

Insurance Times: Patients Want Insurers To Cover Obesity Surgery

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by Charley Gillespie
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COLUMBUS, Ohio — Valerie VanBrussel feared that her morbid obesity would kill her before she could get her insurance company to pay for surgery that would enable her to lose weight.

Denise Rasley weighed 350 pounds and suffered from high blood pressure and other health problems before she persuaded her insurer to pay for the surgery that reduced her stomach to the size of a shot glass.

Advocates of bariatric surgery say thousands of people have been unable to have the operation—even when their doctors have recommended it as a solution to deadly health problems—because it is not covered by their insurance plans.

VanBrussel—whose insurer ended up paying for her surgery—and Rasley have become advocates of changing Ohio law to force insurance companies to treat obesity the same as other diseases.

“Obesity is a disease and not a character flaw or a cosmetic issue,” said Rasley, 29, of Rogers. “I know of no cosmetic surgery that will cure diabetes in some people.”

Insurers say mandating what treatments should be provided only will increase costs and make it more difficult to provide coverage, said Faith Williams, a lobbyist for the Association of Ohio Life Insurance Companies.

Only Georgia, Indiana, Virginia and Maryland require insurers to cover morbid obesity surgery, according to the National Convention of State Legislatures.

Legislation to mandate the coverage is pending in Ohio and Louisiana, and legislators in South Carolina and Missouri have pre-filed similar bills to be introduced next session.

“Insurance companies are denying a doctor’s orders that could save a person’s life,” said Sen. Robert Hagan, a Democrat from Youngstown who sponsored Ohio’s bill.

The surgery costs between \$30,000 and \$40,000. It drastically reduces the size of person’s stomach and shortens the intestines so that less food is absorbed. After surgery patients lose weight for about two years and must take vitamins to make up for lost nutrients.

Cynthia Platonov, a spokeswoman for VanBrussel’s insurance company—Regence Blue Cross/Blue Shield of Oregon—said her company usually does not pay for gastric bypass surgery but makes occasional exceptions based on individual cases.

Joan Englund, 49, of Sheridan, Ore., said she hired a lawyer to persuade her insurance company to pay for the surgery, which she had in 1999. She said she weighed 321 pounds at the time and suffered from high blood pressure, arthritis, sleep apnea and other ailments.

She is now down to 180 pounds.

Three years after her surgery, Rasley weighs 165 pounds, can now walk without pain, and, after being infertile, gave birth to a daughter.

Doctors had told VanBrussel that at 500 pounds, her weight was making her heart work too hard, which would lead to congestive heart failure.

“I was past the point of anything that I could do,” said VanBrussel, 46, and a registered nurse from Bellevue. “My oxygen levels were dropping ... I was dying.”

She still has respiratory problems that require her to use an oxygen tank all the time.

But since the surgery in September, she has lost more than 100 pounds—more than a pound a day—and her doctors say she can go off the oxygen tank in a few weeks.

Now, VanBrussel says she just has to get used to eating small portions.

“My eyes are bigger than my stomach ... literally,” she said.

Walter Lindstrom, an attorney who runs the San Diego-based Obesity Law and Advocacy Center, says more than 4,000 people have contacted his agency over the past six years seeking help getting insurers to recognize obesity as a disease. “Some insurance companies are placing people at tremendous risk by not approving surgery until they are almost too sick to have it,” he said.

A Dec. 13 report by Surgeon General David Satcher said obesity increases the risk of heart disease, diabetes, cancer, asthma and other illnesses. He warned that 300,000 Americans a year die from illnesses caused or worsened by obesity.

“We are dealing with a population that has a disease that in itself is life threatening,” said Dr. Patricia Choban, who is a part-time professor of nutrition and food management at the Ohio State University. “Their risk of premature death is tenfold of that of their counterpart — a thin person.”

Choban performs the surgery up to 10 times a week and says the hardest thing for her patients is getting insurers to pay for it.

“Several insurance companies still have blanket exclusions for the procedure,” she said. “I have patients with diabetes and sleep apnea and I still can't get them through.”