
SENATE BILL 6052

State of Washington

61st Legislature

2009 Regular Session

By Senator Pflug

Read first time 02/18/09. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to health benefit plans offering coverage for
2 surgical treatment of morbid obesity; adding a new section to chapter
3 48.43 RCW; and creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

6 (a) Obesity is a growing epidemic among Washington citizens. It is
7 a costly disease that left untreated results in further health
8 complications such as hypertension, cardiopulmonary conditions, sleep
9 apnea, metabolic syndrome, degenerative joint disease, and diabetes;

10 (b) A 2007 report from the Washington state department of health
11 indicates that 2.8 percent of Washington adults are morbidly obese;

12 (c) A lack of treatment options leaves citizens with morbid obesity
13 very little choice but to pursue other covered health care services
14 that treat secondary health issues caused by excessive weight without
15 solving the underlying problem;

16 (d) Surgical solutions to morbid obesity have demonstrated the
17 capacity to produce tremendous weight loss resulting in renewed health
18 and long-term viability for patients that pursue treatment;

1 (e) Medical literature indicates that weight loss surgery
2 significantly decreases overall mortality as well as the development of
3 new health-related conditions in morbidly obese patients;

4 (f) Evidence-based best practice guidelines for morbid obesity
5 identify gastric reduction surgery as facilitating best patient
6 outcomes where traditional weight loss methods have not worked; and

7 (g) Nonexperimental, medically necessary surgical treatments for
8 morbid obesity are a cost-effective solution to this growing health
9 crisis.

10 (2) The legislature further finds that the cost of overall health
11 care can be decreased if health plans actively consider
12 nonexperimental, medically necessary obesity surgery for patients where
13 that surgery is the evidence-based standard.

14 (3) The legislature further finds that plans should strongly
15 consider waiving contractual benefit exclusions when surgery is the
16 evidence-based standard of treatment and can be reasonably expected to
17 reduce health care costs for that patient by reducing or eliminating
18 health conditions related to the underlying morbid obesity.

19 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43 RCW
20 to read as follows:

21 (1) All health plans issued or renewed after December 31, 2009,
22 must follow the evidence-based standard of care and coverage practices
23 for treatment of morbid obesity. Health carriers shall develop a
24 policy that allows a conditional waiver of contractual benefit
25 exclusions for nonexperimental, medically necessary surgical treatment
26 by a health care provider of morbid obesity, when:

27 (a) The condition has persisted for at least five years; and

28 (b) Nonsurgical treatment that has been supervised by a physician
29 has been unsuccessful for a least six consecutive months.

30 (2) As used in this section, "morbid obesity" is defined as:

31 (a) A body mass index of at least thirty-five kilograms per meter
32 squared, with comorbidity or coexisting medical conditions such as
33 hypertension, cardiopulmonary conditions, sleep apnea, or diabetes; or

34 (b) A body mass index of at least forty kilograms per meter squared
35 without comorbidity. For purposes of this section, body mass index is
36 equal to weight in kilograms divided by height in meters squared.

1 (3) This section does not prevent the application of standard
2 policy provisions applicable to other benefits, such as deductible or
3 copayment provisions. This section does not limit the authority of
4 health carriers to negotiate rates and contract with specific providers
5 for the delivery of nonexperimental, medically necessary surgical
6 treatment by a health care provider of morbid obesity. This section
7 does not apply to medicare supplemental policies or supplemental
8 contracts covering a specified disease or other limited benefits.

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