

Insurance and Real Estate Committee

SENATE FAVORABLE REPORT

Bill No.: SB-204

AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR CERTAIN

Title: SURGICAL PROCEDURES PERFORMED TO TREAT SEVERE OBESITY.

Vote Date: 3/10/2020

Vote Action: Joint Favorable

PH Date: 2/25/2020

File No.:

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SPONSORS OF BILL:

Insurance and Real Estate Committee

REASONS FOR BILL:

This bill will require health insurance coverage for certain surgical procedures performed to treat severe obesity.

RESPONSE FROM ADMINISTRATION/AGENCY:

None Expressed

NATURE AND SOURCES OF SUPPORT:

Senator Eric Berthel, 32nd District testified saying as a recipient of bariatric and metabolic surgery, I can attest that it is an effective and lifesaving procedure. Obesity is a health crisis that is facing our nation and state, and this surgery has a proven track record of improving many conditions that are associated with an individual being overweight. These health related conditions include, type 2 diabetes, heart diseases, and high blood pressure. Currently, most insurance plans in the state do not provide coverage for bariatric and metabolic surgery. The coverage is currently available to Connecticut residents who are covered by our state's Husky Plans. All healthcare insurance should provide coverage for metabolic and bariatric surgeries. I respectfully ask the committee to look beyond the initial expense today and to look instead at the tremendous change in quality of life for these patients, and the overall savings that will come from reducing and eliminating the co-morbidities associated with obesity.

Jonathan Aranow, MD, FACS e Connecticut Chapters of the American Society for Metabolic and Bariatric Surgery (CT-ASMBS) and American College of Surgeon (CT-

ACSPA) and the Connecticut State Medical Society (CSMS)

Alan K. Meinke, MD, FACS President CT Chapter of American College of Surgeons

Professional Associations, INC both stated there is more than ample evidence to demonstrate that bariatric surgery improves and extends lives. The literature presented strongly supports obesity as a major drain on healthcare costs. The literature also demonstrates that State healthcare costs will diminish over time if obesity can be reversed. Bariatric surgery is both cost-effective and cost-saving. With approval of SB317, Connecticut could potentially see approximately 3000 additional operations. The initial cost of this mandate would likely range in the \$0.3-\$1.5 PMPM range but cost savings due to reduced healthcare costs will likely yield a return on investment under 5 years. If improved workforce productivity is calculated then the ROI would be sooner. Based on the reported reductions in healthcare costs per patient per year (estimated at \$3000-4000/year) and an additional 3,000 operations per year after adoption of SB317, Connecticut could see \$9 million- \$12 million dollar/year savings in healthcare expenditures. We must also think beyond the numbers and consider the individuals affected by the disease of obesity. Not only is this population stigmatized and marginalized, they are being denied lifesaving care.

Haley Duscha, Registered Dietitian, CT Children's Medical Center At Connecticut

Children's Pediatric Obesity Center testified that they see a countless number of patients experiencing the side effects of obesity as early as 2 years old. Additionally, some of these children's weight may be contributed to by factors outside of their control, like life-saving medications, syndromic obesity, or social stressors. Connecticut Children's has been performing bariatric surgery on children for 10+ years now with the goal of helping young people attain healthy weight loss. A reduction of 10% current body weight can greatly reduce the risk of serious illnesses, such as hypertension, diabetes, metabolic syndrome and many more. The American Academy of Pediatrics even published data showing that the average weight reduction after bariatric surgery is 27% for the pediatric population. Bariatric surgery is a research and results driven tool that can be used to help many people, including children, meet their health goals. By treating or preventing complications of severe obesity at a young age we provide these children with the hope of living happy, healthy, and full lives. I ask you to look at the young people in your life and around you when considering SB 204, as this will allow providers to offer effective treatment and the care they deserve.

Christine Finck, MD, FACS Surgeon-in-Chief, CT Children's Medical Center Bariatric and metabolic surgery is currently not an essential health benefit in Connecticut. It is a covered benefit in New York, Massachusetts, Rhode Island, Vermont, Maine, and New Hampshire. Although this important life-saving treatment is available through Medicaid, many private insurance policies, including those offered to small businesses, specifically exclude these procedures. I support this bill in my role as Surgeon-in-Chief at Connecticut Children's and also as a mother. No child should have life-saving treatment withheld due to misconceptions and social prejudice. Obesity is a chronic disease that has the potential to be cured by surgery. Weight management programs that encompass the appropriate support, education, nutritional intervention and surgery work hard to treat these children. This bill needs to be supported so that these children can all receive the care they deserve.

James Healy MD Pediatric Surgeon, CT Children's Medical Center

The perception that bariatric surgery is the easy way out is inaccurate – for many of these patients a significant surgical metabolic disruption is by no means simple. The results are not immediate, there is no cosmetic surgery or liposuction involved (which has the potential to

add additional complications) and there is temporary post-operative pain and nausea associated with the procedure. It is not easy, but for severely obese patients it may be the only current way to effectively induce durable weight loss. Complications from the procedure are uncommon, and frequently minor, however they tend to be more frequent in patients with more severe obesity. For this reason, it is important not to delay the procedure for years as a child is gaining more and more weight. The decision for surgery is never taken lightly, and requires a thoughtful, shared decision making process between the patient, family or guardian, and medical and surgical providers across multiple specialties. Denial of coverage for these procedures denies our patients a critical opportunity to reverse the significant health impacts of their obesity, correcting diabetes in 95%, high blood pressure in 74%, cholesterol levels in 66%, and reversing fatty liver disease (which is becoming a common reason for requiring liver transplant later in life.) By operating, we can save these children from decades of medical problems.

John Morton, MD, MPH, FACS, FASMBS Bariatric surgery is a life-saving procedure yet, currently, bariatric surgery is not a covered benefit on all health insurance plans offered in the State of Connecticut. It is covered by the State Medicaid Plan (Husky), Federal Medicare Program and major payors. The incremental cost of adding this needed benefit will be modest, estimated to be less than 50 cents per member per month. Most importantly, this is the right act for Connecticut that will provide care and add productivity to our great state.

Joseph Nadglowski, OAC, President/CEO, Obesity Action Coalition feels the citizens of Connecticut affected by obesity often find themselves targeted by weight bias and stigma in all areas of life, such as employment, education, healthcare and more. These individuals deserve access to these critical chronic disease treatment services. We urge you and your colleagues on the committee to support SB 204 and stand up for coverage of all medically necessary obesity treatment avenues and help these individuals improve their quality of life and health.

Pavlos Pappas, MD, FACS, FASMBS, President CT Chapter of American Society for Metabolic and Bariatric Surgery The CT Department of Public Health puts emphasis on the Centers for Disease Control and Prevention's 6118 initiative, which targets six major health conditions - asthma, high blood pressure, tobacco use, hospital-acquired infections, teen pregnancy, and diabetes. Type 2 diabetes is the disease with the closest association with Obesity. Epidemiologists call the epidemic of diabetes and obesity the twin epidemic! It would only make sense that a state like ours that targets a chronic disease like diabetes to also provide the most effective treatment for obesity: bariatric surgery.

Priya Phulwani MD CT Children's Medical Center

As someone who practices both pediatric and adult endocrinology, I see first-hand the health consequences of obesity, and the tremendous negative burden from obesity related diseases on quality of life from childhood into adulthood, not to mention the cost on our healthcare system in the long run. There are clear national guidelines that recommend surgical weight loss procedures for patients who meet specific criteria and are in the setting of weight management programs such as the program at Connecticut Children's Medical Center.

Darren S. Tishler, MD, FACS, FASMBS, Chief, Metabolic and Bariatric Surgery, Hartford HealthCare stated as a physician, I have a responsibility to act in a fiscally responsible manner but at the same time, do what is right for my patients and offer them the

most effective treatments available. For me, one of the greatest satisfactions of practicing medicine is the fact that we do things because they are the compassionate thing to do for our patients. I urge you to support SB 204, An Act Requiring Health Insurance Coverage for Certain Surgical Procedures Performed to Treat Severe Obesity. I sincerely hope that this is the year that we join our neighboring states of New York, New Jersey, Massachusetts, Rhode Island, Vermont, New Hampshire, and Maine in improving the access to bariatric surgery and the treatment of morbid obesity.

Burt Zaretsky, Marketing Director, Fairfield County Bariatrics stated bariatric surgery presents the severely obese with the opportunity to regain their health and recapture their lives, and as a result of it, they do. Bariatric surgery has, and continues to, save lives! When I meet the prospective patients at bariatric seminars and hear their pleas for help, I know that they can be helped. However, under the current climate, so many of them are unable to get the help that bariatric surgery can provide them, and they so desperately need. Unfortunately, so many insurance plans, here in Connecticut, have exclusions, preventing them from achieving the necessary surgery to help save their lives. Now, you have the opportunity to reverse the discriminatory practice that permits insurance companies to practice against the severely obese. Their lives are now in your hands and you can save them. I want to thank you for affording me the opportunity of presenting my plea and evidence to help save the lives of your fellow Connecticut residents.

The following individuals submitted testimony in support of this bill:

Dana Cantiello
Grace Chao
Natalie Cunningham
Paul Davidson
Amy Dumont
Neil Floch
Heidi Galliccio
Henry Hoefelt
Madhuvanti Joshi
Susan Millerick
Bethany Mulone
Violet Pasorkova-Jaouren
Cindy Ressler
Kerry Roy
Kate Salerni
Melissa Santos
Alicia Smith
Jane Sweeney
Barbara Whelan
Violet Wolf

NATURE AND SOURCES OF OPPOSITION:

CT Association of Health Plans stated the ACA requires strict adherence to a particular timeline that would be undermined by the various mandates. CT Exchange is right now

preparing their standard benefit designs and carriers are right now preparing their non-standard plan design.

Michelle Rakebrand, Asst Counsel for CBIA stated mandates drive up costs because with each new requirement, insurers must expand coverage to include additional services or devices. This in turn increases the cost of health insurance premiums, and those increases are passed directly onto enrollees. Each year, Connecticut residents pay an additional \$2,086.12 in premium costs because of the 68 health benefit mandates that are codified in our state's statutes. These increases are especially detrimental to small employers (defined as under 50 FTE), who are not required to offer health insurance pursuant to the Affordable Care Act, but choose to do so.

Reported by: Diane Kubeck

Date: April 16, 2020