decisions will have on state employees and their families.

Sincerely,
Susan Flamminio Puddicombe
Department of Public Health Employee

Public Comment by Cyndi Holbrook

Cyndi Holbrook

Attention Committee Members:

Before your vote on Monday, March 9th, on whether to reduce or eliminate coverage for GLP-1 medications, I would like to express my concern for the discontinuation of coverage. I acknowledge the cost may be higher than you anticipated; however, there is significant money to be saved by the prevention of other health conditions, including complications due to obesity, and Women's Health.

My husband currently takes a GLP-1 medication to assist him with weight loss. He has a chronic illness and a heart condition that physically impact him, preventing him from being as active as he needs to be to maintain a healthy weight. The limited activity he can do is not enough for his weight-loss and heart-health needs. He is relying on the GLP-1 in addition to a healthy diet to stave off further complications. Preventing those with physical disabilities from using a GLP-1 medication due to costs comes across as ableist.

Additionally, current medical research shows that GLP-1 use aids in the prevention of endometrial and breast cancer, bone-density loss, weight management in post-menopausal women, and also mediates Polycystic Ovarian Syndrome symptoms.

I ask that you consider the above when voting tomorrow. Thank you.

Public Comment by Brian Gross

Brian Gross

Members of the Statewide Employee Benefits Committee,

I am writing with a deep sense of urgency regarding the continued insurance coverage of GLP-1 receptor agonist medications. This is not a matter that can be deferred or dismissed — the health and lives of patients depend on timely, decisive action to protect access to these treatments.

GLP-1 medications — including semaglutide and tirzepatide — have emerged as among **the most clinically significant advances in the treatment of chronic disease in decades**. The evidence supporting their use is robust, peer-reviewed, and growing. To reduce or eliminate coverage at this moment would be to turn our backs on that science and on the patients who rely on it.

The health benefits of these medications are broad and well-documented:

Heart Disease Prevention: The SELECT clinical trial demonstrated a 20% reduction in major cardiovascular events — including heart attack and stroke — among patients treated with semaglutide. For patients with existing cardiovascular risk, this is a life-saving intervention, not an optional one.

Diabetes Management: GLP-1 drugs deliver superior blood sugar control while also reducing patients' dependence on insulin and lowering their risk of long-term diabetic complications such as nerve damage, vision loss, and kidney disease.

Obesity Treatment: Obesity is a recognized chronic disease with complex biological causes. GLP-1 medications produce clinically meaningful weight loss — 15 to 22% of total body weight in trials — significantly reducing the burden of related conditions including sleep apnea, joint disease, fatty liver disease, and certain cancers.

Kidney Protection: Emerging data strongly supports the use of GLP-1 agonists in slowing the progression of chronic kidney disease, sparing patients from the physical and financial toll of dialysis and transplantation.

Mental and Metabolic Health: Early research points to meaningful improvements in depression, anxiety, and addictive behaviors — suggesting these medications carry benefits that extend well beyond their primary indications.

It is also worth noting the financial reality: the long-term costs of untreated obesity, uncontrolled diabetes, and preventable cardiovascular disease far exceed the cost of covering these medications. Hospitalizations, surgeries, and chronic disease management are extraordinarily expensive. GLP-1 coverage is not a budget burden — it is a sound, long-term investment in healthier patients and a more sustainable healthcare system.

Perhaps most importantly, without insurance coverage, these medications are simply out of reach for most patients. Monthly out-of-pocket costs can exceed \$1,000, making access a privilege rather than a

right. The patients who need these drugs most are often those least able to afford them without coverage.

I urge you to act with the seriousness this moment demands. Please protect and maintain coverage of GLP-1 medications. The science supports it, the patients need it, and the time to act is now.

Thank you sincerely for your attention to this urgent matter.

Sincerely,

Brian Gross

Public Comment by Brenda Gardels

Brenda Gardels

To Whom it May Concern: I have heard that the State Employee Benefits Committee will be voting to remove coverage for GLP-1 medications. I believe that is a mistake. I could see where you could ask participants to pay a part of the cost for the medication but I have been very successful using the GLP-1 medication along with diet and exercise to lose weight. Unfortunately as a retiree I have been unable to get coverage through the state plan for State of Delaware retirees even though I have a medical condition that is covered. Crazy what you have to go through so I pay for my medication out of pocket. It is expensive but my health has improved, my doctors support the GLP-1 to help me and others lose weight. I feel better, am healthier and I am back to working out on a regular basis. I meet once a month with a nurse practitioner and a dietician to help me through this journey. I would ask that you reconsider dropping the coverage because using them correctly and with the proper support, many people have been successful and are healthier.

Thank you.

Brenda B. Gardels

Public Comment by Regina Lorii

Regina Lorrii

Dear Committee Members:

My name is Regina Iorri. I am a retired State of Delaware Deputy Attorney General who is currently taking Wegovy to lose weight related to a diagnosis of sleep apnea and heart disease for which I am currently being treated.

I object to discontinuing treatment for GLP-1s. It has literally been a lifesaver for me. Before Wegovy, I was unable to maintain any weight loss; I would lose 25 pounds but regain it almost immediately as soon as I went back to a normal diet. I have lost over 30 pounds on Wegovy and have been able to maintain that weight loss. Both my cardiologist and my sleep apnea doctor are delighted at my weight loss because of the salutary effects on my health and would strongly object to me being removed from it. As I am sure you know, people who cease taking the GLP-1s regain the weight they lost.

I wonder if the Committee, or Willis Towers, has given any consideration to the benefits of the GLP-1s that have not shown up yet because it's too soon, such as fewer hospitalizations for heart disease, fewer people getting Type 2 diabetes, Type 2 diabetes being better controlled, fewer heart attacks, etc. I was unable to tell from the materials posted on your website whether future cost savings from these effects were considered.

Finally, increasing the copay to \$120 or \$200 per month would essentially put this medication out of reach for the worst-paid state employees. It would essentially amount to a pay cut because any raise they might get will not be equivalent to \$1200 or more a year.

People used to take state jobs despite the lower pay because the benefits made up for the lower pay. That has not been the case for a long time - the benefits have gotten worse but the low pay has remained. It is irrelevant what other states have done because the vast majority of those other states pay their employees better than Delaware does. Just as an example, DAGs in other states are paid significantly more than they are in Delaware - as much as \$50K more in some instances. Did you or Willis Towers consider other states' pay scales when examining what other states do with GLP-1s?

Thank you for your consideration of this comment. I trust you will do the right thing and maintain the copay at its current level. Perhaps our crappy benefits manager can negotiate a better deal with Novo Nordisk.

Regina A. Iorri

Public
Comment by
Eileen
DeGregoriis

Ellen DeGregoriss

Hello, My name is Eileen DeGregoriis. I am a retired teacher who worked at both the Brandywine and Smyrna School Districts. I am very upset that there is a proposal to remove prescription coverage of GLP-1 medications. Please do not do this. Two years ago I was prediabetic with high cholesterol and blood pressure. I was obese and suffering from very bad chronic pain due to being so overweight and my osteoarthritis. I was sluggish, depressed and sedentary. My doctor suggested that I try Mounjaro, a GLP-1 medication to help me. It was a miracle!! Two years later, I have lost 50 pounds and have 20 more pounds to lose in order to reach my weight goal. My blood pressure numbers are always perfect, and my cholesterol numbers are much better. I am now much more active and no longer depressed. I have hope for the first time in years and am enjoying my life. I am not the only one who has experienced this rebirth of health and happiness due to this drug. It truly is a life changing prescription. Please, please, please, do not take away the drug coverage of these drugs. We need it. I cannot put into words the positive change these drugs have made in so many lives.

Thank you,

Eileen DeGregoriis