



May 30, 2024

RFI NO. 270-20240419GLP
NC Department of State Treasurer
State Health Plan Division
Attn: Kimberly Alston, Contracting Agent
3200 Atlantic Avenue, Raleigh, NC 27604

RE: RFI NO. 270-20240419GLP

In response to RFI NO. 270-20240419GLP, the Alliance for Women's Health & Prevention (AWHP) respectfully submits the following comments. AWHP is a non-profit organization that works to advance policy that drives equitable access and prevents the burden and progression of disease to improve the lives and health of all women and girls.

AWHP recognizes the important role that the North Carolina State Health Plan for Teachers and Employees (the Plan) plays in providing health care coverage to more than 740,000 hardworking North Carolinians and their families. We deeply respect the Plan's need to balance improving the health and well-being of its beneficiaries with financial sustainability. However, we are deeply concerned about the impact that the Plan's recent decision to end coverage for GLP-1s, GIP-GLP-1 agonists and other similar molecular entities used for weight loss will have on its beneficiaries, particularly those who are women or people of color.

We appreciate the Plan's efforts to seek ideas and solutions from the marketplace that may allow members who need these medications the most to obtain them. While we are unable to provide technical comments in response, we are writing to request that you consider the following key facts as you evaluate the potential approaches suggested by others:

- Obesity is a serious, chronic yet treatable disease that has a significant impact on women's health.
- The disease affects nearly [4 in 10 women in North Carolina](#) and has a [disproportionate impact](#) on women of color.
- Obesity has reduced economic activity in North Carolina by [\\$16.6 billion, with \\$855 million](#) in increased spending by the state and local governments.
- It is associated with over 200 other health complications, including many that specifically affect women throughout their lives, such as breast and ovarian cancers as well as fertility issues.
- Women with obesity are also more likely to face harmful social stigma and discrimination. For instance, women with obesity [earn less money](#) and are [less likely](#) to be promoted at work than colleagues without obesity. What's more, as many as [69% of women](#) with obesity face weight bias in healthcare settings.

As an organization focused on women's preventive health, AWHP believes that the Plan should prioritize approaches that will enable its beneficiaries to access the full range of evidence-based obesity care options, including medications. Medications are one of several important evidence-based tools in the obesity care toolbox, and it is only fair that those who are eligible for these medications should have them covered by their health plan. Given that obesity is a chronic disease, it should be covered like one. We wouldn't discontinue coverage for evidence-based treatments for diseases like cancer or heart disease, so why are we entertaining this approach for obesity? We believe this practice will have negative consequences for people living with obesity, including women as well as Black and Hispanic individuals who bear the brunt of the impact of this disease and are disproportionately impacted by a lack of coverage for care by their health plans.

We appreciate your attention to addressing the obesity epidemic in North Carolina and supporting women's health.

Respectfully,

Millicent Gorham, CEO, Alliance for Women's Health & Prevention