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Sent: 2/9/2015 3:04:44 PM
To: Haley, Nikki
Cc:
Subject: Support EHB Coverage of Obesity Treatment Services

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February 9, 2015

The Honorable Nikki R. Haley
Governor of South Carolina
1205 Pendleton Street
Columbia, SC 29201

Dear Governor Haley:

As someone who is affected by obesity, either as an individual or healthcare professional who provides treatment for this chronic disease, I urge you to support fair and equal coverage of evidence-based and medically necessary obesity treatment services, such as bariatric surgery, within the state health exchange essential health benefit package.

Just as those affected by heart disease receive their care through a coordinated multidisciplinary treatment team, those affected by obesity should also follow a similar continuum of coordinated care. Because of the complex nature of obesity and its variety of impacts on both physical and mental health, effective treatment requires the coordinated services of providers from several disciplines and professions (both physician and non-physician) within both of these treatment areas.

It was for these reasons in 2013 that the American Medical Association (AMA) adopted formal policy designating obesity as a disease and why the AMA supports patient access to the full continuum of care of evidence-based obesity treatment modalities such as behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions.

Given that bariatric surgery is currently covered by the four major private insurers, Medicare, Medicaid, Federal Employees Health Plan, Tricare and the overwhelmingly majority of state employee health plans, the exclusion of bariatric surgery by the state health exchange plan is inconsistent with the reality of current standard benefit plans. State essential health benefit plans should reflect that standard and not perpetuate outdated coverage policies that are in direct contrast to the current standard of care for those affected by severe obesity. Bariatric surgery should be clearly recognized as a medically necessary service under the hospitalization category of the state EHB package and all current exclusions for this treatment avenue should be eliminated.

We all know the staggering financial, physical and psychosocial costs of obesity, both to the affected individual and our society as a whole. Bariatric surgery can be a powerful treatment tool in addressing all of these areas. In addition, we know from a cost-perspective that adding coverage for bariatric surgery is very small. A 2012 Study by the Maryland Healthcare Commission on state mandated benefits found that adding a benefit for bariatric surgery only increased the average health insurance premium by 0.4 percent. Other studies show that the cost of providing bariatric surgery can be recouped in less than 2-3 years through reduced costs for treating obesity-related conditions such as diabetes and heart disease.

In short, we need to start treating obesity seriously, at both the healthcare and policy level. We are hopeful that you will utilize your position as the chief executive of our state to ensure that patients have access to, and coverage of, these critical treatment services under the state health exchange EHB package for 2016. I look forward to your reply.

Sincerely,

Sincerely,

Eric S. Bour, MD, MBA