Obesity Action Coalition

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

February 13, 2007

James Roosevelt
Tufts Associated Health Plan
333 Wyman Street
PO Box 9112
Waltham, MA 02454-9112

Dear Mr. Roosevelt,

On behalf of the Obesity Action Coalition (OAC), I am writing to express our concerns with the Tufts Associated Health Plan's proposed policy for those seeking to access bariatric surgery and ask that you immediately suspend the effective date of the proposed policy change allowing for further discussions with both patient and medical thought leaders.

Specifically, we are concerned about:

1. The variation from the National Institutes of Health's (NIH) 1991 Consensus Conference on Obesity Guidelines, which are universally accepted as the standard criteria to access bariatric surgery.
2. The naming of a preferred procedure (Laparoscopic Adjustable Gastric Banding) and the limitation of access to Roux-En-Y Gastric Bypass.
3. The implementation of the "ICanChange" weight management program.

Variation from NIH Guidelines

Under the newly proposed rules, patients with a body mass index (BMI) greater than 35 but less than 40 will be denied access to bariatric surgery even if co-morbidities exist. The 1991 NIH Consensus Conference concluded that patients with a BMI greater than 35 with a co-morbidity should be allowed access to bariatric surgery (attached #1). In 2006, The Centers for Medicare and Medicaid Services adopted, after a thorough scientific review, similar policies in its National Coverage Decision allowing access to bariatric surgery for all patients with a BMI greater than 35 as long as any co-morbidity exists (attached #2). It is our organization's belief, as well as scientific thought leaders, that bariatric surgery is provided to control unresolved co-morbidities. As attachment #3 provides, this conclusion has been proven without doubt. Today the OAC asks you to immediately suspend your company's intention to revise the medical policy for bariatric surgery and invite a local panel of patient and scientific leaders to assist you and your clinical staff in determining the final policy for bariatric surgical services.

Preferred Procedure

As part of the new rules, laparoscopic adjustable gastric banding is named as the preferred procedure and additional barriers are placed on patients wishing to access Roux-En-Y gastric bypass. We strongly believe that although gastric banding is a proven, reliable and reproducible procedure, a patient with guidance from their health care team should be the ultimate decision-maker on surgery type and that such a choice improves outcomes. Patient behavior is one of the major factors in long-term success, and by limiting access to a specific procedure you may sabotage a patient's chance for success. The behaviors contributing to a patient's morbid obesity should be considered when a surgery type is determined. For example, patients who over consume sweetened carbonated beverages are still able to do so with an adjustable band. However, if they have gastric

bypass, they will most likely experience dumping syndrome; therefore, receiving reinforcement of the need for behavioral change.

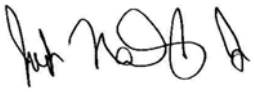
Interestingly, the Blue Cross Blue Shield 2006 TEC report may have said it best. It states (attached #4) “For patients considering bariatric surgery, there is sufficient evidence to allow an informed choice to be made between gastric bypass and LAGB. An informed patient may reasonably choose either GBY or LAGB as the preferred procedure. Preoperative counseling should include education on the comparative risks and benefits of the two procedures in order to allow the optimal choice to be made based on patient and surgeon preferences.” We immediately urge the revision of your policy to allow member/patient choice in selecting surgical modalities.

Weight Management

And finally, the new rules require member/patient participation in one year of a program titled “ICanChange” which is described, although not in detail, as a 12-month lifestyle modification program. To the best of my knowledge, there is no scientific clinical evidence of medical weight management contributing to the success of bariatric surgery or preventing the need of bariatric surgery. Actually, some evidence exists to the contrary (attached #5, #6). As detailed in the attached reports, mandatory weight management patients may have worse outcomes. Frankly, it is our opinion that such programs are just delay tactics utilized by insurers to limit access to care and it often troubles us that many insurers require participation in such programs when they have previously ruled them not to be covered benefits (too ineffective to be paid for by the insurer for those not seeking weight-loss surgery). We again urge the immediate removal of such requirements in your policy.

As you may have seen with our recent highly-public battle with BlueCross BlueShield of Tennessee over their requirement of IQ testing, the OAC believes strongly in improving access to care for those who are affected by obesity. The OAC is fully committed to provide reasonable solutions regarding medical coverage policy guidelines to assist Tufts Associated Health Plan develop clinically appropriate policies that ensure patients receive safe, reliable and effective obesity treatments. Please do not hesitate to contact me with any questions or requests for additional information.

Sincerely,



Joseph Nadglowski Jr.
President & CEO

About the OAC:
The OAC is a national non-profit patient organization dedicated to educating and advocating for those affected by obesity. It is our mission to elevate and empower those affected by obesity through education, advocacy and support. By strictly representing the interests and concerns of obese patients, the OAC is a unique organization. Through educational materials, advocacy efforts and media campaigns, the OAC seeks to raise awareness to those affected by obesity, the general public and policymakers of the treatments of obesity and targets those who engage in obesity discrimination and weight-bias.