



4511 North Himes Ave., Suite 250
Tampa, FL 33614

(800) 717-3117
(813) 872-7835
Fax: (813) 873-7838

info@obesityaction.org
www.ObesityAction.org

May 22, 2017

Attention: Senator Alberta Darling, Senate Chair
Representative John Nygren, Assembly Chair
Joint Committee on Finance and Committee Members

On behalf of the more than 56,000 members of the Obesity Action Coalition (OAC), I urge the Joint Committee on Finance to eliminate the discriminatory statutory language regarding coverage of bariatric surgery under the Wisconsin State Medicaid program.

While the OAC appreciates that the State Medicaid program provides coverage for bariatric surgery, we are deeply concerned that the statute prohibits coverage for "gastric bypass surgery or gastric stapling surgery unless it is performed because of a medical emergency." This language represents a blanket exclusion for bariatric surgery because it limits coverage to a clinical scenario that is contradictory to the current standard of care for bariatric surgery.

A soon to be released study by the George Washington University's (GWU) STOP Obesity Alliance evaluated State Medicaid provider manuals, drug formularies, and fee schedules for coverage language regarding three broad service groups: Assessment/Counseling, Pharmaceutical Therapy, and Bariatric Surgery. The study notes that Medicaid programs in 48 states and the District of Columbia currently provide coverage for bariatric surgery with Mississippi and Montana being the two exceptions. As part of this research it was determined that Wisconsin is the only state Medicaid program that limits coverage for bariatric surgery to cases of medical emergency.

Discriminatory coverage practices, combined with the growing scientific evidence surrounding obesity, led the American Medical Association (AMA) to declare obesity as a disease in 2013 and subsequently adopt formal policy supporting "patient access to the full continuum of care of evidence-based obesity treatment modalities such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions." Numerous other healthcare professional and patient organizations support the AMA policy because these groups recognize that obesity is associated with, or a precursor to, more than 30 other chronic medical conditions including cardiovascular disease, diabetes, and cancer.

Clearly, the Wisconsin statutory language regarding bariatric surgery is discriminatory and contrary to generally accepted standards of care surrounding bariatric surgery. It is imperative that the Joint Committee on Finance amend the statutory language to allow for true coverage of bariatric surgery and frankly all other evidence-based obesity treatment services. Such action would be an important first step toward achieving obesity treatment parity for the more than 30 percent of the citizens of Wisconsin that are currently affected by obesity.

Joseph Nadglowski, Jr.
OAC President and CEO

A handwritten signature in black ink, appearing to read "Joe Nadglowski".