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## **OLR Bill Analysis**

### **sSB 282**

#### ***AN ACT CONCERNING MEDICAL ASSISTANCE FOR SURGICAL AND PRESCRIPTION DRUG TREATMENT OF SEVERE OBESITY.***

#### **SUMMARY**

Beginning April 1, 2023, and subject to federal approval and compliance, this bill authorizes the social services commissioner to reimburse, under the Medicaid program and the Children's Health Insurance Program (CHIP, also known as HUSKY B, see BACKGROUND), for medically necessary covered treatment of severe obesity, specifically (1) surgery, including related hospital services and (2) outpatient prescription drugs.

In practice, covered treatment of obesity under the state's Medicaid program and HUSKY B is currently limited to surgical treatments, with required prior authorization. However, these surgical treatments are only covered when obesity is caused by an illness or is making an illness worse. So, subject to federal approval, the bill adds outpatient prescription drugs as a covered obesity treatment option under both programs and eliminates their requirements that a comorbidity exist.

The bill defines "severe obesity" as a body mass index (BMI, calculated by dividing an individual's weight in kilograms by their height in meters squared) greater than 40 or greater than 35 with comorbidities (e.g., cardiopulmonary condition, diabetes, hypertension, or sleep apnea).

EFFECTIVE DATE: October 1, 2022

#### **BACKGROUND**

##### ***HUSKY B***

HUSKY B provides medically necessary health care coverage for uninsured children under age 19 in families with household incomes between 196% and 318% of the federal poverty limit who do not qualify

for HUSKY A (Medicaid). Unlike Medicaid, it is a capped program (i.e., a block grant), and, as such, the federal government annually determines the share of program funding it will pay to the state. Families receiving HUSKY B services must contribute towards the care cost, and these contributions rise as family income rises.

**Medically Necessary Services**

Under the state’s Medicaid program, medically necessary services are those health services required to prevent, identify, diagnose, treat, rehabilitate, or ameliorate an individual’s medical condition, including mental illness, or its effects, to attain or maintain the individual’s achievable health and independent functioning (CGS § 17b-259b). Medically necessary services must also be:

1. consistent with generally accepted standards of medical practice;
2. clinically appropriate in terms of type, frequency, timing, site, extent, and duration and considered effective for the individual’s illness, injury, or disease;
3. not primarily for the individual’s or provider’s convenience;
4. not more costly than an alternative service likely to produce equivalent therapeutic or diagnostic results; and
5. based on an assessment of the individual and his or her medical condition.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute

Yea 20 Nay 0 (03/17/2022)