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August 9, 2012

Attn: John Krumm, Essential Health Benefits Advisory Committee

Sent via email to: jkromm@gov.state.md.us

RE: Public Comment on the Essential Benefit Benchmark Plan Selection

In the coming weeks, the State of Maryland will move forward in selecting a benchmark health plan to define the scope of its essential health benefits package for its health exchange plan. At this critical juncture, the leading organizations of the obesity community implore the state to recognize our country's rising obesity epidemic and the importance of ensuring patient access to the full continuum of medically necessary interventions (behavioral, nutritional, pharmaceutical, psychosocial, medical and surgical) to treat those affected by obesity.

Specifically, we are recommending that the State adopt any one of the CareFirst plans within the Small Group or State Employee categories as the model for the essential benefit package as it covers at least some of the services to treat obesity, such as bariatric and metabolic surgery – one of a number of state mandated benefits as noted in the State Mandates Comparison chart provided by the state, which includes the following language regarding the state mandate on "Coverage for treatment of morbid obesity":

"As of October 1, 2001, carriers shall provide coverage for the surgical treatment of morbid obesity that is recognized by the NIH as effective for the long-term reversal of morbid obesity and consistent with guidelines approved by the NIH. Carriers shall provide coverage for this benefit to the same extent as for other medically necessary surgical procedures under the insured's policy."

Clearly Maryland policymakers need to be applauded for taking a leadership role in mandating coverage for bariatric and metabolic surgery over a decade ago. In addition, we are hopeful that the State will carefully review services required by the Affordable Care Act (such as intensive, multicomponent behavioral interventions as it has a B rating from the USPSTF) to make sure they have been added, as required (see addendum regarding ACA mandated preventive services). Coverage of bariatric surgery, in conjunction with intensive, multicomponent behavioral interventions, will provide healthcare professionals with treatment avenues at both ends of the obesity care continuum.

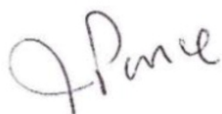
While coverage for intensive, multicomponent behavioral interventions and bariatric surgery is expanding, the same is not true for comprehensive medical management, including obesity drugs. However, the obesity community is extremely hopeful that this will quickly change given the Food & Drug Administration's (FDA) recent approval of two new obesity drugs (Belviq and Qsymia) – the first new drugs in this class to be approved by the agency in more than 13 years.

While this is a monumental step forward in providing healthcare professionals and their patients new treatment tools, we are concerned that Maryland is about to move forward on establishing its essential health benefit criteria without consideration of the potential of these critical new treatment tools.

Just like many other serious medical conditions, obesity is a complex, multifactorial chronic disease, which requires a multidisciplinary treatment approach. This approach must encompass the best standards of care, both in terms of the treatments chosen and the clinical environment in which they are delivered. Such treatments should be reimbursed as any other disease therapy would be.

As the state moves forward in choosing an appropriate benchmark plan, the obesity community urges state policymakers to recognize that obesity is a serious chronic disease and deserves to be treated with respect in the same fashion as diabetes, heart disease or cancer. Therefore, when crafting the benefit plan, please afford those affected by obesity with the same medically necessary treatment avenues afforded to all others who suffer from chronic disease.

Sincerely,



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ADDENDUM

Intensive, Multicomponent Behavioral Interventions

Recently, the United States Preventive Services Task Force (USPSTF) reinforced the medical necessary nature of treating obesity seriously by recommending that clinicians not only screen adults for obesity but offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions for 12-26 sessions in a year.

These updated recommendations are critical given that under the Affordable Care Act (ACA), USPSTF preventive services with an "A" or "B" rating must be covered by all health plans with no patient cost sharing. Unfortunately, we note that all of the 3 small group benchmark plans exclude coverage for "weight loss programs" and given the similarity between the covered benefits in the small group & State Employee plans, we assume that these critical services may also be excluded under the State Employee plans.

We urge, given the ACA requirements regarding coverage and cost sharing for these preventive services, that the state eliminate any exclusion of evidence-based medical and behavioral management of obesity.