It’s Time to Combat Stubborn Insurance Companies: Bariatric Patients Deserve to Live

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Background

Forty percent.

Approximately one hundred and thirty million individuals, or 40% of U.S. citizens, are considered obese. Of this population, twenty-two million individuals were deemed eligible by the American Society for Metabolic and Bariatric Surgery (ASMBS) to receive bariatric surgery in 2017. Bariatric surgery decreases one’s stomach size to aid with the weight loss process. Of the various types, gastric bypass and gastric stapling are two of the most common procedures.

Bypass surgery changes the way that the stomach and small intestine handle consumed food. Less invasive gastric stapling involves the conversion of part of the stomach into a small pouch. Physiologically, this procedure allows an obese person to eat small amounts of food and yet feel full.

According to the Cleveland Clinic, a bariatric surgical candidate must be approximately one hundred pounds overweight, and have a body mass index of 40. For reference, a healthy body mass index is between 18.5 and 24.9.

Because America’s obesity rates have doubled over the past 30 years, the population of twenty-two million eligible patients is not surprising.

The unnerving evidence is that of these twenty-two million candidates, a mere 228,000 actually underwent a bariatric procedure. Type II diabetes and coronary heart disease are frequently associated with obesity. For example, there are one hundred and eighty million type II diabetic patients in the world, and further, 95% of these patients are obese. The National Institute of Health states that morbid obesity can reduce one’s lifespan by fourteen years.

Yet, only one percent of surgical candidates received the help they desperately needed. And for the remaining 99% percent? They shouldn’t be forced to live at risk.

Bariatric surgery minimizes the negative effects of additional obesity-related illnesses. One predominant benefit is that bariatric surgery can help 87% of patients attain better glucose control with a decreased reliance on antidiabetic medications, and 78% of patients attain normal glucose control with no reliance on antidiabetic medications. Further, bariatric surgery can reduce the risk of coronary heart disease up to 40%.

With gastric bypass costing approximately $20,000, and gastric stapling around $15,000, many eligible patients are unable to receive these surgeries because insurance companies frequently deny coverage of these procedures. Specifically, two-thirds of health plans sponsored by employers do not cover bariatric surgery. When the procedure is covered, plans frequently require patients to pay for 50% of the surgery out of pocket. Unbelievably, 25% of eligible patients are denied coverage three times before receiving approval.

Insurance companies should cover all costs associated with bariatric surgery. By paying nearly $70,000 now, insurance could avoid extensive fees resulting from long-term complications, such as a $30,000 knee replacement surgery, an annual hemodialysis fee of $90,000 for patients in renal failure, and an annual expenditure of $1,500 on hypertensive medications. These fees constitute only a fraction of those that would accumulate from additional complications.

Gary Weiss, a patient at St. Luke’s Hospital, argues that a predominant reason for insurance companies’ hesitation in covering bariatric surgery is due to associated expenses. After compiling his surgical fees in conjunction with additional bills from the surgeon and anesthesiologist, Weiss’s healthcare plan was billed $67,000. Thankfully, Weiss only had to pay $500; however, many individuals that work for large companies aren’t nearly as lucky.

Another plausible reason for insurance companies’ hesitation is due to the apprehension of relapse, in addition to the idea that morbidly obese patients are highly susceptible to death during surgery. However, according to the ASMBS, the majority of bariatric surgical patients successfully maintain their post-surgical weight loss. Furthermore, one’s chance of dying from obesity-related
complications exceeds the risk of dying during surgery.
Considering the prestige of America’s hospitals, the lack of bariatric surgical coverage is extremely demoralizing. According to a study published by physicians in the National Center for Biotechnology Information, bariatric surgery can increase life expectancy by seven years. Rather than making it so difficult to attain coverage, shouldn’t our country promote the notion that this procedure can save someone’s life?
In the interest of supporting the obese population, insurance companies must realize that bariatric surgery can ultimately be life changing. Further, doctors and public health officials should educate the public regarding this transformative surgery. Medicare, Medicaid, and private health insurers should all cover bariatric surgery.
People should not be forced to suffer because they are unable to afford this expensive procedure.
Together, we can combat the stigma that underlies bariatric surgery and fight for a vulnerable population that is not often heard.

About the Author

Anna Bogursky is a pre-medical student at Boston University, who has shadowed a bariatric surgeon, and followed the results of bariatric surgical cases in New Hampshire.

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