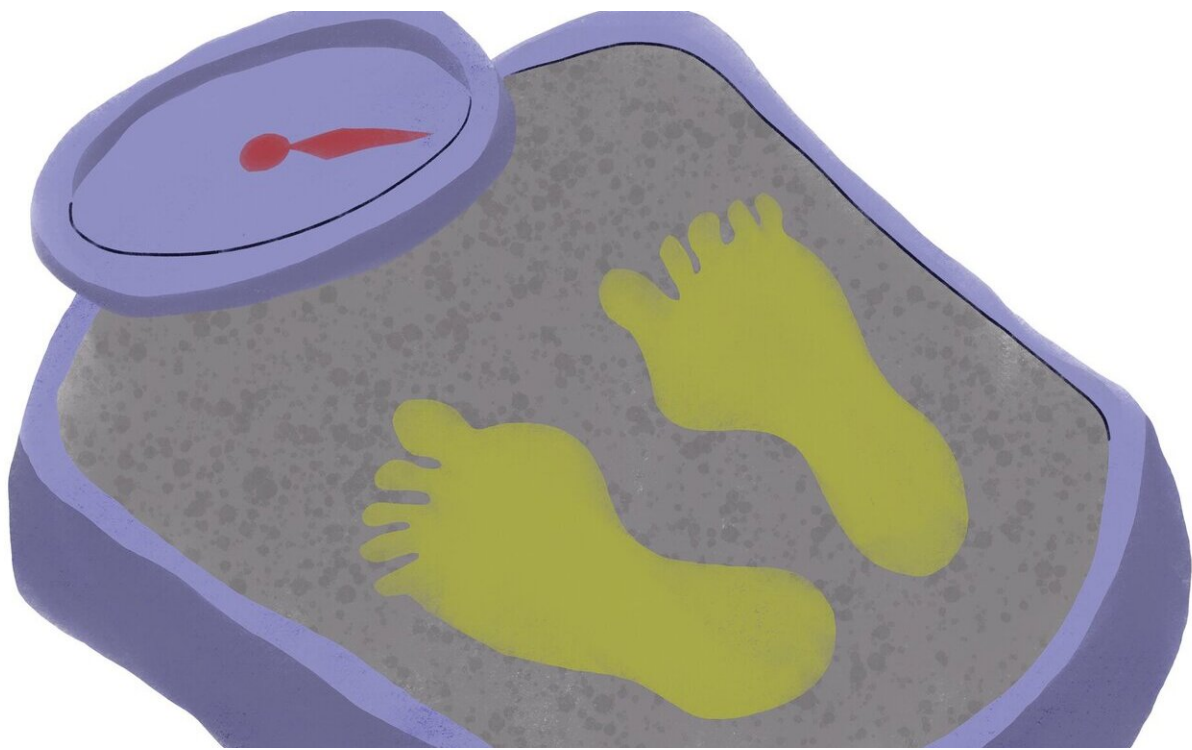


Sliding backwards in obesity care: Workers see broad reductions and plateauing coverage in state employee health plans

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New research published in *Obesity* has found that multiple state employee healthcare plans have reduced obesity treatment services for workers in the past five years. Conducted by the STOP Obesity Alliance

at the George Washington University Milken Institute School of Public Health, this paper provides a stark contrast to STOP's [previous research](#) that demonstrated a promising upward trend between 2009-2017 in obesity care coverage by state insurance plans.

STOP's recent analysis examined state [health coverage](#) changes among three recommended forms of [obesity](#) treatment: nutritional counseling, pharmacotherapy (or anti-obesity medications), and bariatric surgery. Only one state added bariatric surgery services since 2017. However, the researchers identified 12 states that eliminated pharmacotherapy or nutritional counseling coverage within the last five years. Even in those circumstances where all three treatments are made available to workers, available utilization data indicates a dramatic underuse of these potentially life-saving interventions.

"Obesity is a complex and chronic disease, which is why patients need access to a suite of options in treating it, and we know insurance is the gatekeeper to care. After years of progress, it is alarming that state employee healthcare plans are further behind now than they were five years ago," said William Dietz, Director of STOP and Chair of the Sumner M. Redstone Global Center for Prevention and Wellness at the Milken Institute School of Public Health.

State governments are often a state's largest employer. Because obesity afflicts more than 42% of adults in the United States, this state-by-state analysis reflects the growing gulf between the pressing need for comprehensive obesity care and what is available to state employees.

Key findings:

- Obesity-related health insurance offerings for state employees have decreased in the past five years and are inadequate given the prevalence, severity and costs of obesity.

- Since 2017, three state employee [health plans](#) have added nutrition counseling coverage, while three states have cut nutrition counseling coverage. Meanwhile, Wyoming was the only state to add bariatric surgery coverage between 2017 and 2021.
- In 2021, states were far less likely to provide coverage for pharmacotherapy than they were in 2017, with only 16 states providing access to this treatment—despite research indicating that certain medications are approaching the weight loss success of bariatric surgery.
- Coverage use data from states that shared complete data sets demonstrated a significant underutilization of available, effective treatment services. The Texas State Employee Retirement System, for example, which enrolls over 429,000 people, reported the following utilization data:
 - Only 2,526 patients (0.59% of plan enrollees) received some type of nutritional consultation;
 - Only 39 patients (0.01% of plan enrollees) received bariatric surgery;
 - Only five prescription drug claims were issued in all of PY2019
- Despite continued efforts, obesity coverage among state-funded health insurance plans remains piecemeal and inadequate

"Our research presents a call to action for state governments and labor advocates to renegotiate healthcare contracts with their insurance providers," said Samuel Hughes, lead author, a graduate of the GW Law School and former Redstone Center Research Assistant. "We need to reclaim momentum for a continuum of obesity care and support efforts for expanded health coverage in every state. By investing in evidence-based treatments now, we can spare workers the harms of illnesses associated with obesity—such as diabetes, liver disease, heart disease, and certain cancers—and quite frankly, save states money."

The paper, "Coverage for obesity prevention and treatment: analysis of state employee health plans and use of benefits," has been selected as an Editors' Choice paper by *Obesity* and may be accessed for free online.

For STOP's state-by-state Comparative Obesity Care Coverage Map, please click [here](#).

More information: Samuel Hughes et al, Coverage for obesity prevention and treatment: analysis of state employee health plans and use of benefits, *Obesity* (2022). [DOI: 10.1002/oby.23468](https://doi.org/10.1002/oby.23468)

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