Clinical Morbid Obesity

Facts and Figures:

- Over 300,000 deaths are annually attributed to obesity and its co-morbidities (JAMA 1999)
- Over **9.4% of national healthcare expenses** are directly related to obesity and physical inactivity
- Clinically severe obesity and its co-morbidities boost the annual mortality rate tenfold or more
- **$117 billion are spent in the US on obesity** related medical costs (Time Mag, June 2004)
- A sharp rise in disability rates has been linked to obesity (WSJ, Dec, 2004)
- Obesity **costs US companies >$12 billion/year** in medical costs and lost productivity (WSJ, Dec-04)
- Obese middle aged people will be **twice as expensive to Medicare after turning 64** (accumulating $170,000 in Medicare charges on average, per person) (Reuters, 12/7/04)
- Obese men **spend 3.5x more on drugs** than average weight men (Mayo Clinic study)
- In 2004, the US Gov. ruled that bariatric surgery qualifies as a **tax deductible expense**
- Excess weight before pregnancy contributes to **>450,00 premature births** (March of Dimes)
- Average annual medical costs 84% higher for severely obese men, 88% higher for women

Risk of Mortality for people who are obese

- 50% above average weight (2x)
- Obese man with diabetes (5x)
- Obese man with GI tract disease (4x)
- Obese woman with diabetes (8x)

Treatment Options for the Clinically Obese

Diet	**Exercise**
Behavior Therapy	**Pharmacotherapy (drugs)**
Surgery	**Combination Therapy**

Facts:

- > 90% of all patients in non-surgical weight loss programs regain their weight within one year
- Behavioral Modification: weight loss is not substantial for 95-97% of patients. Weight is usually re-gained within five years
- Pharmacotherapy: 2-year study showed that among 892 adults in study, weight loss was only 10% at one year and 8% at two years (study on Orlistat reported in JAMA 1999)
- **Surgical Results**:
  95% of patients lose at least 50% excess body weight
  85% of patients lose at least 75% excess body weight
  Surgical patients maintain 50-60% of weight loss 10-14 years post surgery (NIH study, 1991)
  Long term improvement in health and physical functioning
  Most patients report a markedly improved quality of life
  Improvement or resolution of comorbidities
  - Diabetes (up to 90%) resolved
  - Hyperlipidemia (up to 95%) resolved
  - Hypertension (up to 75% resolved) (up to 95% improved)
  - Respiratory Dysfunction (up to 99%) resolved
  - Cardiac Dysfunction (up to 95%) improved
  - Gastroesophageal Reflux (up to 99%) resolved
  - Urinary Stress Incontinence (up to 95%) resolved

Morbid Obesity Surgery is not cosmetic surgery.
It is designed to avert the pathologic consequences of morbid obesity.

Insurance Facts

- Most insurance companies pay for treating conditions caused by obesity (diabetes, high blood pressure, sleep apnea, asthma, etc.)
- Most insurance companies cover numerous conditions which have neither the mortality nor the morbidity of obesity.
- Obesity is recognized as a serious health condition and the cause of many co-morbid conditions by the IRS, Medicare, the Surgeon General, World Health Organization, Centers of Disease Control and Prevention.
- Five states have seen fit to mandate insurance coverage for bariatric surgery (Georgia, Indiana, Maryland, and Virginia)
    - GA & MD can provide no data regarding the effects of this state law.
    - Indiana had not experienced any significant change in insurance premiums since passage of the law
    - Virginia experienced .01%-.08% increase in total insurance claims and .18%-.1.53% increase in premiums in the year after passage of the law.
- Other states have proposed state mandated bariatric surgery (Connecticut, Ohio and South Carolina)
- Michigan has a law that requires all HMOs to pay for medically necessary treatments or procedures, in general, such that if bariatric surgery can be shown to be a medical necessity, then it should be covered.
- 44 States cover the cost of Gastric Bypass Surgery through Medicaid
- Canadian studies have shown that the **costs of surgery were amortized at 3.5 years** (American Society of Bariatric Surgery)
- **Connecticut**: Bariatric Surgery is covered by Oxford and Blue Cross/Blue Shield. Cigna and Aetna cover by-pass after a documented period of 6 months of diet and exercise. Lawmakers are currently considering mandated coverage.
- **Massachusetts**: All major insurance are still covering bariatric surgery
- **Vermont**: BC/BS covers bariatric. MVP & Cigna cover bariatric if the employer purchases a special rider to do so (the State of VT has purchased the rider to cover state employees). CBA (in Burlington) also works on a rider basis, but covers mostly small companies who do not purchase the rider.
- **Rhode Island**: All major insurances are still covering bariatric surgery
- **Maine**: The Insurance Bureau of Maine states that Maine has a "Guaranteed Renewal" policy, so coverage not specifically excluded in policies cannot be excluded on future renewals of policies.
- **NEW HAMPSHIRE**: Cigna no longer covers bariatric surgery. BC/BS is stopping coverage as policies expire and need to be renewed.
- In **Louisiana**, 40 state employees received gastric bypass surgery in 2004. The State chose the 40 best candidates out of 1,2000 employees who applied for the surgery. The State estimates that a morbidly obese person costs the state $12,000 per year.

Quotes of Significance:

"*Only surgery has proven effective over the long term for most patients with clinically severe obesity*." (NIH Consensus Panel, 1991)

"We consider this study (Swedish Obese Subjects study) as providing conclusive evidence of the superiority of surgical treatment……. **The strength of this study is the extended duration of follow-up, documenting sustained weight loss and improved health up to 10 years following treatment**. As series of reports from the SOS study support the superiority of obesity surgery compared to medical therapy in ameliorating or preventing the morbidities due to obesity." (Agency for Healthcare Research & Quality — 7/2004)

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