

### Bill Summary

SB 535 would require coverage for

- IBT
- Bariatric surgery
- At least one FDA-approved AOM indicated for chronic weight management in patients with obesity



### Insurance Subject to the Mandate

Of the 22.2 million Californians enrolled in state-regulated health insurance, **13.6 million** would have insurance subject to SB 535:

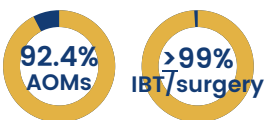
- CDI and DMHC-regulated (Commercial & CalPERS)**
- Federally-regulated or Medi-Cal**

### Benefit Coverage and Utilization

At baseline, CHBRP estimates there are **3.1 million** enrollees with **obesity** and **756,000** with **overweight** and **comorbidities**.



Baseline coverage for SB 535-mandated treatments:



93.2% of enrollees have coverage for only a non-GLP-1.

Regarding AOMs, CHBRP assumed that due to high baseline coverage of non-GLP-1s and the average unit cost of **GLP-1s (\$499)**, compliance by plans/insurers would be achieved by offering a **non-GLP-1 (\$9)**.

### Context

**Obesity is a chronic health condition** characterized by an increase of fat cells in the body. Adults with a **BMI ≥25 and <30** are categorized as overweight and those with a **BMI ≥30** are considered obese.

$$BMI = \frac{\text{Weight in kilograms}}{(\text{Height in meters})^2}$$

#### Obesity Treatments in SB 535



**Intensive Behavioral Therapy**

Structured, multicomponent intervention that provides patients with tools to support/maintain weight loss



**Bariatric Surgery**

Procedure on stomach or intestines to induce weight loss



**Anti-Obesity Medications**

**Non-GLP-1s:** Block fat absorption/deposition, suppress appetite, and increase metabolism  
**GLP-1s:** Activate processes to reduce digestion rate, increase satiety, and lower blood sugar.

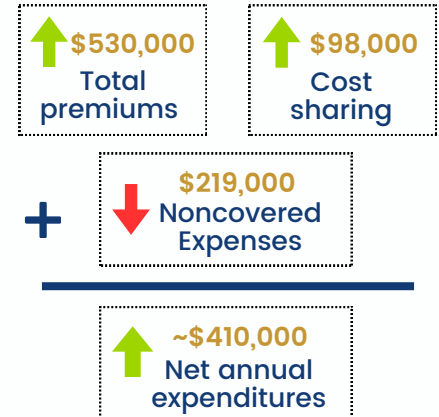
### Medical Effectiveness

Regarding reduction of weight loss, CHBRP found:

- **Very strong evidence** IBT, bariatric surgery, and AOMs are effective in adults
- **Very strong evidence** IBT is effective in children/adolescents
- **Some evidence** bariatric surgery is effective in children/adolescents.
- **Conflicting evidence** that AOMs are effective in children/adolescents

### Cost

In the first year postmandate, CHBRP estimates:



### Public Health Impacts



Postmandate, an **additional 4,047** enrollees would use an FDA-approved AOM (**non-GLP-1**); **4** would receive **bariatric surgery**; **35** would receive **IBT**. Enrollees who used medications/treatments consistently would see a **3-14% decrease in body weight**. Public health impacts would likely accrue for this population over the long-term.

- AOM:** Anti-obesity medication
- CHBRP:** California Health Benefits Review Program
- CDI:** California Department of Insurance
- DMHC:** Department of Managed Health Care
- FDA:** Food and Drug Administration
- GLP-1:** Glucagon-Like Peptide-1
- BMI:** Body Mass Index
- IBT:** Intensive Behavioral Therapy