ACCESS TO CARE
Morbid Obesity & Metabolic and Bariatric Surgery

OBESITY AND HEALTHCARE

- About 15 million people in the U.S. have morbid obesity but only 1% of the clinically eligible population is treated for morbid obesity through bariatric surgery¹

- Obese individuals spend 42% more on medical expenses and 77% more on medications per year than individuals of normal weight²,³

- Direct obesity-related health spending reached $147 billion in 2008, double what it was a decade ago⁴; projected to cost the U.S. $344 billion each year by 2018⁵

BARIATRIC SURGERY AND INSURANCE COVERAGE

- Insurers recover their costs for bariatric surgery in two to four years, depending on the type of surgery performed⁶

- About 25% of patients considering bariatric surgery are denied insurance coverage three times before getting approval
  - About 60% report their health worsened during this waiting period⁷

- Patients required by insurers to complete a six-month medical weight loss program before bariatric surgery do no better with post-operative weight loss than those who have no requirement⁸

FEDERAL AND STATE LEGISLATION

Centers for Medicare & Medicaid Services (CMS) established national coverage policy for bariatric surgery to help reduce significant health risks associated with obesity, including death and disability (2006)⁹; modified policy in 2009 to specify Type 2 diabetes as one of the co-morbidities it would consider in determining coverage¹⁰

The FDA lowered BMI requirements in February 2011 for gastric banding with Lap-Band® for individuals with a BMI between 30-40 with at least one obesity-related condition¹¹

Mississippi law requires state employee health plan to provide coverage of obesity treatment, including medical weight management and bariatric surgery, for 100 employees a year (2009)¹²

New Hampshire law requires health insurers to offer bariatric surgery as a treatment option for obesity-related diseases (2008)¹³

Georgia, Indiana, Maryland and Virginia laws recommend insurers offer coverage, or mandate that the insurer offer coverage for additional premiums, for bariatric surgery to treat morbid obesity¹⁴

Oregon and Indiana courts ruled in 2009 that state worker’s compensation insurance cover bariatric surgery for employees injured at work when weight loss is necessary to successfully treat the original injury¹⁵,¹⁶

South Carolina legislature approved bariatric surgery coverage for 100 state workers in a pilot program (2011); surgery for state workers had previously been covered from 2001 to 2004 but ended in 2005¹⁷

Arkansas’ Act 855 states insurance coverage for surgeries to treat people who are morbidly obese would be available to state employers and public school teachers. Coverage includes gastric bypass and gastric banding surgery¹⁸

Tennessee’s TennCare Medicaid program only pays for the morbidly obese to lose weight through bariatric surgery, and does not pay for counseling by dietitians. Average price to TennCare, including facility costs, is about $20,000¹⁹

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