OLR Bill Analysis
sSB 317

AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR CERTAIN SURGICAL PROCEDURES PERFORMED TO TREAT SEVERE OBESITY.

SUMMARY

This bill requires certain health insurance policies to cover surgical procedures performed to treat severe obesity, including gastric bypass, sleeve gastrectomy, and duodenal switch. The procedures must be (1) recognized by the National Institutes of Health (NIH), American Society for Metabolic and Bariatric Surgery, and American College of Surgeons as providing long-term weight loss and (2) consistent with NIH guidelines.

Under the bill, coverage for such surgical procedures is subject to the same terms and conditions that apply to all other benefits covered under a policy.

EFFECTIVE DATE: January 1, 2020

SEVERE OBESITY DEFINED

Under the bill, a person with severe obesity has a body mass index (BMI) that is (1) over 40 or (2) at least 35 if he or she is also diagnosed with a comorbidity such as a cardiopulmonary condition, diabetes, hypertension, or sleep apnea. BMI is calculated by dividing a person’s weight in kilograms by the square of their height in meters.

INSURANCE POLICIES AFFECTED

The bill applies to individual or group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance
benefit mandates do not apply to self-insured benefit plans.

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable
Yea 18  Nay 2  (03/14/2019)