
OLR Bill Analysis

SB 1007

AN ACT REQUIRING HEALTH INSURANCE AND MEDICAID COVERAGE FOR THE TREATMENT OF SEVERE OBESITY.

SUMMARY

This bill requires certain commercial health insurance policies to cover surgical procedures performed to treat severe obesity, including gastric bypass, sleeve gastrectomy, and duodenal switch. The procedures must be (1) recognized by the National Institutes of Health (NIH), American Society for Metabolic and Bariatric Surgery, and American College of Surgeons as providing long-term weight loss and (2) consistent with NIH treatment guidelines.

The bill requires that if the policies cover outpatient prescription drugs, they must also cover outpatient prescription drugs approved by the federal Food and Drug Administration to treat severe obesity.

Under the bill, coverage is subject to the same terms and conditions that apply to all other benefits covered under the policy.

The bill also requires the Department of Social Services (DSS) commissioner to provide Medicaid coverage reimbursement for the surgical procedures and outpatient prescription drugs described above to treat severe obesity.

The bill requires the DSS commissioner to (1) seek federal approval of a Medicaid state plan amendment or waiver for this, if necessary, in accordance with state law and (2) adopt implementing regulations. It authorizes her to adopt policies and procedures to implement these provisions while in the process of adopting regulations, as long as the policies and procedures are posted on the DSS website and the state eRegulations system.

EFFECTIVE DATE: January 1, 2022, except the Medicaid provisions

are effective July 1, 2021.

SEVERE OBESITY DEFINED

Under the bill, a person with severe obesity has a body mass index (BMI) that is (1) over 40 or (2) at least 35 if he or she is also diagnosed with a comorbidity such as a cardiopulmonary condition, diabetes, hypertension, or sleep apnea. BMI is calculated by dividing a person's weight in kilograms by the square of their height in meters.

COMMERCIAL INSURANCE POLICY APPLICABILITY

For commercial insurance purposes, the bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut on or after January 1, 2022, that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 18 Nay 0 (03/22/2021)