



General Assembly

February Session, 2006

Raised Bill No. 552

LCO No. 2518



Referred to Committee on

INSURANCE & REAL ESTATE

Introduced by:

(INS)

**AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR
MEDICAL SERVICES AND TREATMENT FOR MORBID OBESITY.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (Effective October 1, 2006) (a) Subject to the
2 limitations set forth in subsection (b) of this section, each individual
3 health insurance policy providing coverage of the type specified in
4 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
5 statutes delivered, issued for delivery, amended, renewed or
6 continued in this state on or after October 1, 2006, shall provide
7 coverage for the medically necessary expenses of the diagnosis and
8 treatment of morbid obesity, including, but not limited to, bariatric
9 surgery, physician office visits, health and behavior assessments,
10 nutrition education, patient self-management education and training
11 and therapeutic exercises. Such coverage shall have durational limits,
12 dollar limits, deductibles, copayments and coinsurance factors that are
13 no less favorable than for physical illness generally. Access to surgery
14 for morbid obesity shall not be restricted based upon dietary or any
15 other criteria not recommended by the National Institutes of Health.
16 For the purposes of this section, (1) "morbid obesity" means (A) a

17 weight that is at least one hundred pounds over or twice the ideal
18 weight for frame, age, height and gender as specified in the 1983
19 Metropolitan Life Insurance tables, (B) a BMI equal to or greater than
20 thirty-five kilograms per meter squared with comorbidity or coexisting
21 medical conditions related to morbid obesity such as hypertension,
22 cardiopulmonary conditions, sleep apnea or diabetes, or (C) a BMI of
23 forty kilograms per meter squared without such comorbidity, and (2)
24 "BMI" means body mass index that equals weight in kilograms divided
25 by height in meters squared.

26 (b) Such policy may:

27 (1) Limit such coverage to an individual until the date of such
28 individual's eighteenth birthday;

29 (2) Limit such coverage to include up to four physician-office visits
30 per year and related testing for the evaluation and treatment of morbid
31 obesity;

32 (3) Limit such coverage to include up to four visits per year,
33 prescribed by a physician and performed by a physician or qualified
34 nonphysician including, but not limited to, a dietician, nutritionist or
35 exercise physiologist supplying, but not limited to, health and
36 behavior assessment, nutrition education, education and training for
37 patient self-management;

38 (4) Limit coverage for bariatric surgery to those individuals who
39 have a documented history of an inadequate nonsurgical weight loss
40 attempt under the direction of a physician and who demonstrate a
41 willingness to overcome morbid obesity or seek an improvement in
42 health status;

43 (5) Limit coverage for bariatric surgery to those individuals who
44 have received pre-operative and postoperative medical and nutritional
45 education, as well as psychological assessment and clearance prior to
46 surgery;

47 (6) Require that providers of surgical services be: (A) Certified by
48 the American College of Surgeons as a level 1a Bariatric Surgery
49 Center; or (B) certified by the American Society for Bariatric Surgery as
50 a Bariatric Surgery Center of Excellence;

51 (7) Require that the following minimum standards be maintained by
52 parties providing bariatric surgery services if they do not meet the
53 requirements specified in subdivision (6) of this subsection:

54 (A) An institutional commitment of the medical staff and the
55 institution's administration to excellence in bariatric surgical care that
56 is demonstrated by ongoing, regularly scheduled, in-service education
57 programs in bariatric surgery and the adoption of credentialing
58 guidelines for bariatric surgery;

59 (B) An institution shall be expected to perform at least one hundred
60 twenty-five bariatric surgical cases each year, and surgeon providers
61 shall be expected to perform at least fifty cases each year, for a period
62 of at least two years;

63 (C) A designated physician medical director for bariatric surgery
64 shall be identified and participate in relevant decision-making medical
65 and administrative meetings of the institution;

66 (D) A full staff of the various consultative services required for the
67 care of bariatric surgical patients shall be available upon thirty minutes
68 notice, including the immediate availability of an ACLS-qualified
69 physician on-site for patient resuscitation;

70 (E) An institution shall maintain a full-line of equipment and
71 instruments for the care of bariatric surgical patients, including
72 furniture, wheelchairs, operating room tables, beds, radiologic
73 capabilities, surgical instruments and other facilities suitable for
74 morbidly obese patients;

75 (F) An institution shall have a bariatric surgeon certified by the
76 American Board of Surgery, the American Osteopathic Board of

77 Surgery, or the Royal College of Surgeons of Australia, United
78 Kingdom or Canada who spends a significant portion of his or her
79 efforts in the field of bariatric surgery and who has qualified coverage
80 entailing full care of a bariatric patient in the absence of the primary
81 surgeon and support for patient care;

82 (G) A provider shall utilize clinical pathways and orders that
83 facilitate the standardization of perioperative care for the relevant
84 procedure chosen by the provider;

85 (H) An institution shall utilize designated licensed nurses or
86 nonphysician extenders who are dedicated to serving bariatric surgical
87 patients and who are involved in continuing education in the care of
88 bariatric patients;

89 (I) Providers shall make available organized, supervised and
90 documented support groups for patients who have undergone
91 bariatric surgery at the institution;

92 (J) Providers shall furnish documentation of a program dedicated to
93 a goal of long-term patient follow-up of at least seventy-five per cent
94 for bariatric procedures at five years with a monitoring and tracking
95 system for outcomes, and an agreement to make available annual
96 outcome summaries to the reviewing professionally directed
97 accrediting organization in a manner consistent with Health Insurance
98 Portability and Accountability Act regulations;

99 (8) Require coverage of the long-term postoperative follow-up care
100 following bariatric surgery. Long-term postoperative follow-up care
101 shall be prescribed by a physician and performed by a physician or
102 qualified nonphysician, including, but not limited to, a dietician,
103 nutritionist or exercise physiologist supplying services beyond the
104 normal surgical postoperative care period; and

105 (9) Limit coverage to individuals who have maintained coverage
106 under such policy for at least twelve months, provided such policy

(106)

107 shall provide written notice to each insured or prospective insured that
108 benefits exclude coverage pursuant to this subdivision. Such notice
109 shall appear in the policy, application and sales brochure for such
110 policy in not less than ten-point type.

111 Sec. 2. (NEW) (*Effective October 1, 2006*) (a) Any insurance company,
112 hospital service corporation or medical service corporation authorized
113 to do the business of health insurance in this state shall offer to any
114 individual, partnership, corporation or unincorporated association
115 providing group hospital or medical insurance coverage for its
116 employees a group hospital or medical service plan or contract
117 providing coverage for the medically necessary expenses of the
118 diagnosis and treatment of morbid obesity.

119 (b) Subject to the limitations set forth in subsection (c) of this
120 section, each group health insurance policy providing coverage of the
121 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
122 469 of the general statutes delivered, issued for delivery, amended,
123 renewed or continued in this state on or after October 1, 2006, shall
124 provide coverage for medically necessary expenses of the diagnosis
125 and treatment of morbid obesity, including, but not limited to, bariatric
126 surgery, physician office visits, health and behavior assessments,
127 nutrition education, patient self-management education and training
128 and therapeutic exercises. Such coverage shall have durational limits,
129 dollar limits, deductibles, copayments and coinsurance factors that are
130 no less favorable than for physical illness generally. Access to surgery
131 for morbid obesity shall not be restricted based upon dietary or any
132 other criteria not recommended by the National Institutes of Health.
133 For the purposes of this section, (1) "morbid obesity" means (A) a
134 weight that is at least one hundred pounds over or twice the ideal
135 weight for frame, age, height and gender as specified in the 1983
136 Metropolitan Life Insurance tables, (B) a BMI equal to or greater than
137 thirty-five kilograms per meter squared with comorbidity or coexisting
138 medical conditions related to morbid obesity such as hypertension,
139 cardiopulmonary conditions, sleep apnea or diabetes, or (C) a BMI of

CONNECTICUT
STATE LIBRARY
LEGISLATIVE REFERENCE
SECTION

140 forty kilograms per meter squared without such comorbidity, and (2)
141 "BMI" means body mass index that equals weight in kilograms divided
142 by height in meters squared.

143 (b) Such policy may:

144 (1) Limit such coverage to an individual until the date of such
145 individual's eighteenth birthday;

146 (2) Limit such coverage to include up to four physician-office visits
147 per year and related testing for the evaluation and treatment of morbid
148 obesity;

149 (3) Limit such coverage to include up to four visits per year,
150 prescribed by a physician and performed by a physician or qualified
151 nonphysician including, but not limited to, a dietician, nutritionist or
152 exercise physiologist supplying, but not limited to, health and
153 behavior assessment, nutrition education, education and training for
154 patient self-management;

155 (4) Limit coverage for bariatric surgery to those individuals who
156 have a documented history of an inadequate nonsurgical weight loss
157 attempt under the direction of a physician and who demonstrate a
158 willingness to overcome morbid obesity or seek an improvement in
159 health status;

160 (5) Limit coverage for bariatric surgery to those individuals who
161 have received pre-operative and postoperative medical and nutritional
162 education, as well as psychological assessment and clearance prior to
163 surgery;

164 (6) Require that providers of surgical services be (A): Certified by
165 the American College of Surgeons as a level 1a Bariatric Surgery
166 Center; or (B) certified by the American Society for Bariatric Surgery as
167 a Bariatric Surgery Center of Excellence;

168 (7) Require that the following minimum standards be maintained by

169 parties providing bariatric surgery services if they do not meet the
170 requirements specified in subdivision (6) of this subsection:

171 (A) An institutional commitment of the medical staff and the
172 institution's administration to excellence in bariatric surgical care that
173 is demonstrated by ongoing, regularly scheduled, in-service education
174 programs in bariatric surgery and the adoption of credentialing
175 guidelines for bariatric surgery;

176 (B) An institution shall be expected to perform at least one hundred
177 twenty-five bariatric surgical cases each year, and surgeon providers
178 shall be expected to perform at least fifty cases each year, for a period
179 of at least two years;

180 (C) A designated physician medical director for bariatric surgery
181 shall be identified and participate in relevant decision-making medical
182 and administrative meetings of the institution;

183 (D) A full staff of the various consultative services required for the
184 care of bariatric surgical patients shall be available upon thirty minutes
185 notice, including the immediate availability of an ACLS-qualified
186 physician on-site for patient resuscitation;

187 (E) An institution shall maintain a full-line of equipment and
188 instruments for the care of bariatric surgical patients, including
189 furniture, wheelchairs, operating room tables, beds, radiologic
190 capabilities, surgical instruments and other facilities suitable for
191 morbidly obese patients;

192 (F) An institution shall have a bariatric surgeon certified by the
193 American Board of Surgery, the American Osteopathic Board of
194 Surgery, or the Royal College of Surgeons of Australia, United
195 Kingdom or Canada who spends a significant portion of his or her
196 efforts in the field of bariatric surgery and who has qualified coverage
197 entailing full care of a bariatric patient in the absence of the primary
198 surgeon and support for patient care;

199 (G) A provider shall utilize clinical pathways and orders that
200 facilitate the standardization of perioperative care for the relevant
201 procedure chosen by the provider;

202 (H) An institution shall utilize designated licensed nurses or
203 nonphysician extenders who are dedicated to serving bariatric surgical
204 patients and who are involved in continuing education in the care of
205 bariatric patients;

206 (I) Providers shall make available organized, supervised and
207 documented support groups for patients who have undergone
208 bariatric surgery at the institution;

209 (J) Providers shall furnish documentation of a program dedicated to
210 a goal of long-term patient follow-up of at least seventy-five per cent
211 for bariatric procedures at five years with a monitoring and tracking
212 system for outcomes, and an agreement to make available annual
213 outcome summaries to the reviewing professionally directed
214 accrediting organization in a manner consistent with Health Insurance
215 Portability and Accountability Act regulations;

216 (8) Require coverage of the long-term postoperative follow-up care
217 following bariatric surgery. Long-term postoperative follow-up care
218 shall be prescribed by a physician and performed by a physician or
219 qualified nonphysician, including, but not limited to, a dietician,
220 nutritionist or exercise physiologist supplying services beyond the
221 normal surgical postoperative care period; and

222 (9) Limit coverage to individuals who have maintained coverage
223 under such policy for at least twelve months, provided such policy
224 shall provide written notice to each insured or prospective insured that
225 benefits exclude coverage pursuant to this subdivision. Such notice
226 shall appear in the policy, application and sales brochure for such
227 policy in not less than ten-point type.

228 Sec. 3. (NEW) (Effective October 1, 2006) Each health care provider

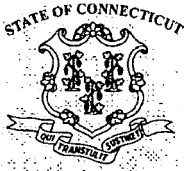
229 licensed in this state who performs a bariatric surgery procedure shall
 230 submit a report to the Department of Public Health that specifies
 231 comprehensive standardized data, including the methods of collection
 232 of such data, in order to determine the success of such procedure and
 233 the impact of such procedure on the lives of such provider's patients,
 234 not later than April first following any year in which such procedure is
 235 performed. The standardized data shall include the patient's age,
 236 gender, height, pre-bariatric surgery weight, pre-bariatric surgery BMI,
 237 pre-bariatric surgery comorbidities, and comprehensive pre-surgical
 238 history, the type of surgical procedure, the length of stay of bariatric
 239 surgery admission, any complications reported during bariatric
 240 surgery and readmissions with one year related to complications of
 241 primary bariatric surgery. Such data shall be submitted on such forms
 242 as said department prescribes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2006	New section
Sec. 2	October 1, 2006	New section
Sec. 3	October 1, 2006	New section

Statement of Purpose:

To require individual and group health insurance policies to provide coverage for medically necessary expenses associated with the diagnosis and treatment of morbid obesity, including, bariatric surgery and associated physician office visits, health and behavior assessments, nutrition education, patient self-management education and training and therapeutic exercises.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]



Senate

General Assembly

File No. 204

February Session, 2006

Substitute Senate Bill No. 552

Senate, March 29, 2006

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT REQUIRING A STUDY OF HEALTH INSURANCE COVERAGE FOR MEDICAL SERVICES AND TREATMENT FOR MORBID OBESITY AND PROSTHETIC DEVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (*Effective from passage*) (a) Not later than July 1, 2006, the
2 chairpersons of the joint standing committee of the General Assembly
3 having cognizance of matters relating to insurance shall convene a
4 working group to conduct a study of the feasibility of requiring
5 individual and group health insurance policies to provide coverage for
6 (1) medically necessary expenses associated with the diagnosis and
7 treatment of morbid obesity, and (2) prosthetic devices.

8 (b) The working group shall consist of (1) the Insurance
9 Commissioner, (2) the chairpersons of the joint standing committee of
10 the General Assembly having cognizance of matters relating to
11 insurance, and (3) not more than eight members appointed by said
12 chairpersons. Said chairpersons shall chair the working group.

13 (c) Not later than January 1, 2007, the working group shall submit a
14 report on its findings and recommendations to the joint standing
15 committee of the General Assembly having cognizance of matters
16 relating to insurance, in accordance with section 11-4a of the general
17 statutes.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	New section
-----------	---------------------	-------------

INS *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill appoints the Chairs of the Insurance and Real Estate Committee to the working group. To the extent that legislators serve on the task force Legislative Management may incur minimal costs for legislator mileage reimbursements (currently 44.5 cents per mile), such costs are budgeted for, and can be handled within the agency's normal budgetary resources. The bill also requires the Insurance Commissioner to be a member of the working group. There is no fiscal impact as a result of the bill.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

sSB 552

**AN ACT REQUIRING A STUDY OF HEALTH INSURANCE
COVERAGE FOR MEDICAL SERVICES AND TREATMENT FOR
MORBID OBESITY AND PROSTHETIC DEVICES.**

SUMMARY:

The Office of Legislative Research does not analyze Special Acts.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 15 Nay 3 (03/16/2006)



Senate

General Assembly

File No. 512

February Session, 2006

Substitute Senate Bill No. 552

Senate, April 13, 2006

The Committee on Legislative Management reported through SEN. WILLIAMS of the 29th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT REQUIRING A STUDY OF HEALTH INSURANCE COVERAGE FOR MEDICAL SERVICES AND TREATMENT FOR MORBID OBESITY AND PROSTHETIC DEVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (*Effective from passage*) (a) Not later than July 1, 2006, the
2 chairpersons of the joint standing committee of the General Assembly
3 having cognizance of matters relating to insurance shall convene a
4 study group to conduct a study of the feasibility of requiring
5 individual and group health insurance policies to provide coverage for
6 (1) medically necessary expenses associated with the diagnosis and
7 treatment of morbid obesity, and (2) prosthetic devices.

8 (b) The study group shall consist of (1) the Insurance Commissioner,
9 (2) the chairpersons and ranking members of the joint standing
10 committee of the General Assembly having cognizance of matters
11 relating to insurance, and (3) not more than eight members appointed
12 by said chairpersons. Said chairpersons shall chair the study group.

13 (c) Not later than January 1, 2007, the study group shall submit a
14 report on its findings and recommendations to the joint standing
15 committee of the General Assembly having cognizance of matters
16 relating to insurance, in accordance with section 11-4a of the general
17 statutes.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	New section
-----------	---------------------	-------------

LM Joint Favorable Subst.

(106)

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill appoints the chairs and ranking members of the Insurance and Real Estate Committee to the working group. To the extent that legislators serve on the task force Legislative Management may incur minimal costs for legislator mileage reimbursements (currently 44.5 cents per mile), such costs are budgeted for, and can be handled within the agency's normal budgetary resources. The bill also requires the Insurance Commissioner to be a member of the working group. There is no fiscal impact as a result of the bill.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

sSB 552

**AN ACT REQUIRING A STUDY OF HEALTH INSURANCE
COVERAGE FOR MEDICAL SERVICES AND TREATMENT FOR
MORBID OBESITY AND PROSTHETIC DEVICES.**

SUMMARY:

The Office of Legislative Research does not analyze Special Acts.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 15 Nay 3 (03/16/2006)

Joint Committee on Legislative Management

Joint Favorable Substitute

Yea 17 Nay 4 (04/06/2006)