

I feel it is necessary to bring to the MDH's attention that treatment of the 2<sup>nd</sup> leading cause of preventable death (morbid obesity) remains a NON- covered service in MN's Proposed 2017 EHB benchmark plan and question the process in which this decision was made.

CMS recently requested public comment regarding the proposed 2017 EHB plans and we submitted a thorough, research-based review of bariatric surgery. A copy will be mailed to the commissioner of the MDH.

The points well established in the review include:

- Overweight and obesity is the 2nd leading cause of preventable death & results in enormous societal economic costs
- For morbid obesity, surgery is the only current treatment resulting in significant elimination of or reduction in severity of weight-related comorbid diseases & improvements in survival
- Costs related to surgery for obesity: ROI reached in 2-4 years post-operatively. The cost of including insurance coverage for morbid obesity is quite modest, especially considering the enormity of the problem of obesity
- Current standard of medical care all include bariatric surgery as part of their treatment guidelines. NOT covering bariatric surgery = NOT providing coverage consistent with current national and international standards of care
- Not covering bariatric surgery is withholding well established, standard care for a highly lethal disease, and can only be viewed as highly discriminating toward the obese population

Based on this review the MN Chapter of the ASMBS strongly urges that bariatric surgery coverage for adults be included in the MN 2017 Benchmark Plan. We request the MDH to apply whatever influence it has on this issue to ensure patient access to the full range of obesity treatment options including bariatric surgery in the 2017 benchmark plan.

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