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ATTN: Members of the Teacher Retirement System (TRS) Board of Trustees

Thank you for the opportunity to provide comments to the Teacher Retirement System (TRS) Board of Trustees. We write to make you aware of the discontinuation of coverage for anti-obesity medications (AOM) and barriers to accessing bariatric surgery. The Obesity Action Coalition (OAC) is the largest National non-profit organization dedicated to supporting and advocating for individuals living with obesity. On behalf of the more than 75,000 members of the OAC, including more than 5,600 members in Texas, we urge you to add the topic of obesity treatment coverage to your next meeting agenda. It is critical for the Board to discuss approaches to reinstate coverage for AOMs and remove harmful and discriminatory prior-authorization language for bariatric surgery.

Our members have expressed profound disappointment over TRS's unexpected decision to stop covering Food & Drug Administration (FDA) approved AOMs in March 2023 and question TRS' recent statement that coverage of anti-obesity medications was in error. TRS has made it clear in an annual report and through claims adjudication that AOMs were a covered drug category. It has been more than a decade since the FDA started approving the first of many new AOMs, enabling patients and their providers the ability to take advantage of effective treatment tools. There is a large body of evidence demonstrating how AOMs improve health outcomes and quality of life for people living with obesity.

In reviewing the TRS Active Care 2022-2023 Benefits Booklet,¹ there are a number of conflicting and concerning coverage statements that do not follow current clinical guidelines and standards for obesity treatment.

Specifically, on page 79, under Benefits for Morbid Obesity, it states that "Benefits for eligible expenses incurred by a participant for the medically necessary treatment of morbid obesity will be provided on the same basis as for any other sickness. Benefits are available for healthy diet counseling and obesity screening/counseling as shown in Preventive Care Services on your SCHEDULE OF COVERAGE."

We agree that **medically necessary treatment of severe obesity should be provided on the same basis as for any other sickness**. The intent of this policy is to align coverage with recent clinical guidelines that provide up-to-date evidence-based obesity treatment options. Unfortunately, the plan's decision to eliminate AOM coverage as well as allow for discriminatory benefit design language surrounding bariatric surgery coverage (\$5000 copay and prior authorization language that requires patients to have uncontrolled comorbidities) strongly call into question TRS's commitment to treating obesity "on the same basis as for any other sickness."

Recent clinical guidelines recommend the use of AOMs. The American Diabetes Association's 2023 Standards of Care² stated the importance of both glycemic control and obesity treatment with AOMs. The American Gastroenterological Association's obesity management guidelines for adults also recommended the use of AOMs.³ In addition, a wealth of evidence demonstrates that treating obesity improves associated complications, like type 2 diabetes, hypertension, and dyslipidemia, among others.

¹ TRS Active Care 2022-2023 Benefits Booklet. <https://www.bcbstx.com/trsactivecare/pdf/trs-ac-benefits-booklet-prim-prim+-2022-23.pdf>

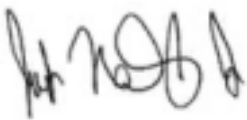
² American Diabetes Association. *Diabetes Care* 2022;45(Supplement_1):S113–S124. <https://doi.org/10.2337/dc22-S008>

³ American Gastroenterological Association. [https://www.gastrojournal.org/article/S0016-5085\(22\)01026-5/fulltext](https://www.gastrojournal.org/article/S0016-5085(22)01026-5/fulltext)

We also question TRS' utilization of its Prescription Drug Plan Exclusionary language as justification for discontinuing AOM coverage. On page 137, the plan excludes coverage for "drugs prescribed and dispensed for the treatment of obesity, with an **FDA Indication for weight loss** or for use in any program of weight reduction, weight loss, or dietary control, even if the Participant has medical conditions which might be helped by a reduction of obesity or weight and even though prescribed by a Physician or Other Provider. Examples: Saxenda, Wegovy." We note that the FDA-approved label for these medications is for "chronic weight management," not "weight loss." In addition, the United States Pharmacopeia's new Drug Classification (USP-DC), which was developed for health plans serving patient populations outside Medicare, includes a drug class for "anti-obesity agents." Finally, the 2022 Annual TRS Health Report⁴ includes data on prior authorization cost savings for several drug categories – including anti-obesity drugs on page 54 – thus validating previous coverage of AOMs by TRS.

While we applaud TRS for providing obesity counseling preventive services, TRS's Board of Trustees must take action to provide obesity treatment parity through reinstating coverage for AOMs and eliminating unsound medical prior authorization requirements and prohibitive patient cost sharing for those seeking bariatric surgery. Ensuring that obesity is treated in the same fashion as other chronic diseases will ensure that teacher retirees in Texas have access to all comprehensive evidence-based treatment avenues for addressing this complex and chronic disease. Should you have any questions or need additional information, please feel free to contact us or Chris Gallagher via email at chris@potomaccurrents.com or by telephone at 571-235-6475. Thank you.

Sincerely,



Joe Nadglowski
President and CEO
Obesity Action Coalition

⁴ 2022 Annual TRS Health Report. <https://www.trs.texas.gov/TRS%20Documents/2022-annual-trs-health-report.pdf#search=obesity>