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Health Care Authority
626 8th Ave SE
P.O. Box 42712
Olympia, WA 98504-2712

RE: WA State HCA's HTA Review of Metabolic and Bariatric Surgery

Dear Members of the Washington State Health Care Authority:

On behalf of the Obesity Action Coalition (OAC), I am pleased to provide comments in response to the October 18, 2023, notice regarding proposed topics for review by the Washington State Health Care Authority's (HCA) Health Technology Assessment (HTA) program. The OAC's comments will focus on metabolic and bariatric surgery (MBS) for those affected by obesity. The HCA selected MBS coverage for rereview to evaluate the effectiveness, safety, and cost-effectiveness of bariatric surgery in adults and children who are affected by overweight or obesity. This evidence review will help inform Washington's independent Health Technology Clinical Committee as it determines coverage regarding the use of bariatric surgery in adults and children.

The OAC is the leading national non-profit dedicated to serving people living with obesity through awareness, support, education, and advocacy. Our vision is to create a society where all individuals are treated with respect and without discrimination or bias regardless of their size or weight. We strive for those affected by the disease of obesity to have the right to access safe and effective treatment options. And we educate all individuals to understand that when it comes to health, weight matters. OAC has a strong and growing membership of over 80,000 individuals living with obesity, across the United States and more than 1,425 members in Washington State.

Metabolic and Bariatric Surgery is Safe & Widely Covered

MBS is already widely covered by Medicare, TRICARE, the Federal Employees Health Benefits program, and nearly every State Medicaid and State employee plan. In addition, [studies](#) show MBS is as safe or safer than some of the most commonly performed operations in America including gallbladder surgery, appendectomy and knee replacement. We are pleased that Washington State can be counted among these states that recognize the benefits associated with metabolic and bariatric surgery for their state employees and Medicaid recipients.

MBS coverage is expanding everyday given the evolving science behind new populations for whom surgical intervention could be beneficial. OAC is pleased that the Washington State HCA has included these new guidelines as part of its consideration of expanding MBS coverage to these new critical populations.

For example, the American Society for Metabolic and Bariatric Surgery (ASMBS) and the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) issued new Guidelines on Indications for Metabolic and Bariatric Surgery in 2022. The new ASMBS/IFSO guidelines are meant to replace a consensus statement developed by National Institutes of Health (NIH) more than 30 years ago that set standards most insurers and doctors still rely upon to make decisions about who should get weight-loss surgery, what kind they should get, and when they should get it.

The ASMBS/IFSO Guidelines now recommend metabolic and bariatric surgery for individuals with a BMI of 35 or more "regardless of presence, absence, or severity of obesity-related conditions" and that it be considered for people with a BMI 30-34.9 and metabolic disease and in "appropriately selected children and adolescents." But even without metabolic disease, the guidelines say weight-loss surgery should be considered starting at BMI 30 for people who do not achieve substantial or durable weight loss or obesity disease-related improvement using nonsurgical methods.

The ASMBS/IFSO Guidelines are just the latest in a series of new recommendations from medical groups calling for expanded use of metabolic surgery. In 2016, 45 professional societies, including the American Diabetes Association (ADA), issued a joint statement that metabolic surgery should be considered for patients with type 2 diabetes and a BMI 30.0–34.9 if hyperglycemia is inadequately controlled despite optimal treatment with either oral or injectable medications. This recommendation is also included in the ADA’s “Standards of Medical Care in Diabetes – 2022.”

MBSAQIP Standards Improve Quality & Culture of Care

The American College of Surgeons (ACS) and the ASMBS together created a national standard for bariatric surgery accreditation programs in 2012 called the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). This program accredits inpatient and outpatient bariatric surgery centers in the U.S. and Canada that have undergone an independent, voluntary, and rigorous peer evaluation in accordance with nationally recognized bariatric surgical standards. Being an accredited center means you are held to the highest bariatric surgical standards and have quality improvement initiatives in place. Accredited centers are required to report their treatment outcomes and participate in regular evaluations of their surgical programs, ensuring they are meeting safety requirements, consistently improving processes, applying multidisciplinary approaches, and implementing standards of care defined by MBSAQIP. MBSAQIP accreditation goes beyond reporting, to culture, as well. An accredited center must strive for excellence in fostering patient-centered culture. When it comes to bariatric surgery, it is incredibly important that patients feel comfort and respect in and out of the operating room.

Weight Bias & Discrimination

Weight-based bias and discrimination are widely prevalent toward people living with obesity. It can be shown in many ways, but one of the most popular ways it is shown is through the absence of people-first language. Labeling people as "obese" creates negative feelings toward individuals with obesity and perpetuates weight bias. Using terminology such as, “a person living with obesity” or “people living with obesity” are recommended to authors, editors, and scientific writers. OAC is happy to provide [resources](#) to support authors. We kindly request that the Washington State HCA uses people-first language in writing reports and statements.

Again, we appreciate the opportunity to provide these comments and we look forward to working with the Washington State HCA during its clinical review process surrounding coverage of MBS. Should you have any questions or need additional information, please feel free to contact me or OAC’s Policy Advisor Christopher Gallagher at chris@potomaccurrents.com. Thank you.

Sincerely



Joseph Nadglowski, Jr.
OAC President and CEO