



FAST FACTS

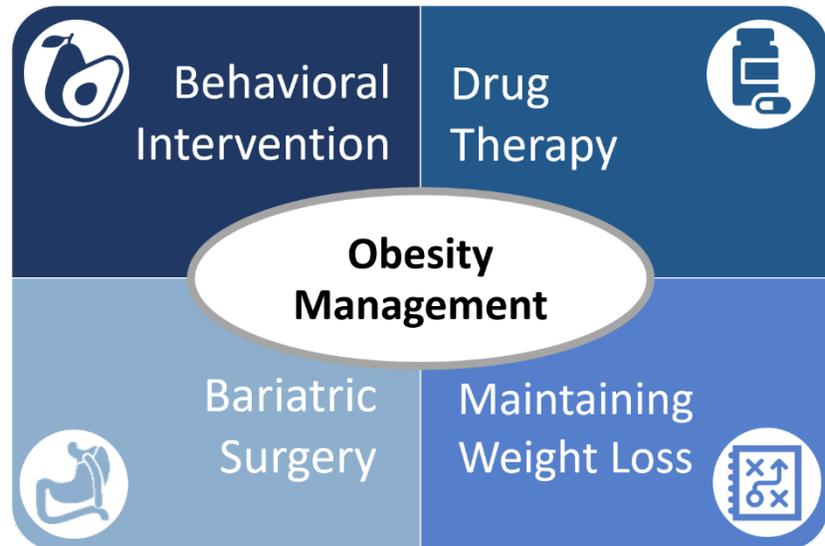


Obesity Care Coverage

OBESITY is a complex chronic disease in which abnormal or excessive accumulation of body fat impairs health. Adult obesity rates have more than doubled since the 1980s — in the U.S. today, obesity affects over 42% of adults and 18% of youth.^{1,2} Obesity and its related complications are major drivers of rising healthcare costs, diminished health-related quality of life, and the recent decline in U.S. life expectancy. This fact sheet is part of a series designed to provide basic information about the science of obesity and current strategies to address it.

What Obesity Care is Available?

There are evidence-based treatments for obesity but there is no one-size-fits-all approach. Effective treatment may require a combination of modalities, making comprehensive coverage essential.



Utilization of evidence-based obesity care is low. Health professionals frequently cite limited reimbursement for obesity-related services as a barrier to delivering appropriate care for persons with obesity.³ Inadequate provider training, restrictive benefit designs, and weight bias and stigma all drive low usage of available treatments.

- Estimates suggest that only 5% of persons with obesity utilize outpatient services,⁴ 3% utilize drug therapy,^{5,6} and 1% utilize surgical treatments.⁷
- One study found that 25% of patients seeking bariatric surgery were denied 3+ times before obtaining approval – by then 60% had worsening health problems.⁸

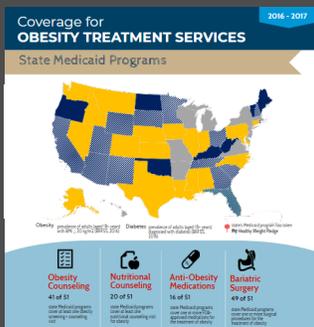
The fragmented U.S. healthcare system makes it difficult to know what care is available and how much it costs. Information about what obesity treatment services are covered for whom, where care should be delivered, which providers are eligible to deliver care, and how obesity care should be delivered (e.g. amount, scope, duration) is spread across various administrative documents and sources, including:

- summary plan descriptions
- drug formularies
- fee schedules
- medical policies
- provider manuals
- legal codes
- subscriber handbooks
- health plan websites

KEY TAKEAWAYS

- Coverage for obesity-related services is inconsistent across states and health insurance plans.
- Few states provide coverage for comprehensive obesity care through Medicaid or state employee health plans, including behavioral intervention, nutritional therapy, drug therapy, and bariatric surgery.
- Employers can significantly improve the health and quality of life of employees with obesity by ensuring comprehensive coverage for obesity care.

LEARN MORE



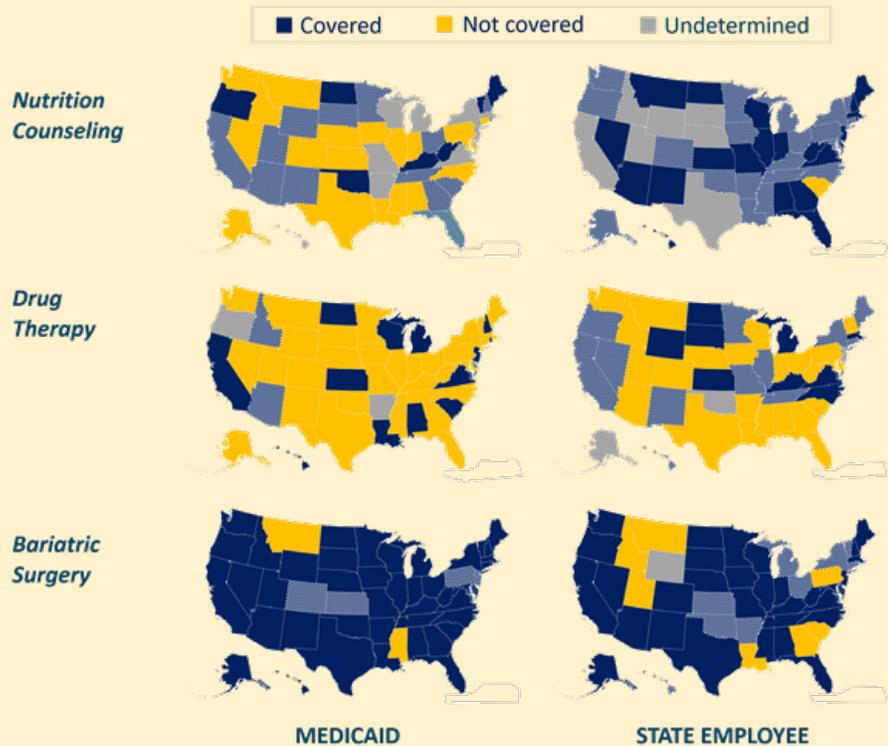
Interactive Coverage Maps
(go.gwu.edu/obesitycoverage)

Trends in Obesity Care Coverage ⁹

- ✓ Medicaid and state employee health insurance programs are most likely to cover bariatric surgery and least likely to cover drug therapy.
- ✓ The number of states that appeared to provide comprehensive coverage for obesity treatment modalities for adults, including coverage for nutritional/behavioral counseling, drug therapy, and bariatric surgery, increased from 4 to 6 states for Medicaid programs and from 7 to 19 states for state employee programs between 2009 and 2017.

“Covered” indicates strong evidence of possible reimbursement for service when furnished to nonpregnant adults (21+ years).

Evidence of Coverage for Adult Obesity Treatment Services (2016-2017)



Improving Obesity Care Coverage

Americans obtain health insurance through a variety of public and private sources that operate under different financial constraints, priorities, rules and regulations. As a result, improving insurance coverage for obesity care is a challenging task that will require action from payers, providers, policymakers, and advocates.

These key stakeholders can improve obesity care coverage by:

- **Investing** in plans that cover the full spectrum of obesity care services according to evidence-based guidelines with flexible treatment options, including allowing patients multiple attempts to seek treatment.
- **Clarifying** what constitutes appropriate and reimbursable care in plan descriptions and provider manuals.
- **Facilitating** coordinated, interprofessional care for adults with obesity who seek treatment. Coordinated care will require developing and maintaining referral networks of obesity care providers and collaborating with community providers to improve reach.

REFERENCES

- [1] Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity and severe obesity among adults: United States, 2017–2018. NCHS Data Brief, no 360. Hyattsville, MD: National Center for Health Statistics. 2020
- [2] Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity among adults and youth: United States, 2015–2016. 2017.
- [3] Petrin C et al. Current practices of obesity pharmacotherapy, bariatric surgery referral and coding for counselling by healthcare professionals. *Obes Sci Pract.* 2016;2:266-271.
- [4] Batsis JA, Bynum JP. Uptake of the Centers for Medicare and Medicaid obesity benefit: 2012-2013. *Obesity.* 2016;24(9):1983-8.
- [5] Hamp C et al. Use of prescription antiobesity drugs in the United States. *Pharmacotherapy.* 2013;33(12):1299-307.
- [6] Government Accountability Office. Obesity Drugs [GAO-19-577]. Aug 2019. <https://www.gao.gov/products/GAO-19-577>
- [7] Martin M et al. Socioeconomic disparities in eligibility and access to bariatric surgery: a national population-based analysis. *Surg Obes Rel Dis.* 2010;6(1):8-15.
- [8] ASMBS. Access to Care Fact Sheet. <https://asmbs.org/resources/access-to-care-fact-sheet>. Published September 3, 2015. Accessed January 14, 2020.
- [9] Jannah NH et al. Coverage for Obesity Prevention and Treatment Services: Analysis of Medicaid and State Employee Health Insurance Programs. *Obesity.* 2018;26(12):1834-40.



A product of the Strategies to Overcome & Prevent (STOP) Obesity Alliance at the Sumner M. Redstone Global Center for Prevention & Wellness

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