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February 11, 2019

Senator Matt Lesser
Co-Chair, Insurance & Real Estate Committee
Legislative Office Building, Room 2800
Hartford, CT 06106-1591

Representative Sean Scanlon
Co-Chair, Insurance & Real Estate Committee
Legislative Office Building, Room 2802
Hartford, CT 06106-1591

Dear Co-Chairs Lesser and Scanlon

On behalf of the more than 61,000 national members, and 574 Connecticut-based members of the Obesity Action Coalition (OAC), a National non-profit organization dedicated to giving a voice to the individual affected by the disease of obesity, we urge you to support Senate Bill (SB) 317, which has been introduced by Senator Eric Berthel (R-32). This legislation would amend Connecticut's general statutes to require health insurance coverage for bariatric and metabolic surgery.

Though bariatric surgery is covered for state employees and Medicaid beneficiaries, many individuals in private health plans across Connecticut and those who are served by the state's healthcare exchange are denied access to this critical treatment avenue – despite its life-saving and cost-effective benefit. For example, a number of studies have found that those who undergo bariatric surgery have a longer life expectancy and lower risk of dying from obesity related illnesses -- including a 92 percent lower risk of death from diabetes. Bariatric surgery also helps resolve high cholesterol, high blood pressure and sleep apnea in a large majority of patients.

For these reasons, bariatric surgery is widely covered by Medicare, the Federal Employees Health Benefit Plan, Tricare, nearly 90 percent of state employee plans, virtually every state Medicaid plan and the vast majority of large private health plans. Despite this broad coverage, many private and public health plans continue to use outdated policies regarding obesity that discriminate against patients – practices that have been called out by federal and state policymakers.

For example, the Federal Employees Health Benefits (FEHB) Program issued formal guidance in 2014 which supported patient access to a full range of obesity treatment options, and warned FEHB plans that it's no longer permissible to exclude treatment services on the basis that obesity is a "lifestyle" condition and not a medical one, or that obesity treatment is purely "cosmetic."

On the state level, the National Council of Insurance Legislators adopted its first ever disease-specific policy statement in 2015 – urging Medicaid, state employee and state health exchange plans to update their benefit structures "to improve access to, and coverage of treatments for obesity such as pharmacotherapy and bariatric surgery." And last year, with the support of the Connecticut Lieutenant Governor, the National Lieutenant Governors Association adopted policy supporting efforts to reduce obesity stigma; establish statewide obesity councils and taskforces; support additional

training for current and future healthcare professionals; and support access to obesity treatment options for state employees and other publicly funded healthcare programs.

The citizens of Connecticut affected by obesity often find themselves targeted by weight bias and stigma in all areas of life, such as employment, education, healthcare and more. These individuals deserve access to these critical chronic disease treatment services. We urge you and your colleagues on the committee to support SB 317 and stand up for coverage of all medically necessary obesity treatment avenues and help these individuals improve their quality of life and health.

Thank you,

A handwritten signature in black ink, appearing to read "Joe Nadglowski, Jr.", written in a cursive style.

Joseph Nadglowski, Jr., OAC President and CEO