University of New Mexico Staff Council 2026 Resolution #4

Name: Formal Position of Support of Continued Insurance Access to GLP-1 Receptor Agonist Medication for the Treatment of Chronic Weight Management/Obesity

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Adopted by Staff Council On: February 17, 2026

1. WHEREAS The University of New Mexico is the flagship University and one of the largest employers in New Mexico, our example has the potential to create a meaningful impact across the state benefiting our employees and community, as well as being a role model for other organizations; and
2. WHEREAS the University's Vision, Mission, and Values Statements is to be a global leader in realizing human potential, addressing critical community challenges, fostering a healthy New Mexico striving for excellence, inclusion, and integrity; and
3. WHEREAS the University of New Mexico's 2040 Strategic Planning Framework Goal One includes an objective to understand opportunities can contribute to quality of life; and
4. WHEREAS the current FY26 University-sponsored health care insurance available to UNM staff and faculty includes coverage for GLP-1 receptor agonist medication as an Anti-Obesity Medication (hereafter "AOM"); and
5. WHEREAS discussions for the upcoming FY27 medical plan include exploring removing prescription GLP-1 for AOM coverage; and
6. WHEREAS Obesity is a complex chronic disease driven by genetic, biological, environmental, and behavioral factors, resulting in an "ongoing and necessary shift in treating obesity with a weight-inclusive approach that aims to address obesity upstream and prevent downstream cardiometabolic health complications," (Singh et. al, 2025); and
7. WHEREAS, "obesity is caused by a complex interaction of the environment, the genetic predisposition, and human behavior.... In recent decades, obesity has reached epidemic proportions.... Genetic factors are estimated to account for >40% of the population variation in BMI. Thus, genes influence how our bodies capture, store, and release energy from food," (Cheung & Mao, 2012); and
8. WHEREAS there is overwhelming evidence on the association of obesity to a number of

medical conditions, such as, “insulin resistance, glucose intolerance, diabetes mellitus, hypertension, dyslipidemia, sleep apnea, arthritis, hyperuricemia, gall bladder disease, and certain types of cancer. The independent association of obesity seems also clearly established for coronary artery disease, heart failure, cardiac arrhythmia, stroke, and menstrual irregularities,” (Pi-Sunyer, 1999); and

9. WHEREAS upstream prevention approaches are “being supported by various treatment options, notably glucagon-like peptide-1 receptor agonists like semaglutide and tirzepatide, that also have promising effects on cardiovascular, renal, and liver health,” (Singh et. al, 2025); and
10. WHEREAS “modern obesity medications, including semaglutide and tirzepatide, have been proven more effective than lifestyle interventions at not only weight loss, but at reducing overall cardiovascular disease (CVD) risk, with fewer risks than procedure-based interventions,” (American College of Cardiology, 2025); and
11. WHEREAS numerous cardiovascular outcomes trials have shown that GLP-1 receptor agonist reduce major adverse cardiovascular events, as well as have a “positive impact on several cardiovascular risk factors… by promoting weight loss, blood pressure, and blood lipid levels,” as well as exhibiting positive anti-inflammatory effects as well as kidney outcomes, (Ferhatbegović et. al., 2023); and
12. WHEREAS patients who were treated with GLP-1 Receptor Agonist medications had a significant reduction in 10 of 13 obesity-associated cancers (Wang et al., 2024); and
13. WHEREAS the University’s prescription provider requires prior authorization for GLP-1 medications; and
14. WHEREAS the elimination of coverage for these standard-of-care treatments creates a two-tiered health system where only staff members of means can afford essential medication, directly contradicting UNM’s commitment to inclusive excellence and empowerment by disproportionately affecting lower-income staff who suffer higher rates of chronic metabolic conditions; and
15. WHEREAS medical decisions should be kept between the patient and their medical provider, not made by their employer; and
16. RESOLVED, the Staff Council supports continuing coverage of GLP-1 medications as an anti-obesity medication, allowing for medical decisions to remain between licensed medical providers and their patients beyond FY26.

Copies of this Resolution shall be sent to the UNM Board of Regents; Dr. Garnett Stokes, President; Teresa Costantinidis, Senior Vice President for Finance and Administration; Kevin Stevenson, Vice President for Human Resources; Dr. Barbara Rodríguez, Interim Provost and Executive Vice President for Academic Affairs; Dr. Mike Richards, Executive Vice President for HSC and CEO of the UNM Health System; Dr. Assata Zerai, Vice President for Equity and Inclusion; Ben Cloutier, Interim Executive Director of Strategic Communications; Dr. Valerie Romero-Leggott, Vice President and Executive Diversity, Equity & Inclusion Officer, HSC;

Faculty Senate c/o Roberta Lavin, Faculty Senate President; and The Daily Lobo.

Works Cited

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