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The Obesity Coverage Gap: Health Insurance Often Excludes Obesity Treatments, Even When Workplace Wellness Programs Target BMI

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Background: Evidence-based obesity treatments, such as bariatric surgery and obesity medications, are not considered essential health benefits under the Affordable Care Act. Employer-sponsored wellness programs with financial incentives based on biometric outcomes are allowed and often used despite mixed evidence regarding their effectiveness. We examine consumers' access to obesity treatments and the prevalence of workplace wellness programs.

Methods: A total of 17,565 participants completed an online survey during February 2015–March 2016. Respondents answered questions regarding their health insurance coverage for seven medical services and access to employer-sponsored wellness programs that target weight or BMI. We used chi-square tests to test for associations between access to employer wellness programs and perceptions of health coverage for medical services and for differences between survey years.

Results: Most respondents reported they did not have health coverage for obesity treatments, but more of the respondents with employer wellness programs reported having coverage. Only about 10% of respondents in 2015 and 2016 reported having an employer wellness program with incentives based on weight or BMI. Across both years, respondents 25 to 44 years old were more likely than adults ages 18 to 24 years old to report having coverage for bariatric surgery and medical weight management programs, and those who reported having coverage for obesity medications were more likely to have an income higher than \$75,000. Consumers' perceptions of health coverage for obesity treatments remained low between 2015 and 2016.

Conclusions: Even when employer wellness programs target BMI, health insurance often excludes obesity treatments. Given the clinical and cost effectiveness of such treatments, reducing that coverage gap may help mitigate obesity's individual- and population-level effects. These data suggest that neither wellness programs targeting BMI nor coverage of obesity treatment are becoming more common.