

# The Disappearance of Insurance Coverage for Weight Reduction Surgery

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**W**hile Americans grow fatter, insurers' coverage of weight loss surgery is shrinking. The Centers for Disease Control and Prevention warns that obesity is poised to become the leading cause of mortality in the United States by 2005.<sup>1</sup> Yet, this surgical treatment option for the one in fifty Americans who have a BMI of 40 kg/m<sup>2</sup> or more—or are more than 100 lb overweight—is being trimmed.

Insurers claim they cannot afford to

pay for surgery that they believe to be risky. Bariatric procedures have a mortality rate of 0.3%, which may be on the rise because less-qualified doctors are performing the operations. Nationwide, the estimated number of gastric bypass surgeries rose more than 500%—from 16,800 to 103,000 procedures—from 1993 to 2003.<sup>2</sup>

But being obese is itself associated with increased mortality. In a 12-year follow-up of 336,442 men and 419,060

women, it was found that the mortality rates for individuals who were 50% above average weight were increased twofold. For those men and women with diabetes, the increase was fivefold and eightfold, respectively.<sup>3</sup> Are we between that proverbial rock and the hard place?

From data collected by the International Bariatric Surgery Registry on 14,641 people who have had obesity surgery,<sup>4</sup> the characteristics typical of this population include an average weight of

279.4 lb and an average BMI of 46 kg/m<sup>2</sup>. Seventy-six percent of those having obesity surgery have a BMI  $\geq$  40 kg/m<sup>2</sup>. These are the very individuals who do not succeed in losing sufficient weight to improve their health.<sup>5,6</sup>

Surgical treatment is the only proven method of achieving long-term weight control for morbidly obese people,<sup>7</sup> and it is supported by National Institutes of Health consensus.<sup>8</sup> Weight reduction surgery has been demonstrated to improve several comorbid conditions of obesity, including glucose intolerance and diabetes.<sup>9</sup>

Unfortunately, the higher morbidity, mortality, and health care costs associated with severe obesity are not enough to influence insurers to exchange short-term financial gain for possible long-term benefits, especially given the likelihood that a patient will change health insurance plans before improved health and lower health-related costs are realized. A 2003 survey by Mercer Human

Resources found that among all employers and employer-sponsored health plans, 77% do not cover bariatric surgery. Of companies with more than 500 workers and employer-sponsored health plans, 52% do not cover it.<sup>10</sup>

Insurers' concerns about the influx of unqualified surgeons into the field of bariatric surgery are not unfounded. The American Society of Bariatric Surgery is working to establish guidelines to be used to promote and maintain high standards in the field. This is certainly to be encouraged. When such standards are in place, health care insurers should be encouraged to rethink their position and provide coverage for bariatric weight reduction surgery for obese patients for whom it is medically indicated.

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