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# ASMBS Activity Report

February 2015

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## HEADLINES:

OCC Advocacy Day

ASMBS Chapters Lead OCC Efforts on EHB Front

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### **February 6th OCC Advocacy Day**

On February 6, 2015, ASMBS Executive Director Georgeann Mallory and ASBP Advocacy Committee member Dr. Krishna Doniparthi traveled from Florida and Georgia, respectively, to participate in the Obesity Care Continuum's (OCC) first monthly advocacy day during the 114th Congress.

Advocacy efforts focused on the Florida and Georgia congressional delegations – educating legislators about the Treat and Reduce Obesity Act (TROA) and urging them to cosponsor the legislation when it is reintroduced in the upcoming months. In addition, OCC advocates will highlight how implementation of the Affordable Care Act at the state level continues to discriminate against those affected by obesity.

### **ASMBS State Chapters Lead OCC Efforts on EHB Front**

Going into February, ASMBS State Chapters continued their fast and furious pace toward reaching out to key state policymakers, such as Insurance Commissioners, Governors and Healthcare Committee Chairs in state legislatures in an effort to secure

coverage for obesity treatment services as an essential health benefit under state health exchange plans across the country.

For example, on February 4th, Drs. Richard Peterson, Michael Seger and Lloyd Stegemann from the Texas Association for Bariatric Surgery (TABS) met with Texas Assistant Insurance Commissioner Katrina Daniel and her staff. In addition to offering TABS as a resource to the Texas Department of Insurance (TDI) as the department moves forward over the next two years in selecting a new state EHB benchmark plan, the TABS members also queried Daniel and her staff regarding possible strategies that the obesity community should employ toward securing EHB coverage for obesity treatment services in Texas.

While Assistant Commissioner Daniel spent a great deal of time with the TABS members, she did state that our efforts would be better targeted toward the state legislature – urging the legislature to either approve a state mandate for obesity treatment services such as bariatric surgery or persuade the legislature to request a recommendation from the TDI regarding a cost benefit analysis of providing coverage for bariatric surgery.

Finally, TABS members also discussed how the TDI needs to address discriminatory benefit design language that targets those seeking obesity treatment services, such as bariatric surgery. Dr. Stegemann, who also serves on the Board of Directors for the Obesity Action Coalition, spoke passionately about how many health plans require those with obesity to surmount very egregious hurdles, such as long mandatory medically managed weight loss requirements, in order to qualify for bariatric surgery. In making this point, Dr. Stegemann pointed out how individuals who are diagnosed with severe coronary artery disease are not required to then document their heart disease for the next 6-12 months before receiving a coronary stent or cardiac bypass procedure.