

**SB 6052-S - DIGEST**

(AS OF SENATE 2ND READING 3/11/2009)

Encourages all health plans issued or renewed after December 31, 2009, to follow the evidence-based standard of care and coverage practices for treatment of morbid obesity.

Authorizes health carriers to develop a policy that allows a conditional waiver of contractual benefit exclusions for nonexperimental, medically necessary surgical treatment by a health care provider of morbid obesity for enrollees over age eighteen under certain conditions.