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August 17, 2012

To: Danielle Holahan at exchange@health.state.ny.us

Re: Public Comment on the Essential Benefit
Benchmark Plan Selection

Dear Ms Holahan,

In the coming weeks, the State of New York will move forward in selecting a benchmark health plan to define the scope of its essential health benefits package for its health exchange plan. At this critical juncture, the New York State Chapter of the American Society for Metabolic and Bariatric Surgery (ASMBS), and its many members providing obesity treatment services across the state, implore you to recognize our country's rising obesity epidemic and the importance of ensuring patient access to medically necessary treatment services for the medical and surgical management of obesity.

Specifically, we are recommending that the State adopt either the New York State Employee plan (Empire Plan) or any of the small group plans (Oxford) as the model for the essential benefit package as these plans cover at least one obesity treatment service (bariatric surgery). Unfortunately, given the very general nature of the benefit information on the State's Health Exchange website, we are unable to really make a strong recommendation regarding which plans address other critical obesity treatment services.

In addition, we are recommending that the State carefully review services required by the Affordable Care Act (such as intensive obesity counseling as it has a B rating from the USPTF) to make sure they have been added, as required. Finally, we recommend that a process for adding "new" essential benefits be developed quickly as new, safe and effective obesity treatments, such as obesity drugs, either have been or will be approved and will soon be available to citizens of New York.

Obesity's impact on both individual health as well as healthcare costs is well documented. For these reasons, Medicare, Tricare, 47 State Medicaid plans and 44 State employee plans cover bariatric and metabolic surgery. In addition, Mercer's 2010 National Survey of Employer-Sponsored Health Plans show that bariatric surgery is covered by 40% of plans with <500 employees AND also that the fastest growth in coverage is in small employers (<500) which is growing at 8% annually.

In evaluating coverage of bariatric surgery in the benchmark plans under consideration, it appears that all of the plans provide some coverage for bariatric surgery. This is very promising

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as too often, for too long, private health plans have excluded coverage for obesity treatment services -- partly due to shortsighted cost savings efforts and partly due to the false assumption that these services are either not medically necessary, or not in line with generally accepted standards of medical care despite scientific evidence to the contrary.

Obesity treatments, like metabolic and bariatric surgery and behavior modification programs, help resolve comorbidities, reduce costs, and transform the lives of patients. In fact, bariatric and metabolic surgery can resolve or improve diabetes (78.1% resolved, 86.6% improved or resolved) and other obesity – related comorbidities after metabolic and bariatric surgery. In addition, bariatric and metabolic surgery is highly cost effective producing longitudinal cost savings and overall health improvement. The downstream savings associated with metabolic surgery procedures is approximately 2 years, with a range of 16 to 34 months.

Just like many other serious medical conditions, obesity is a complex, multifactorial chronic disease, which requires a multidisciplinary treatment approach. This approach must encompass the best standards of care, both in terms of the treatments chosen and the clinical environment in which they are delivered. Such treatments should be reimbursed as any other disease therapy would be.

As the state moves forward in choosing an appropriate benchmark plan, the New York State Chapter of the ASMBS urges state policymakers to recognize that obesity is a serious chronic disease and deserves to be treated with respect in the same fashion as diabetes, heart disease or cancer. Therefore, when crafting the benefit plan, please afford those affected by obesity with the same medically necessary treatment avenues afforded to all others who suffer from chronic disease.

Sincerely,

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