

2021 Regular Session

SENATE BILL NO. 150

BY SENATORS BARROW, BOUDREAUX, BOUIE, CATHEY, CONNICK, CORTEZ, FIELDS, FOIL, HARRIS, HEWITT, JACKSON, LUNEAU, MCMATH, MILLIGAN, FRED MILLS, ROBERT MILLS, MIZELL, MORRIS, PETERSON, PRICE AND SMITH AND REPRESENTATIVE BAGLEY

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

GROUP BENEFITS PROGRAM. Requires the Office of Group Benefits to cover bariatric surgery techniques for the treatment of severe obesity. (8/1/21)

AN ACT

To enact R.S. 42:860, relative to the Office of Group Benefits; to require the Office of Group Benefits to provide coverage for the treatment of severe obesity; to provide definitions; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 42:860 is hereby enacted to read as follows:

**§860. Severe obesity; legislative findings; coverage required**

**A. The legislature hereby finds and declares that obesity is a significant health problem affecting hundreds of thousands of Louisiana residents. Severe obesity increases the mortality rate more than threefold, causes physical and emotional disability, and is often associated with comorbid health conditions, including hypertension, cardiopulmonary conditions, and diabetes, all of which compound the impact of obesity on longevity and quality of life. Louisiana residents with obesity are ninety percent more likely to have diabetes and fifty percent more likely to have high blood pressure than those who are not obese. Therapeutic interventions can alter the course and severity of obesity and severe obesity has been successfully treated through established surgical treatments.**

1                    **B. As used in this Section, the following terms shall have the following**  
2                    **meanings:**

3                    **(1) "Severe obesity" means either of the following:**

4                    **(a) A body mass index equal to or greater than forty kilograms per**  
5                    **meter squared.**

6                    **(b) A body mass index equal to or greater than thirty-five kilograms per**  
7                    **meter squared along with an associated comorbidity including but not limited**  
8                    **to hypertension, cardiopulmonary conditions, sleep apnea, or diabetes.**

9                    **(2) "Body mass index" means a practical marker used to assess the**  
10                   **degree of obesity, calculated by dividing the weight in kilograms by the height**  
11                   **in meters squared.**

12                   **C. The Office of Group Benefits programs shall offer a provision stating**  
13                   **that benefits shall be payable for the treatment of severe obesity through gastric**  
14                   **bypass surgery, sleeve gastrectomy, duodenal switch, single anastomosis**  
15                   **duodeno-ileostomy with sleeve, or other methods recognized by the American**  
16                   **Society for Metabolic and Bariatric Surgery as effective for the long-term**  
17                   **reversal of severe obesity if all of the following criteria are met:**

18                   **(1) The surgery or other treatment method is for an active state**  
19                   **employee or retired state employee.**

20                   **(2) The employee has participated in an Office of Group Benefits self-**  
21                   **funded health plan for at least one year prior to the surgery or other treatment**  
22                   **method and pre-authorization.**

23                   **(3) The employee complies with all requirements of the Office of Group**  
24                   **Benefits during the pre-operative period.**

25                   **(a) The employee has a body mass index greater than or equal to forty**  
26                   **kilograms per meter squared, or greater than or equal to thirty-five kilograms**  
27                   **per meter squared with two or more co-morbidities.**

28                   **(b) The pre-operative period shall be no less than four months.**

29                   **D. The benefits provided for in this Section shall be limited to a**

1           maximum of three hundred surgeries per year.

2           E. Nothing in this Section shall be construed to provide coverage or  
 3           other benefits for skin removal surgery.

4           F. The Office of Group Benefits programs shall offer reimbursement to  
 5           hospitals, physicians, and clinics which is reasonable and customary.

6           G. The Office of Group Benefits benefit will be restricted to services  
 7           provided in facilities holding accreditation by the American College of Surgeons  
 8           and the American Society for Metabolic and Bariatric Surgery's Metabolic and  
 9           Bariatric Surgery Accreditation and Quality Improvement Program  
 10          (MBSAQIP).

11          H. Coverage of bariatric surgery shall require prior authorization.

The original instrument was prepared by Martha Hess. The following digest, which does not constitute a part of the legislative instrument, was prepared by Brandi Cannon.

DIGEST

SB 150 Reengrossed

2021 Regular Session

Barrow

Proposed law defines "severe obesity" as a body mass index (BMI) of at least 40 or a BMI of at least 35 along with comorbidity or existing medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes.

Proposed law requires the Office of Group Benefits (OGB) to offer a provision stating that benefits shall be payable for the treatment of severe obesity through gastric bypass surgery, sleeve gastrectomy, duodenal switch, single anastomosis duodeno-ileostomy with sleeve, or other methods recognized by the American Society for Metabolic and Bariatric Surgery as effective for the long-term reversal of severe obesity. Proposed law requires the employee receiving the benefit to have a body mass index greater than or equal to 40 kg per meter squared, or greater than or equal to 35 kg per meter squared with two or more co-morbidities.

Proposed law limits the benefits to 300 surgeries per year and applies only to active or retired state employees who have participated in an OGB self-funded health plan for at least one year prior to the surgery or other treatment method and prior authorization. Proposed law requires the employee to comply with all OGB requirements during the pre-operative period which shall be no less than four months.

Proposed law provides that the benefits do not include coverage for skin removal surgery.

Proposed law provides that the OGB benefit will be restricted to services provided in facilities holding accreditation by the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

Proposed law provides that the coverage of bariatric surgery shall require prior authorization.

Effective August 1, 2021.

(Adds R.S. 42:860)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill

1. Limits the applicability to an active state employee or retired state employee who has participated in an OGB health plan for at least one year prior to the surgery.
2. Requires the employee to comply with all OGB requirements during the pre-operative period.
3. Limits the benefits to a maximum of 300 surgeries per year.
4. Provides that proposed law does not include coverage or other benefits for skin removal surgery.
5. Makes technical changes.

Senate Floor Amendments to engrossed bill

1. Limit applicability to OGB self-funded plans and require participation one year prior to the prior authorization.
2. Require a BMI of at least 40 or at least 35 with two or more comorbidities.
3. Specify that the pre-operative period shall be no less than four months.
4. Limit the benefit to services provided by facilities holding certain accreditation.
5. Make technical changes.