eat right. Academy of Nutrition and Dietetics
ASMBS American Society for Metabolic & Bariatric Surgery
OBESITY SOCIETY Research. Education. Action.
OAC Obesity Action Coalition

August 9, 2012

Chlora A. Lindley-Myers
Tenn. Dept. of Commerce and Insurance
500 James Robertson Parkway, 12th Floor
Nashville, TN 37243
Sent via e-mail to: PubComm.HRF@tn.gov & Chlora.Lindley-Myers@tn.gov

RE: Public Comment on the Essential Benefit Benchmark Plan Selection

Ms. Lindley-Myers,

In the coming weeks, the State of Tennessee 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 either of the Tennessee State Employee plans (Partnership PPO or Standard PPO) as the model for the essential benefit program as it covers at least some of the services to treat obesity (healthy diet counseling and bariatric surgery). In addition, we are recommending that the State carefully review services required by the Affordable Care Act (such as intensive, multicomponent behavioral interventions as these services have a B rating from the USPSTF) to make sure they have been added, as required (see addendum regarding ACA mandated preventive services). We see this as an essential step towards the necessary coverage of comprehensive medical treatment. Finally, we recommend that a process for adding "new" essential benefits be developed quickly as safe, effective and evidence based obesity treatments, such as obesity drugs, either are available or will soon be available to citizens of Tennessee.

Obesity's impact on both individual health as well as healthcare costs is well documented. Many large employers, federal programs, such as Medicare, Tricare and the Federal Employees Health Benefits Plan as well as State plans, such as state employee and Medicaid, provide coverage for various obesity treatment services as they recognize both

the health improvement as well as cost-savings benefit of such coverage. Unfortunately, this philosophy has not translated down to the small employer and individual markets regarding the fundamental obesity treatment tools – intensive, multicomponent behavioral interventions, pharmacotherapy and bariatric surgery as it appears that private insurers have placed short-term profits and/or concerns about adverse selection above the health of their members as well and their long-term bottom line.

Let's Treat Obesity with the Respect, Urgency, and Action it Deserves!

Too often, for too long, private health plans have excluded coverage for obesity treatment services -- partly due to shortsighted cost savings efforts and partly due to the false assumption that these services are either not medically necessary, or not in line with generally accepted standards of medical care despite scientific evidence to the contrary.

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 Tennessee 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 seriously 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."

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.

Bariatric Surgery

At the other end of the care continuum, we note that Medicare, Tricare, 47 State Medicaid plans and 44 State employee plans cover bariatric surgery. In addition, Mercer's 2010 National Survey of Employer-Sponsored Health Plans show that bariatric surgery is covered by 40% of plans with <500 employees AND also that the fastest growth in coverage is in small employers (<500) which is growing at 8% annually.

In evaluating coverage of bariatric surgery, we noticed a trend similar to the one outlined above in the Mercer data. For example, virtually all of the benchmark plans under consideration provide coverage for bariatric surgery with the exception of the three plans that fall within the "largest small group plans" category, which either limit or exclude coverage for surgical intervention.

Prescription Drugs

While coverage for intensive behavioral counseling and bariatric surgery is expanding, the same is not true for 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 Tennessee is about to move forward on establishing its essential health benefit criteria without consideration of the potential of these critical new treatment tools. Our review showed, when information was available, that the plans under consideration currently exclude coverage for these treatment tools.