

American College of Surgeons Bariatric Surgery Coverage Toolkit

This document is an assortment of talking points, data, and facts about the benefits of expanding bariatric surgery coverage as an essential health benefit to all fifty states. Overall, this toolkit can be used to help inform Fellows of The American College of Surgeons (ACS) about advocacy regarding bariatric surgery coverage, educate lawmakers on the benefits on coverage, and help chapters initiate their own grassroots advocacy campaigns.

The inclusion of bariatric surgery as an Essential Health Benefit (EHB) is an important state legislative priority. The goal is to expand the number of states that include bariatric surgery as an EHB or offer surgical obesity treatment within their state employee healthcare plans.

Currently, twenty-five states (see coverage map on page 14) do not consider bariatric surgery to be an EHB. Of these twenty-five, the ACS has identified nine key states (Arkansas, Colorado, Connecticut, Idaho, Kentucky, Minnesota, Oregon, Utah, and Washington) and the District of Columbia to introduce bariatric surgery coverage legislation or to begin laying the groundwork for future advocacy. In all of these instances, ACS has formed partnerships with local ACS State Chapters and the American Society for Metabolic and Bariatric Surgery (ASMBS) to help increase advocacy.

Given that bariatric surgery has proven to be one of the most effective ways to treat obesity and related secondary co-morbidities, surgeons and ACS chapters are encouraged to utilize this toolkit to make progress for coverage of bariatric surgery. For questions on the state-by-state coverage of bariatric surgery or the development and implementation of a grassroots advocacy initiative for bariatric surgery coverage, please contact the State Affairs team at state_affairs@facs.org.

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American College of Surgeons

Bariatric Surgery as an Essential Health Benefit (EHB) Fact Sheet

The Centers for Disease Control and Prevention (CDC) reports that upwards of 78.6 million people in the U.S. suffer from obesity and the rate is growing each year. Obesity has been linked to several illnesses - including heart disease, stroke, Type 2 diabetes, and some cancers. By the year 2030 the CDC predicts that 42 percent of the U.S. population will suffer from obesity. In 2013 the American Medical Association (AMA) formally recognized obesity as a disease. With this new designation and the staggering number of patients that suffer from morbid obesity, health care plans should appropriately cover services and treatments. Where some weight loss options fail, bariatric surgery has often been shown to succeed.

Bariatric surgery leads to a drastic reduction in obesity related co-morbidities (hypertension, Type 2 diabetes, sleep apnea, and high cholesterol)

- The cost of Type 2 diabetes in 2012 was upwards of \$245 billion, a 41% increase from \$174 billion in 2007
- Bariatric surgery has been shown to be the most effective and durable treatment for morbid obesity
- Individuals with morbid obesity or a body mass index (BMI) ≥ 30 have a 50-100% increased risk of premature death when compared to individuals of healthy weight
- Studies show surgery reduces a person's risk of premature death by 30-40%
- Clinical studies have demonstrated significant improvements in the safety of bariatric surgery, showing that the risk of death is 0.1% and the overall likelihood of major complications is about 4%
- Certain states (CA, NM, NY, MI) as well as the Centers for Medicare and Medicaid Services, have discriminatory benefits where coverage is an EHB. These discriminatory factors can include:
 - Higher co-pays, deductibles
 - Limits on surgeries (could take more than one procedure to see results)
 - Insurer discrimination towards obesity and violation of the Affordable Care Act by establishing limits on care

For the latest information on discriminatory policies please contact state_affairs@facs.org or 202-337-2701.

Sample Action Alert and Member E-mail

Draft message to members:

[Insert chief sponsor of legislation] has introduced legislation, [bill numbers], which will require most insurance products to provide coverage for the medically necessary expenses of the diagnosis and treatment of morbid obesity, including but not limited to bariatric surgery, physician office visits, health and behavior assessments, nutrition education, patient self-management education and training, and therapeutic exercises.

As you know, bariatric surgery is a viable treatment for morbid obesity, with data showing not only weight loss by patients who have undergone surgery, but also success in treating diabetes and lowering blood pressure. [STATE] has one of the highest rates of obesity in the country, so it is critical to increase access to bariatric surgery.

Contact your [legislator] today and ask them to support [bill number]!

Draft form e-mail to legislators:

I am writing to you today to urge you to support [bill number] introduced by [chief sponsor], which will require most insurance products to provide coverage for the medically necessary expenses of the diagnosis and treatment of morbid obesity, including but not limited to bariatric surgery, physician office visits, health and behavior assessments, nutrition education, patient self-management education and training, and therapeutic exercises. This legislation will be heard by the [name of committee or chamber the legislation is being act on] on [date of hearing or vote].

Major national medical specialty societies recognize obesity as a disease state with multiple pathophysiological aspects requiring a range of interventions to advance obesity treatment and prevention. Bariatric surgery is one critical component of treatment for obesity, and patients who undergo this surgery can experience not only weight loss, but also resolving of their diabetes, high blood pressure, and other co-morbidities.

Please add your support to [bill number].

Sincerely,
John Smith, MD, FACS

Sample Legislation

State Employee Plan: Georgia HB 511 (2013)

Bill Summary:

This legislation would authorize the Department of Community Health in Georgia, to provide the necessary resources to implement a pilot program aimed at covering bariatric surgical procedures for the treatment and management of obesity and related conditions for Georgia state employees.

H. B. 511

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House Bill 511 (AS PASSED HOUSE AND SENATE)

By: Representatives Dempsey of the 13th, Watson of the 166th, Cooper of the 43rd, Sims of the 123rd, Clark of the 101st, and others

A BILL TO BE ENTITLED

AN ACT

1 To amend Chapter 2 of Title 31 of the Official Code of Georgia Annotated, relating to the
2 Department of Community Health, so as to provide for a pilot program to provide coverage
3 for bariatric surgical procedures for the treatment and management of obesity and related
4 conditions; to provide a definition; to provide for eligibility; to provide for requirements; to
5 provide for a review panel; to provide for an evaluation report on the pilot program; to
6 provide for automatic repeal; to provide for related matters; to provide for a contingent
7 effective date; to repeal conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 SECTION 1.

10 Chapter 2 of Title 31 of the Official Code of Georgia Annotated, relating to the Department
11 of Community Health, is amended by adding a new Code section to read as follows:

12 "31-2-12.

13 (a) As used in this Code section, the term 'state health insurance plan' means:

14 (1) The state employees' health insurance plan established pursuant to Article 1 of
15 Chapter 18 of Title 45;

16 (2) The health insurance plan for public school teachers established pursuant to Subpart
17 2 of Part 6 of Article 17 of Chapter 2 of Title 20; and

18 (3) The health insurance plan for public school employees established pursuant to
19 Subpart 3 of Part 6 of Article 17 of Chapter 2 of Title 20.

20 (b) Beginning six months after the effective date of this Code section, the department shall
21 conduct a two-year pilot program to provide coverage for the treatment and management
22 of obesity and related conditions under a state health insurance plan. The pilot program
23 will provide benefits for medically necessary bariatric procedures for participants selected
24 for inclusion in the pilot program.

25 (c) Participation in the pilot program shall be limited to no more than 75 individuals per
26 year, to be selected in a manner determined by the department. Any person who has

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27 elected coverage under a state health insurance plan shall be eligible to be selected to
28 participate in the pilot program in accordance with criteria established by the department
29 which shall include, but not be limited to:

30 (1) Participation in a state health insurance plan for at least 12 months;

31 (2) Completion of a health risk assessment through a state health insurance plan;

32 (3) A body mass index of:

33 (A) Greater than 40; or

34 (B) Greater than 35 with one or more co-morbidities such as diabetes, hypertension,
35 gastro-esophageal reflux disease, sleep apnea, or asthma;

36 (4) Consent to provide personal and medical information to a state health insurance plan;

37 (5) Non-tobacco user;

38 (6) No other primary group health coverage or primary coverage with Medicare; and

39 (7) Must have been covered under a state health insurance plan for two years
40 immediately prior to the pilot program and must express an intent to continue coverage
41 under such state health insurance plan for two years following the approved surgical
42 procedure date.

43 (d) Eligible individuals must apply to participate in the pilot program. The individual and
44 his or her physician shall complete and submit an obesity treatment program application
45 to the department no later than February 1 for each year of the pilot program. The
46 department's contracted health insurance carrier shall review the criteria contained in
47 subsection (c) of this Code section to determine qualified applicants for the pilot program.

48 (e) The selected participants shall be eligible to receive a multi-disciplinary health
49 evaluation at a facility located within the State of Georgia which is designated by the
50 American Society for Metabolic and Bariatric Surgery as a Bariatric Surgery Center of
51 Excellence. The bariatric surgical procedures covered in the pilot program are:

52 (1) Gastric band;

53 (2) Laparoscopic sleeve gastrectomy; and

54 (3) Rouen-Y gastric bypass.

55 The participants shall use the department's contracted health insurance carrier to enroll in
56 a case management program and to receive prior authorization for a surgical procedure
57 provided pursuant to the pilot program. The health insurance carrier shall provide case
58 management and patient follow-up services. Benefits for a bariatric surgical procedure
59 under the pilot program shall be provided only when the surgical procedure is performed
60 at a Center of Excellence within the State of Georgia.

61 (f) All health care services provided pursuant to the pilot program shall be subject to the
62 health insurance carrier's plan of benefits and policy provisions. Complications that arise
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63 after the discharge date are subject to the health insurance carrier's plan of benefits and
64 policy provisions.

65 (g) Participants must agree to comply with any and all terms and conditions of the pilot
66 program including, but not limited to, participation and reporting requirements.

67 Participation requirements shall include a 12 month postsurgery case management
68 program. Each participant must also agree to comply with any and all requests by the
69 department for postsurgical medical and productivity information, and such agreement
70 shall survive his or her participation in a state health insurance plan.

71 (h) A panel shall review the results and outcomes of the pilot program beginning six
72 months after program initiation and shall conduct subsequent reviews every six months for
73 the remainder of the pilot program. The panel shall be composed of the following
74 members, appointed by the Governor:

75 (1) A representative of a state health insurance plan;

76 (2) A representative of the state contracted health insurance carrier or carriers providing
77 coverage under the pilot program; and

78 (3) At least two physicians who carry a certification by the American Society for
79 Metabolic and Bariatric Surgery.

80 (i) The department shall provide a final report by December 15 of the last year of the pilot
81 program to the chairpersons of the House Committee on Health and Human Services, the
82 Senate Health and Human Services Committee, the House Committee on Appropriations,
83 and the Senate Appropriations Committee. The report shall include, at a minimum:

84 (1) Whether patients in the pilot have experienced:

85 (A) A reduction in body mass index, and if so, the average amount of reduction; or
86 (B) The reduction or elimination of co-morbidities, and if so, which co-morbidities
87 were reduced or eliminated;
88 (2) The total number of individuals who applied to participate in the pilot program;
89 (3) The total number of participants who enrolled in the pilot program;
90 (4) The average cost of each procedure conducted under the pilot program, including
91 gastric band, laparoscopic sleeve gastrectomy, and Rouen-Y gastric bypass;
92 (5) The total cost of each participant's annual health care costs prior to the surgical
93 procedure and for each of the subsequent post-procedure years for the three years
94 following the surgical procedure; and
95 (6) The percentage of participants still employed by the state 12 months following the
96 surgical procedure and 24 months following the surgical procedure, respectively.
97 (j) This Code section shall stand repealed 42 months after the effective date of such Code
98 section."

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99 SECTION 2.

100 This Act shall become effective only if funds are specifically appropriated for the purposes
101 of this Act in an Appropriations Act enacted by the General Assembly. If funds are so
102 appropriated, then this Act shall become effective on the later of the date on which such
103 Appropriations Act becomes effective or the beginning date of the fiscal year for which such
104 appropriations are made.

105 SECTION 3.

106 All laws and parts of laws in conflict with this Act are repealed.

Sample Legislation

Mandated State Coverage: Connecticut SB 579 (2006)

Bill Summary:

This legislation would require individual and group health insurance policies to provide coverage for medically necessary expenses associated with the diagnosis and treatment of morbid obesity, including, bariatric surgery and associated physician office visits, health and behavior assessments, nutrition education, patient self-management education and training and therapeutic exercises.

AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR MEDICAL SERVICES AND TREATMENT FOR MORBID OBESITY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective from passage*) (a) As used in this section:

(1) "Morbid obesity" means (A) a weight that is at least one hundred pounds over or twice the ideal weight for frame, age, height and gender as specified in the 1983 Metropolitan Life Insurance tables, (B) a BMI equal to or greater than thirty-five kilograms per meter squared with comorbidity or coexisting medical conditions related to morbid obesity such as hypertension, cardiopulmonary conditions, sleep apnea or diabetes, or (C) a BMI of forty kilograms per meter squared without such comorbidity; and

(2) "BMI" means body mass index that equals weight in kilograms divided by height in meters squared.

(b) On or before October 1, 2007, the Insurance Commissioner shall adopt regulations, in accordance with chapter 54 of the general statutes, establishing guidelines for health insurance coverage for medical services and treatment for morbid obesity. Such regulations shall:

(1) Require that each individual and group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, amended, renewed or continued in this state on or after October 1, 2007, provide coverage for the medically necessary expenses of the diagnosis and treatment of morbid obesity, including, but not limited to, bariatric surgery, physician office visits, health and behavior assessments, nutrition education, patient self-management education and training and therapeutic exercises.

(2) Limit coverage of bariatric surgery to providers of surgical services that are: (A) Certified by the American College of Surgeons as a level 1a Bariatric Surgery Center; or (B) certified by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence.

(c) The regulations adopted pursuant to subsection (b) of this section do not apply to any health insurer that obtains approval from the Insurance Department on or before October 1, 2007, to provide coverage for the medically necessary expenses of the diagnosis and treatment of morbid obesity, including, but not limited to, bariatric surgery, physician office visits, health and behavior assessments, nutrition education, patient self-management education and training and therapeutic exercises.

Sec. 2. (NEW) (*Effective October 1, 2007*) Each health insurer, as defined in section 38a-478n of the 2006 supplement to the general statutes, hospital service corporation, as defined in section 38a-199 of the general statutes, or medical service corporation licensed to conduct health insurance business in this state shall offer to any individual, partnership, corporation or unincorporated association providing group hospital or medical insurance coverage for its employees a group hospital or medical service plan or contract providing coverage for the medically necessary expenses of the diagnosis and treatment of morbid obesity.

Sample Legislation

Louisiana State Employee Coverage H.B. 329 (2015)

Bill Summary:

This legislation mandates that the state Office of Group Benefits offer coverage for treatment of morbid obesity through gastric bypass surgery or other methods recognized by the National Institutes of Health. In addition, this legislation defines "morbid obesity" as a body mass index (BMI) of at least 40 or a BMI of at least 35 along with comorbidity or existing medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes.

2015 Regular Session

HOUSE BILL NO. 329

BY REPRESENTATIVE ARMES

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

INSURANCE/GROUP-STATE: Requires the state Office of Group Benefits to cover bariatric surgery techniques for the treatment of morbid obesity

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AN ACT

To enact R.S. 42:860, relative to the state Office of Group Benefits; to require coverage for treatment for morbid obesity; to provide for certain requirements; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 42:860 is hereby enacted to read as follows:

§860. Morbid obesity; legislative findings; coverage required

A. The legislature hereby finds and declares that obesity is a significant health problem affecting hundreds of thousands of Louisiana residents. Morbid obesity increases the mortality rate more than threefold, causes physical and emotional disability, and is often associated with comorbid health conditions, including hypertension, cardiopulmonary conditions, and diabetes, all of which compound the impact of obesity on longevity and quality of life. Obese Louisiana residents are ninety percent more likely to have diabetes and fifty percent more likely to have high blood pressure than those who are not obese. Therapeutic interventions can alter the course and severity of obesity and morbid obesity has successfully been treated through established surgical treatments.

B.(1) As used in this Section, the term "morbid obesity" shall mean either of the following:

- 1 (a) A body mass index equal to or greater than forty kilograms per meter
- 2 squared.
- 3 (b) A body mass index equal to or greater than thirty-five kilograms per
- 4 meter squared along with an associated comorbidity including but not limited to
- 5 hypertension, cardiopulmonary conditions, sleep apnea, or diabetes.
- 6 (2) As used in this Section, the term "body mass index" shall mean a
- 7 practical marker used to assess the degree of obesity, calculated by dividing the
- 8 weight in kilograms by the height in meters squared.
- 9 C. The Office of Group Benefits programs shall offer a provision stating that
- 10 benefits shall be payable for the treatment of morbid obesity, as defined in Paragraph
- 11 (B)(1) of this Section, through gastric bypass surgery or other methods as may be
- 12 recognized by the National Institutes of Health as effective for the long-term reversal
- 13 of morbid obesity.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 329 Original 2015 Regular Session Armes

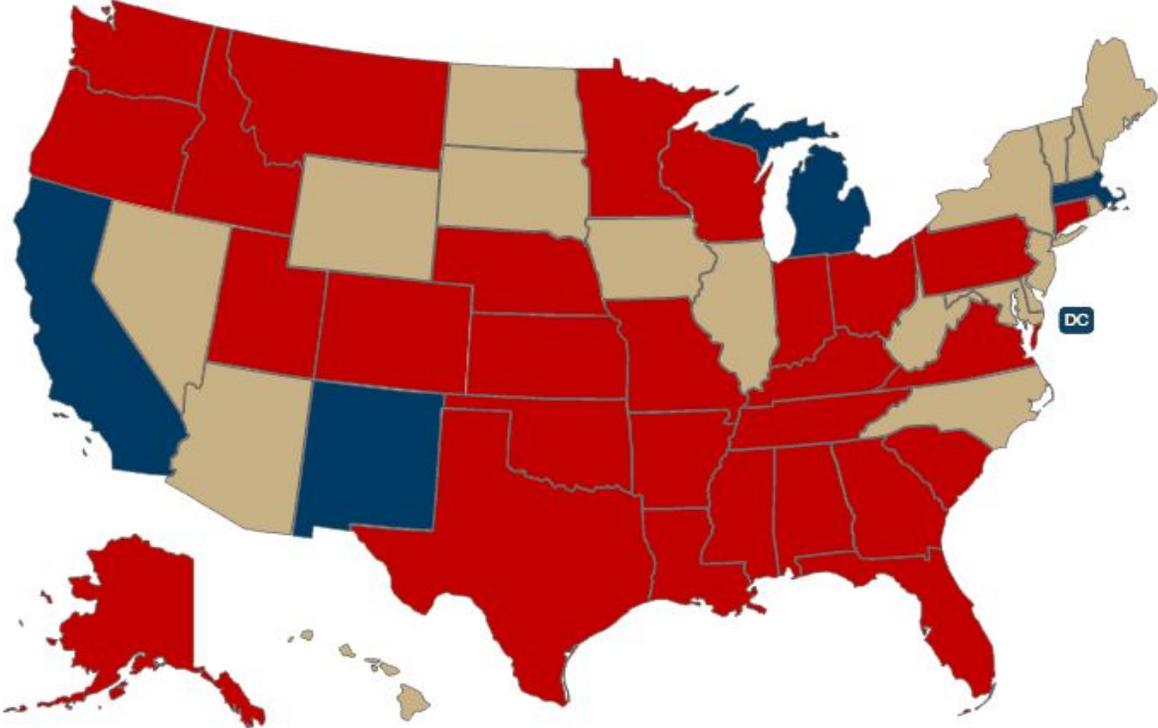
Abstract: Mandates that the state Office of Group Benefits offer coverage for treatment of morbid obesity through gastric bypass surgery or other methods recognized by the National Institutes of Health.

Proposed law defines "morbid obesity" as a body mass index (BMI) of at least 40 or a BMI of at least 35 along with comorbidity or existing medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes.

Proposed law requires the Office of Group Benefits to offer a provision stating that benefits shall be payable for the treatment of morbid obesity through gastric bypass surgery or other methods recognized by the National Institutes of Health as effective for the long-term reversal of morbid obesity.

(Adds R.S. 42:860)

Coverage Map



- Do not cover bariatric surgery nor weight loss programs
- Covers bariatric surgery but does not cover weight loss programs
- Covers bariatric surgery and weight loss programs

Sample Letters of Support
Expand Coverage of Bariatric Surgery as an
Essential Health Benefit

*data from 2014 letter and shouldn't be copied verbatim

Date

Name of legislator
Address

Dear [Governor, Representative, Assemblymember, Senator, Chairman]

On behalf of the more than 79,000 members of the American College of Surgeons (ACS) I am writing to encourage Connecticut to expand coverage for bariatric surgery as an essential health benefit within the Connecticut health insurance exchange. There are immediate and positive health benefits to individuals who have this procedure. Not only does surgery improve the condition and quality of life of the bariatric patient, but also makes good fiscal sense.

The Centers for Disease Control and Prevention (CDC) reports that upwards of 78.6 million people in the U.S. suffer from obesity and the rate is growing each year. In Connecticut, the obesity rate is between 25-30 percent of the population. Obesity has been linked to several illnesses - including heart disease, stroke, Type 2 diabetes, and some cancers. In 2008 the estimated national cost of obesity-related illness was \$147 billion.

By the year 2030 the CDC predicts that 42 percent of the U.S. population will suffer from obesity. In 2013 the American Medical Association (AMA) formally recognized obesity as a disease. With this new designation and the staggering number of patients that suffer from morbid obesity, we need our health care plans to appropriately cover services and treatments. Often where some weight loss options fail, bariatric surgery has been shown to succeed.

The New England Journal of Medicine reported that bariatric surgery proved to be a far more effective treatment for morbidly obese patients with Type 2 diabetes over those who only receive medical therapy. According to the American Diabetes Association, the estimated total costs of diagnosed diabetes in 2012 was nearly \$245 billion, a 41 percent increase from \$174 billion in 2007. With the costs of diabetes care rapidly increasing, now is the time to utilize all medical options to drastically reduce the number of patients with Type 2 diabetes and create a healthier society.

The ACS requests that bariatric surgery be covered as an essential health benefit in Connecticut. We would be pleased to meet with you or appropriate individuals to discuss this further, and if there are any questions please contact Justin Rosen, State Affairs Associate, at jrosen@facs.org, or 202-672-1528.

Sincerely,

David B. Hoyt, MD FACS
Executive Director, American College of Surgeons

Sample Letter Opposing Discriminatory Benefits

The Honorable Sylvia Mathews Burwell
Secretary of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

The American College of Surgeons and the American Society for Metabolic and Bariatric Surgery are aware of a number of clear violations of several patient protection provisions of the Affordable Care Act (ACA) as they relate to individuals affected by obesity. Obesity is a serious, complex and chronic disease that should be treated in the same fashion as diabetes, heart disease or cancer. Those affected by obesity – both adults and adolescents -- should have access to the same medically necessary and covered treatment avenues afforded to all others who suffer from chronic disease and receive their care through the new state health marketplaces.

We believe that HHS should take immediate action to address discriminatory benefit design language contained in qualified health plans (QHPs) in state health marketplaces where coverage of obesity treatment services, such as bariatric surgery, are clearly delineated as covered essential health benefit (EHB) services under the state's EHB benchmark plan submission. In addition, we encourage the Department to exercise its oversight authority to prohibit QHPs from utilizing pre-existing condition clauses targeting individuals who have received bariatric surgery prior to joining their state health marketplace. (The Appendix of this letter includes specific examples of QHP violations of the aforementioned ACA patient protections.)

The ACA patient protections regarding discriminatory benefit design, lifetime limits, and pre-existing condition clauses are clear (45 CFR 156.125) and HHS has the authority to ensure that covered EHB services are provided in an equal and fair manner – regardless of “age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health condition.”

Should you have any questions, please feel free to contact ASMBS Washington Office Director Chris Gallagher at (571) 235-6475 or via email at chris@potomaccurrents.com.

Sincerely,

David B. Hoyt, MD, FACS
Executive Director, American College of Surgeons

Ninh Nguyen, MD, FACS, FASMBS
President, American Society for Metabolic and Bariatric Surgery

cc: Kevin Counihan
Director, Center for Consumer Information and Insurance Oversight

MIKE KREIDLER
STATE INSURANCE COMMISSIONER

STATE OF WASHINGTON



P.O. BOX 40255
OLYMPIA, WA 98504-0255
Phone: (360)725-7000

OFFICE OF
INSURANCE COMMISSIONER

October 17, 2014

Dr. David Hoyt, Executive Director
American College of Surgeons
633 N. St. Clair Street
Chicago, IL 60611

Dear Dr. Hoyt:

Thank you for your recent letter to me, and to the chair of the Washington Health Benefit Exchange, encouraging Washington State to expand coverage for bariatric surgery as an essential health benefit. I appreciate the information you provided about the need for systemic solutions to our nation's obesity epidemic. I share your assessment that bariatric surgery holds promise as a treatment option for morbidly obese patients who otherwise face increased risk for serious or deadly illnesses like heart disease and diabetes.

Unfortunately, my office has limited authority to add benefits to the essential health benefit package that individual and small group health plans must offer.

In 2012, the Washington State Legislature selected the "base benchmark plan" for Washington's essential health benefit package and directed our office to supplement this plan by rule to comply with state and federal law. Under that authority, my office was able to modify the base benchmark plan for select reasons, such as where the benefit design discriminated against protected populations or failed to include a benefit mandated by state law. The Legislature did not give my office authority to add benefits for public policy reasons.

Our base benchmark plan – Regence's Innova plan – did not include bariatric surgery or related supplies. After receiving public comment from stakeholders in the obesity care and surgery community about the need to add bariatric surgery, we reviewed every possible angle to determine whether we had authority to add these services. While we found the arguments persuasive and noted this in our rulemaking file, we were ultimately unable to include the services and still lack this authority today.



Dr. David Hoyt, Executive Director
American College of Surgeons
October 17, 2014
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If the American College of Surgeons wishes to ensure that bariatric services are included in Washington's essential health benefits package, the best route to take is through the state Legislature. The Legislature has the authority to require health insurers to cover particular services, and it has found reason to do so in the past when faced with similarly compelling circumstances.

If you would like more information on this topic or would like to discuss it further, please contact my senior health policy advisor, Emily _____ at _____ or _____
Thank you for sharing your concerns and suggestions with me.

Sincerely,



Mike Kreidler
Insurance Commissioner

cc: Ron Sims, Chair, Washington Health Benefit Exchange
Richard Onizuka, CEO, Washington Health Benefit Exchange

APPENDIX

Examples of Inconsistent Coverage: Where State EHB Benchmark Plan Submission Includes Coverage for Bariatric Surgery, But Some QHPs Specifically Exclude Coverage for Bariatric Surgery (as per each plan's Summary of Benefits and Coverage form).

CALIFORNIA:

Chinese Community Health Plan and Contra Costa Health Plan exclude coverage for bariatric surgery.

NEW MEXICO:

Molina Healthcare of New Mexico excludes coverage for bariatric surgery.

NEW YORK:

MetroPlus Health Plan and Affinity Health Plan exclude coverage for bariatric surgery.

Examples of Discriminatory Benefit Design Language: Where State EHB Benchmark Plan Submission Includes Coverage for Bariatric Surgery, But Some QHPs Utilize Inconsistent Patient Cost Sharing or Employ Lifetime Limits Regarding Bariatric Surgery

MICHIGAN:

Blue Care Network of Michigan and MSSP-Blue Cross Blue Shield of Michigan require 50-70 percent patient cost sharing for bariatric surgery and limit plan holders to one bariatric surgical procedure per lifetime.

NEW MEXICO:

ChoiceConnect PPO and CareConnect HMO limit plan holders to one bariatric surgical procedure per lifetime.

All QHPs must be precluded from excluding coverage for any complication, real or perceived, related to an individual's bariatric surgery that occurred prior to joining the qualified health plan (KY and MO).

Language from Anthem Qualified Health Plans in Kentucky & Missouri:

"Excluded: Bariatric surgery, regardless of the purpose it is proposed or performed. This includes Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgical procedures that reduce stomach capacity and divert partially digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), or Gastroplasty, (surgical procedures that decrease the size of the stomach), or gastric banding procedures. Complications directly related to bariatric surgery that results in an Inpatient stay or an extended Inpatient stay for the bariatric surgery, as determined by Us, are not covered. **This exclusion applies when the bariatric surgery was not a Covered Service under this Plan or any previous Anthem plan, and it applies if the surgery was performed while the Member was covered by a previous carrier/self-funded plan prior to coverage under this Certificate.** Directly related means that the Inpatient stay or extended Inpatient stay occurred as a direct result of the bariatric procedure and would not have taken place in the absence of the bariatric program.

Resources

A Study on the Economic Impact of Bariatric Surgery

https://my.clevelandclinic.org/ccf/media/files/Bariatric_Surgery/Economic%20Impact%20of%20Bariatric%20Surgery_AJMC_08sep_Cremieux_8p.pdf

A Decade Analysis of Trends and Outcomes of Bariatric Surgery in Medicare Beneficiaries*

[http://www.journalacs.org/article/S1072-7515\(14\)00411-6/pdf?dialogRequest=](http://www.journalacs.org/article/S1072-7515(14)00411-6/pdf?dialogRequest=)

Centers for Disease Control: 2012 Diabetes Report Card

<http://www.cdc.gov/diabetes/pubs/pdf/diabetesreportcard.pdf>

Centers for Medicare and Medicaid Services: Decision Memo for the Treatment of Morbid Obesity

[http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=160&NcaName=Bariatric+Surgery+for+the+Treatment+of+Morbid+Obesity+\(1st+Recon\)&bc=ACAAAAAAEAAA&](http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=160&NcaName=Bariatric+Surgery+for+the+Treatment+of+Morbid+Obesity+(1st+Recon)&bc=ACAAAAAAEAAA&)

Coverage of Obesity Treatment: A State-by-State Analysis of Medicaid and State Insurance Laws

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882611/pdf/phr125000596.pdf>

Georgia State Bariatric Surgery Fact Sheet:

<http://dch.georgia.gov/sites/dch.georgia.gov/files/BariatricPilot.FAQ.pdf>

Trends in the Use of Bariatric Surgery*

[http://www.journalacs.org/article/S1072-7515\(11\)00340-1/pdf](http://www.journalacs.org/article/S1072-7515(11)00340-1/pdf)

* - requires a subscription to the Journal of The American College of Surgeons