

RÉSUMÉ DIGEST

ACT 388 (SB 150)

2021 Regular Session

Barrow

Defines "severe obesity" as a body mass index (BMI) of at least 40 kilograms per meter squared or a BMI of at least 35 kilograms per meter squared along with a comorbidity or existing medical condition such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes.

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. Requires that the employee receiving the benefit have a BMI of at least 40 or a BMI of at least 35 with two or more comorbidities.

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. Requires the employee to comply with all OGB requirements during the pre-operative period which shall be no less than four months.

Provides that the benefits established therein do not include coverage for skin removal surgery.

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.

Stipulates that the coverage of bariatric surgery provided for in new law shall require prior authorization.

Effective August 1, 2021.

(Adds R.S. 42:860)