

Human Services Committee JOINT FAVORABLE REPORT

Bill No.: SB-282

AN ACT CONCERNING MEDICAL ASSISTANCE FOR BARIATRIC SURGERY
Title: AND PRESCRIPTION DRUG TREATMENT OF OBESITY.

Vote Date: 3/17/2022

Vote Action: Joint Favorable Substitute

PH Date: 3/10/2022

File No.:

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

S.B. 282 will require the Commissioner of Social Services to provide medical assistance for bariatric surgery and prescription drug treatment of obesity. This bill will essentially recognize obesity as a disease and ensure that vulnerable populations of our state can receive the medical care they need to live comfortable and fulfilled lives. This bill will provide financial coverage to those who could otherwise not afford treatment, promoting equity in care.

SUBSTITUTE LANGUAGE:

The substitute language defines "body mass index", "severe obesity", and "medically necessary". These serve to clarify what these terms mean in context to the bill, and how they can be measured and calculated to determine eligibility for financial coverage for surgery or medication. The substitute language also changes the dates to be more realistic to require by April 1, 2023 that the Commissioner of Social Services can provide reimbursement.

RESPONSE FROM ADMINISTRATION/AGENCY:

Commissioner of the Department of Social Services, Deidre Gifford, supports the intent of Committee Bill No. 282 with recommended substitute language to enable the department to have the flexibility to implement the policy change efficiently and have sufficient time to make the changes necessary. DSS also caution that further research may expose the need for additional appropriations to implement the change as there is no funding in the Governor's recommended budget adjustments to financially support it.

NATURE AND SOURCES OF SUPPORT:

Senator of the Connecticut General Assembly, Eric Berthel, supports the bill because as a recipient of bariatric and metabolic surgery, he attests that it is an effective and lifesaving procedure. Improving the quality of life via proven medicine should be a priority, and the financial data demonstrates that investing in metabolic and bariatric surgeries reduce the cost for future healthcare expenses because these surgeries eliminate many of the co-morbidities associated with obesity.

Representative of the Connecticut General Assembly, Travis Simms, supports this bill and believes that it will attempt to change current health care stigmas as it relates to obesity and will give everyone access to a better quality of life. Obesity is a health crisis that is prevalent our nation and state, and bariatric and metabolic surgery has a proven track record of improving many conditions that are associated with an individual being overweight. This bill is very near and dear to him as he has lost 3 siblings over the past 4 years because of genetic related obesity diseases. Moving this bill forward will help save the precious lives of Connecticut residents.

Representative of the Connecticut General Assembly, William A. Petit, Jr. supports this bill. As a former practicing endocrinologist, he referred many people with diabetes, hypertension, dyslipidemia, and other associated metabolic disorders for bariatric procedures after counseling, education, nutritional support, medications, and exercise failed to achieve significant goals. Obesity and its accompanying metabolic/disease states contribute to significant loss of life years, diminished quality of life, and significantly decreased productivity. He argues that the past two decades have shown that various bariatric procedures produce excellent results in appropriately screened patients. It increases the life span of those who receive them, allow patients to return to the workforce and be productive members of society and, perhaps most importantly, allow them a dramatically better quality of life personally and in their roles as family members and friends.

Melissa Mitri, President, Connecticut Academy of Nutrition and Dietetic, supports S.B. 282 because it will enable coverage for obesity treatment for the most vulnerable populations - HUSKY B and Medicaid beneficiaries. This bill would provide coverage for prescription drug medications to treat obesity in those who qualify with a body mass index (BMI) greater than thirty-five. For them, medical nutrition therapy is an effective disease management strategy that reduces risk of chronic disease, promotes healthy weight loss, slows disease progression, and reduces symptoms and is cost-effective. They think it is a critical step to increase access to essential obesity treatments for the most vulnerable populations in Connecticut.

Sara D Moore, APRN, Moore Wellness Solutions, supports the bill. Obesity is a chronic illness associated with many related diseases, such as dyslipidemia, hypertension, diabetes, and some cancers. Having access to these medications being covered by insurance will not only be life-changing for patients who suffer from obesity, but also well benefit our overstretched healthcare system that is burdened by the sequela of chronic disease.

Maribel Nieves of Stratford, CT supports the bill indicating countless reasons why this surgery changed her life. She is advocating for people like her that desperately need the help

of bariatric surgery that are being denied. She is urging the legislation to consider passing the bill that will help end this epidemic of obesity.

Dr. Stephanie Ortiz Page, Medical Director Metabolic Medical Weight Loss Program

Nuvance Health, supports the bill. She argues that increasing access and coverage to include Bariatric Surgery and anti-obesity medications for these patients will not only improve the quality of lives of many patients, but it will also greatly diminish the health care cost burden that the complications of obesity lead to nationally and specifically to the state of Connecticut which is at approximately 21.5 billion dollars.

Pavlos Papasavas, Past President, CT Chapter of ASMBS, Associate Clinical Professor of Surgery, University of Connecticut Director of Surgical Research, Hartford Hospital,

supports the bill. According to him, he has dedicated his surgical career to the treatment of Obesity, a chronic and debilitating disease that affects 27% of the population in Connecticut. In Connecticut, obesity disproportionately affects minorities: 37.1% African Americans, 31.8% Hispanics versus 24.4% Caucasians. The age group most affected by obesity is 45-64 (30.8%). 13.4% of our children, ages 10-17, suffer from obesity. Obesity costs our state more than \$20 billion per year. He argues that bariatric and metabolic surgery is currently not considered an essential health benefit in Connecticut. It is a covered benefit in New York, Massachusetts, Rhode Island, Vermont, Maine, and New Hampshire. CT is the only state in New England with Affordable Care Act plans that do not cover bariatric surgery. It is time to rectify this injustice. For him, treatment for cancer, heart disease, kidney disease, or any other serious health problem would never be denied, and there should not be limited access to obesity treatments.

Stamford Health, Kathleen Silard, supports the bill. Stamford Health supports public policies that provide tools to live a healthier life including access to services that can help residents achieve and maintain a healthy weight. Obesity is a condition that underlies a wide range of deadly and pernicious diseases such as diabetes, stroke, hypertension, and cardiovascular disease. Obesity is also linked to certain types of cancer.

Leslie Sinclair of Avon, CT, supports the bill because her and her husband paid for her surgery out of pocket, and it put a huge financial burden on us and a psychological burden on myself. She argues that nobody should be denied coverage for this life saving surgery. Being obese can causes heart disease, cancer, high blood pressure, pulmonary embolisms, DVT blood clots, depression and anxiety, Joint deterioration, respiratory issues. Insurance Companies and small businesses that offer health care benefits, need to provide this coverage.

Larke Spaulding supports the bill. Husky paid for her first 8 weeks of treatment then declined as they do not consider weight loss drugs necessary. The average retail price for a 4-week supply of Wegovy is approximately \$1400 and she doesn't know how many people can afford that on their own. It would be exceptionally beneficial to have renewed and continued coverage of this drug, even if that benefit came with a co-pay. Any coverage would be better than none when dealing with a drug that literally changes the health and life of its users.

Louis Telesford, MD Hamden Medical Group, supports the bill. He argues that despite the cost of these approved medications, Saxenda and Wegovy, the degree of weight loss

accomplished will have long term savings by virtue of its positive impact on chronic medical diseases. These include but are not limited to morbid obesity, sleep apnea, hypertension, cardiovascular disease, and the prevention of diabetes and its complications.

Liz W. of Bridgeport, CT, supports the bill, citing her experience in 2015. She was fortunate enough to receive a life-changing gastric sleeve surgery from Dr. Neil Floch of Fairfield County Bariatrics. The ease of the surgery and what it did for he compared with a lifetime of battling and failing to be able to manage a health condition of chronic insulin resistance and obesity is without question the most important thing she has done for herself. She argues that both surgery and effective medications being covered by insurance is critical to our nation's health and that it is life changing, effective, and real-life help.

According to all the following people, obesity can affect all age groups, races, and demographics, but significantly and disproportionately affects lower socioeconomic classes and persons of color. Obesity worsens quality of life and shortens life expectancy, causing many health conditions including but not limited to cancer, diabetes, high blood pressure, and even early death by stroke, heart attack, and blood clots.

These advocates of the bill claim that healthcare costs for those with obesity are notably higher when compared to those without obesity. Passing this bill will remove a major obstacle for patients to meet the requirements to be considered for bariatric surgery. Obesity is not different from other diseases that are acknowledged by the state.

All the following individuals support this bill reasoning that metabolic and bariatric surgery is the only substantial proven weight loss method that can resolve, improve, or put these conditions into remission:

Cynthia Joiner of Manchester, CT	Madhuvanti Joshi, Bariatric Physician Assistant
Abigail Klein of Enfield, CT	Nuvance Health and Danbury, New Milford, Norwalk, and Sharon hospitals
Alexis Loss of Woodbridge, CT	Melanie Maloney of Enfield, CT
Christopher M. Mann of Suffield, CT	John A. Mann of Vernon, CT
Nicole Yopp of Middletown, CT	Michelle Martins of Wethersfield, CT
Meagan Moskowitz of Simsbury, CT	Bethany Mulone of Guilford, CT
James T. Murphy of West Suffield	Cassandra Neal, Hartford Healthcare Medical Group, Glastonbury Surgical Weight
Jonathan Aranow, Past President Connecticut Chapters of the American Society for Metabolic and Bariatric Surgery	Brianna Ba, PharmD
Valerie Becker, Weight Management Dietitian at Connecticut Children's Medical Center	Haley Duscha, Weight Management Dietitian at Connecticut Children's Medical Center
Carmel Bowron of Stratford, CT	Sasha Brown, Call Center Representative of Hartford Healthcare Medical Group
Yvonne Candelario-Morgan of East Hartford, CT	Dana Cantiello, Bariatric Surgery/Obesity Medicine Nurse Practitioner

Kristen Chapin, Physician's Assistant of East Granby, CT	Amy Corcoran, Student Liaison Co-Chair
Nilda Cyphers of Meriden, CT	DeBrandson Davidson
Margaret Dolan of Norwalk, CT	Michelle Donewald of Wallingford, CT
Cheryl Dostie of New Britain, CT	Katy Dunay of Redding, Connecticut
Johanna Eichner, Connecticut Academy of Nutrition and Dietetics	Christine Finck, Surgeon-in-Chief at Connecticut Children's Medical Center
Kevin Fitzpatrick	Kathleen Flaherty, Executive Director of CT Legal Rights Project, Inc.
Neil Floch, Immediate Past President of the American Society of Bariatric and Metabolic Surgeons	Aimee Fucci, General, Metabolic and Bariatric Surgeon
Christopher Gallagher, Federal and State Affairs Consultant for the Obesity Action Coalition	Lynn Gallnot of Manchester, CT
Dawn Garcia of Hebron, CT	Saber Ghiassi, Faculty of the Yale School of Medicine
Carolyn Haight of Milford, CT	Linda Halpin of Bloomfield, CT
Andrea Hart of Madison, CT	Jill Helton of Plantsville, CT
Anita M. Howard of Hamden, CT	Joshua I Hrabosky. Psychiatry and Behavioral Health at Greenwich Hospital
Christopher Lehrach, Nuvance Health Chief Medical Officer	Lisa Perry of Winsted, CT
Amy Ralph of Milford, CT	Matthew Ryan Strouse, Employee of Yale New Haven Hospital
Francesca Rivera of Wethersfield, CT	Sonia Rivera, Medical Assistant Hartford HealthCare Medical Group General, Metabolic and Bariatric Surgery
Taslina Shaikh, MD Diplomate, American Board of Obesity Medicine Board certified, ABFM Medical Weight Management, Department of Bariatric Surgery Hartford Healthcare Medical Group	Matthew Stults-Kolehmainen, Digestive Health Multispecialty Clinic Yale – New Haven Hospital
Jane Sweeney, Clinical Manager, Bariatric Surgery and Obesity Medicine Practice	Darren S. Tishler, President, Connecticut Chapter American Society for Metabolic and Bariatric Surgery Chief, Metabolic and Bariatric Surgery, Hartford HealthCare
Devika Umashanker of Glastonbury, CT	

NATURE AND SOURCES OF OPPOSITION:

No additional concerns or opposition expressed.

Reported by: Isaac Agyemang-Duah & Molly Lukiwsky

Date: 3/24/22