



State Obesity Research Summary

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I. Objectives

This research surveys the landscape of coverage for the prevention and treatment of obesity and related conditions across the fifty states and the District of Columbia and is current as of August 13, 2010. The GW research team conducted a state-by-state survey of obesity coverage in three major domains: 1) state Medicaid programs, 2) state employee health benefit plans, and 3) state insurance mandates. The research sought positive indications that services were covered from available authoritative materials, albeit with restrictions, or specifically excluded. If materials were inconclusive or unavailable, research staff included an explanatory note.

II. Areas of Focus

Medicaid & Employee Benefits Charts:

The research into Medicaid coverage focused entirely on the Fee-For-Service population. A state with mandatory managed care enrollment for Medicaid beneficiaries is so noted and the state profile reflects available services. In regard to the state employee benefit research, each state profile provides an explanatory footnote detailing the number of plans and the plan administrators. Unavailability of summary plan documents for certain plans is reflected in the state profile.

Particular areas of focus:

- **Lifestyle Programs (Generally):** Includes topics such as discounts for gym memberships and commercial weight loss programs, and online risk assessment and behavioral modification tools. Nutritional counseling falls under this category if the service is unrelated to diabetic self-management training.
- **Lifestyle Programs (Pregnant Women):** Includes services such as risk assessments, nutritional counseling, and education on breast feeding for pregnant women; the state profile notes if available materials referenced standard maternity and delivery services rather than interventions resulting from a risk assessment.
- **Early Periodic Screening, Diagnosis, and Treatment (EPSDT) (Medicaid chart only):** Includes interventions targeted for weight management and childhood obesity initiatives. EPSDT services are specific to the Medicaid program and require nutritional counseling or environmental assessments for children under the age of twenty-one (21).

Children eligible for EPSDT coverage receive a wide range of prevention and treatment services.

- **Coverage for Co-Morbidities:** Includes disease management programs for conditions associated with obesity, such as diabetes, hypertension, chronic obstructive pulmonary disease (COPD), coronary artery disease, asthma, and sleep apnea.
- **Pharmaceutical Coverage:** Includes drugs for obesity, specifically with a focus on orlistat, sibutramine, and phentermine as these are the most common weight loss medications. Key search terms included “anti-obesity,” “anorexiant,” “anorectics,” and “appetite suppressant.” Note that for Medicaid coverage, 42 U.S.C. 1927(d)(2)(A) permits state Medicaid programs to exclude weight loss medications but a number of states have chosen to provide coverage.
- **Coverage of Bariatric Surgery:** Includes covered procedures and eligibility requirements, if applicable (e.g. BMI, presence of a co-morbidity, failed attempts at weight management through diet and exercise). Key search terms included “bariatric,” “gastric bypass,” and “morbid obesity.” The research also noted coverage of panniculectomy or abdominoplasty procedures.
- **Incentive Programs:** Includes programs that reward members with a reduction in cost-sharing for maintaining a specified health status factor such as BMI and/or participation in behavior modification programs. Note that premium incentives for non-smokers were not a focus of this research.

Insurance Mandates Charts:

The research of state employee mandates focused on state insurance mandates for private insurance for both group and individual plans.

Particular areas of focus:

- Eligibility and Rate Adjustments Involving Obesity or Health Status
- Coverage of Obesity Related Treatments

III. Methodology

The first domain surveyed coverage of obesity prevention and treatment within state Medicaid programs. Sources used in this search included:

- Title XIX State Plans;
- State statutory and regulatory provisions related to coverage under the Medicaid program;
- State Medicaid agency prior authorization forms;
- State Medicaid agency prescription drug formularies; and
- State Medicaid agency provider and member handbooks.

The second domain surveyed coverage of obesity prevention and treatment within state employee health benefit plans. Sources used in this search included:

- The state employee health benefit program summary plan description/ evidence of coverage documents;
- Member handbooks (if necessary);
- Plan-specific prior authorization requirements for bariatric surgery; and
- Pharmacy Benefit Manager (PBM) formularies and prior authorization requirements.

The third domain surveyed coverage of obesity prevention and treatment mandated by state insurance legislation and regulations. Sources used in this search included:

- State insurance codes related to small group and individual health plans;
- Eligibility and rate adjustments that involved obesity or health status factors; and
- Obesity-related treatment.

IV. Conclusion

The majority of states do not provide robust coverage across the service continuum from prevention to treatment for Medicaid and state employee populations. States are experimenting with incentive programs geared toward behavior modification, while state budgetary concerns are changing the landscape of coverage for weight loss treatments. This initial release of the research is intended to serve as a baseline for tracking the evolution of coverage as resources and attitudes toward obesity shift.

The GW Research Team is dedicated to maintaining a current and accurate resource for coverage of obesity-related medical interventions. Please submit any comments as to the content of the research to stateobesityresearch@gwumc.edu.

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