



Statement of the ASMBS WI State Chapter, WAND and OAC May 15, 2019

The Wisconsin State Chapter of the American Society for Metabolic and Bariatric Surgery, the Wisconsin Academy of Nutrition and Dietetics and the Obesity Action Coalition support the Employee Trust Funds (ETF) Group Insurance Board (GIB) staff recommendation to add coverage of bariatric surgery and required precursor weight management and nutrition services for members with a body mass index (BMI) of 35 or greater as a participation requirement for health plans for the upcoming benefit year (2020).

In 2006, bariatric surgery became a Medicare covered benefit. In the 13 years following that national coverage decision, bariatric surgery has now become a covered benefit under the Federal Employees Health Benefits Program, TRICARE, the overwhelming majority of state employee health plans, almost every state Medicaid plan, 23 state essential health benefit benchmark plans and majority of large employer health plans. Despite the broad coverage of bariatric surgery and the significant scientific evidence surrounding its profound impact on type 2 diabetes and numerous other serious chronic conditions, Wisconsin remains one of just six states that does not include bariatric surgery as a covered benefit for state employees – despite severe obesity affecting 15-20 percent of Wisconsin state employees.

We also applaud the GIB staff recommendation to provide coverage for precursor weight management and nutrition services for eligible state employees choosing to undergo bariatric surgery. Data suggest that weight loss immediately prior to bariatric surgery may be beneficial by decreasing the size of the liver, making the laparoscopic approach technically less difficult which could be associated with a

decreased postoperative morbidity. Immediate preoperative weight loss may also be associated with a better long-term weight loss outcome.

At this time, we also feel it's appropriate to highlight concerns we have with some of the language included in the *Clinical Criteria for Coverage* section of the April 19th staff memorandum regarding 2020 benefit changes:

“Wisconsin’s Medicaid criteria requires that members meet a minimum BMI with comorbid conditions, be 18 years of age or older, have had a BMI of 30 or greater for at least five years, have failed other weight loss attempts, have abstained for six months from any drug or alcohol use, and undergone a 12-month, multi-disciplinary team evaluation.⁴ The Centers for Medicare and Medicaid Services (CMS) have issued a national coverage determination that specifies protocols for patients with specific clinical needs, and are similar to the Wisconsin Medicaid criteria.⁵”

While we do support physician-, program-, or patient-initiated weight loss to improve surgical risk or assess patient adherence to programmatic requirements, we question a number of the prior authorization requirements specified by Wisconsin Medicaid such as: the mandatory preoperative weight loss requirement; five-year documented medical history of obesity; and comorbidity criteria. In addition, we take issue with the statement that Medicare coverage guidelines for bariatric surgery are similar to Wisconsin Medicaid criteria.

Again, please know that we strongly support the staff recommendation to include bariatric surgery coverage for benefit year 2020. We simply caution GIB members to implement this benefit in an evidence-based fashion – free of patient hurdles that have been shown to limit access to care for this critical intervention for those affected by severe obesity.