# Report to Congress

# Preventive and Obesity-Related Services Available to Medicaid Enrollees

**Kathleen Sebelius**
**Secretary of Health and Human Services**
**2010**

## TABLE OF CONTENTS

## EXECUTIVE SUMMARY

Preventive services are critically important for early diagnosis of health problems and for promoting healthy behaviors that can reduce the occurrence of chronic conditions. Medicaid and the Children's Health Insurance Program (CHIP), which provide coverage for approximately 60 million children and adults in the course of a year, can play a major role in improving access to preventive screenings and interventions, including services that can reduce the increasing rate of obesity in the United States. Obesity, now recognized as a major risk factor for a number of chronic conditions such as diabetes, heart disease, and certain cancers, requires interventions across multiple sectors of our society. Through provisions under the Patient Protection and Affordable Care Act (the Affordable Care Act), the Centers for Medicare & Medicaid Services (CMS) has an opportunity to work proactively with the public health community and other sectors of society in the prevention and treatment of health problems including obesity.

Section 4004(i) of the Affordable Care Act requires the Department of Health and Human Services (HHS) to provide guidance to States regarding preventive and obesity-related services available to individuals enrolled in Medicaid. It also requires States to design public awareness campaigns to educate Medicaid enrollees on the availability and coverage of such services. HHS is required to issue a report to Congress no later than January 1, 2011, and every three years through 2017, addressing the status and effectiveness of these efforts and what States have done to increase awareness of obesity-related services covered by Medicaid. This is the first of the required reports to Congress, and it provides baseline information on the types of preventive and obesity-related services covered by Medicaid, as well as a summary of current and planned Federal and State activity. Future reports will identify and assess the effectiveness of Federal and State efforts to increase awareness of coverage for obesity-related services.

# I. INTRODUCTION

Each year, hundreds of thousands of deaths occur due to preventable causes related to obesity, tobacco use, high blood pressure, and alcohol misuse.[1] Improving the health of the population and reducing preventable causes of poor health is one of the strategic priorities of the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS). Preventive services are critically important for early diagnosis of health problems and for promoting healthy behaviors that can reduce the occurrence of chronic conditions. Medicaid and CHIP, which currently provides coverage for about 60 million children and adults, can play a major role in improving access to preventive screenings and interventions, including interventions that can reduce the rising rates of obesity.

The increasing prevalence of obesity in the U.S. is of particular concern, in part, because it has the potential to influence the health and health care needs of a generation of adults. Current estimates are that approximately 34 percent of U.S. adults[2] and 17 percent of children and adolescents are obese.[3] Medical costs associated with obesity were estimated to be $147 billion in 2008.[4] Medicare and Medicaid pay for a large portion of these costs, with one study showing that, in 2003, approximately one-half of obesity–attributed medical expenditures were financed by Federal and State governments through Medicare and Medicaid [5]

Section 4004(i) of the Affordable Care Act (P.L. 111-148), which was signed into law on March 23, 2010, called for HHS to provide guidance to States regarding preventive and obesity-related services that are available to Medicaid enrollees. It required States to design public awareness campaigns to educate Medicaid enrollees on the availability and coverage of such services, and for HHS to provide a report to Congress no later than January 1, 2011, and every three years through 2017, addressing the status and effectiveness of these efforts and what States have done to increase awareness of coverage of obesity-related services. This report provides baseline information on Medicaid coverage for obesity-related services in all States, describes HHS' ongoing efforts to provide States with information about services available to Medicaid enrollees for preventive and obesity-related services and the status of States' efforts. Future reports will identify and assess the effectiveness of State efforts to increase awareness of coverage for obesity-related services.

# II. PREVENTIVE SERVICES

## A. Preventive Services for Children

Through Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, Medicaid-eligible children under the age of 21 are provided coverage for preventive and comprehensive health services. This benefit entitles Medicaid-eligible children to regular check-ups and all medically necessary health services in order to ensure that their health and developmental needs are met. In 2009, 33 States and the District of Columbia operated all or a portion of their Children's Health Insurance Program (CHIP) programs as Medicaid-expansion programs. Children enrolled in these Medicaid-expansion programs are also entitled to receive the EPSDT benefit. States operating CHIP as a separate program must comply with the coverage requirements under section 2103 of the Social Security Act that specifies the scope of required

health insurance coverage for CHIP, which permits but does not require as comprehensive coverage as is available under Medicaid.

The EPSDT benefit includes screening, vision services, dental services, hearing services, and other services necessary to correct or improve health conditions discovered through screenings. Under the screening component of EPSDT, State Medicaid programs are responsible for assuring that children receive periodic physical examinations, complete health and developmental histories, and health education. The health education component provides an opportunity for the provider to discuss health concerns such as healthy weight or nutrition with the child and/or child's parent or guardian. Any medical service or treatment determined to be medically necessary for the child that can be covered under Medicaid such as additional nutritional assessments, counseling, or surgery, would be available through the EPSDT benefit.

Immunizations for children age 18 and under are covered by the federally-funded Vaccines for Children (VFC) program, while children age 19-20 are covered by Medicaid funds. Regardless of the funding source, all of VFC-recommended vaccines are part of the EPSDT benefit package for children under the age of 21 enrolled in Medicaid.

To better assure children receive EPSDT benefits, CMS has organized EPSDT training sessions with its regional office staff and recently participated in a National Academy of State Health Policy meeting on EPSDT that was organized with State officials. In early 2011, CMS will convene a national EPSDT workgroup comprised of representatives of States, providers, and other stakeholders to better understand the challenges States face in implementing the EPSDT benefit and the opportunities for improving access to the EPSDT benefit.

In addition, CMS has launched an oral health initiative that is intended to improve awareness of the importance of and children's access to dental services, which are included as part of the EPSDT benefit. The initiative includes a goal to increase use of preventive dental services in Medicaid/CHIP by 10 percentage points nationwide and in each State. Two State-Federal collaborative workshops were recently hosted to share promising practices among States and discuss a proposed strategy for achieving the dental goal. A State health official letter will be issued in early 2011 to give guidance to States on this initiative. CMS also has entered into a memorandum of understanding with the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) to coordinate efforts on achieving this goal.

**B. Preventive Services for Adults**

Preventive services for adults, as for children, are important for maintaining health and detecting health problems before they become more serious. HHS is encouraging greater focus on use of preventive services as one of the strategies for improving the health of the U.S population. Improving adults' access to preventive services in Medicaid requires increasing awareness of the available services as well as expanding coverage of the services. Federal Medicaid law requires States to cover certain mandatory benefit categories such as "hospital services" and they can choose to cover optional benefit categories such as "diagnostic, screening, preventive services."

Although some preventive services (such as cholesterol tests) may be defined in a State's mandatory category of benefits, others may be considered in the optional benefit category. As a result, Medicaid programs differ from State to State on the coverage of preventive services for adults. A survey conducted by the U.S. Government Accountability Office that inquired about selected preventive services found, for example, that 49 States cover cervical cancer screening for women but only 13 States cover intensive counseling to manage obesity for adults (see Appendix Table 1). The survey also found that the number of States covering preventive services, some of which are associated with obesity (such as high blood pressure, high cholesterol, or diabetes), varies by condition and service. For example, 35 States cover equipment for managing diabetes and 16 States cover equipment for managing high blood pressure (see Appendix Table 2).

Some of the current Federal efforts underway to improve adults' access to preventive services, including obesity-related preventive services, are noted below:

- *Tobacco cessation services*. Effective October 2010 pursuant to section 4107 of the Affordable Care Act, State Medicaid programs are required to cover tobacco cessation services for pregnant women including counseling and pharmacotherapy as recommended by the Public Health Service (PHS) 2008 Clinical Practice Guidelines.

- *Incentives for preventing chronic disease*. Planning is underway to announce the availability of $100 million in demonstration grant funding made available through section 4108 of the Affordable Care Act for projects that offer incentives to Medicaid enrollees for their participation in proven programs that help individuals lower or control cholesterol and/or blood pressure, lose weight, control diabetes, or stop smoking.

- *Immunization:* CMS is currently collaborating with other HHS officials on the Advisory Committee on Immunization Practices (ACIP) to identify gaps in adult immunization activities and to develop recommendations to improve vaccination rates in adults. HHS is planning a public awareness campaign to improve adult Medicaid enrollees' vaccination rates for influenza and pneumonia.

- *Option to create health homes:* Section 2703 of the Affordable Care Act provides States the option, as of January 1, 2011, to create health homes. Such homes will coordinate care for enrollees with chronic conditions, including enrollees who are overweight as evidenced by a body-mass-index (BMI) of over 25. This option qualifies a State for an enhanced federal match on these services, and provides an opportunity for States to create models of care that better integrate preventive, primary, acute, mental health, and long term services and supports for persons with chronic illness. CMS released a State Health Official letter on November 16, 2010 establishing the parameters of health home coverage and is planning a concerted effort to encourage and support State initiatives in this area.

- *Federal match for preventive services*. Effective 2013, section 4106 of the Affordable Care Act will give State Medicaid programs an enhanced federal match when they eliminate cost-sharing requirements for use of preventive services that meet U.S. Preventive Services Task Force's (USPSTF) guidelines for effectiveness. CMS is working on guidance to States about this opportunity to expand their coverage package for adults with the benefit of added Federal support.

### C. Quality Measures for Prevention and Health Promotion

With new resources from the Children's Health Insurance Program Reauthorization Act (CHIPRA)(P.L. 111-3) and the Affordable Care Act, CMS also is engaged in a number of efforts to uniformly measure, report and evaluate the use of preventive services by children and adults enrolled in Medicaid. In January 2010, CMS published an initial core set of pediatric quality measures for voluntary use by Medicaid/CHIP as required by CHIPRA. About half of the 24 pediatric quality measures are indicators of use of preventive and health promotion services.[6] A similar effort is now underway for adults in Medicaid, as required by section 2701 of the Affordable Care Act. A proposed initial core set of quality measures for adults is expected to be published for public comment by January 1, 2011. We anticipate that many of the proposed measures will measure the use of preventive and health promotion services.

Measures to document obesity rates and monitor progress in reducing those rates are included in the initial core sets for children and adults. One of the measures included in the pediatric core set is "Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents," which requests information on BMI for children ages 2-18. We anticipate that a similar measure will be included in the recommended core set of quality measures for adults that will be published for public comment by January 1, 2011. The BMI quality measures are useful for States and the Federal government in documenting the problem of obesity and monitoring progress in addressing obesity. Similar measures are included in the Medicare & Medicaid EHR Incentive Program final regulations.

## III. OBESITY-RELATED SERVICES

As previously noted (Section II.A), the EPSDT benefit requires States to cover preventive services for children under age 21, including services necessary to prevent and treat obesity. Coverage for adults is more variable by State.

### A. Medicaid Coverage of Obesity-Related Services

In a recent article published in *Public Health Reports,* Dr. Jennifer Lee [7] and colleagues evaluated public and private insurance coverage of obesity-related treatment in each State and the District of Columbia. The study conducted a State-by-State online document review of Medicaid provider manuals and fee schedules as of July 1, 2008.

Based on the review of information in State Medicaid provider manuals, there is considerable variability in States' coverage of obesity-related services. For adults, the authors assessed

coverage for three treatments (nutritional consultation, drug therapy, and bariatric surgery). They found that all State Medicaid programs covered at least one obesity treatment modality and eight States (DE, IA, IN, LA, MI, SC, VA, and WI) covered all three recommended treatments (see Appendix Table 3).[8] For children, the authors assessed coverage of nutritional and/or behavioral therapy. The review found that 10 States provided evidence in the manuals of coverage of nutritional and/or behavioral therapy for children and 30 States and the District of Columbia provided some, but inconclusive, evidence that they covered these services (see Appendix Table 4).[9] Ten States did not address reimbursement of nutritional assessment or behavioral therapy in their manuals. CMS plans to contact each State to verify the findings of this study.

Although States have some discretion within broad federal guidelines on the services they cover, they are required to provide certain mandatory services including inpatient hospital services, outpatient hospital services, physician services (including medical visits and surgery), and services in a Federally Qualified Health Center or Rural Health Clinic. The EPSDT benefit for children is also a mandatory benefit. Obesity-related services can be covered under all of these broader services and CMS is preparing guidance to States to highlight these coverage options.

For example, obesity-related prevention and management that States can provide include:

- Licensed nutritionists who provide diet and nutrition assessment and counseling.

- Fitness programs for both children and adults with co-morbidities and obesity-related symptoms and diseases can be covered if medically necessary and provided in an outpatient hospital or free-standing clinic setting.

- Obesity-related clinic services including preventive, diagnostic, therapeutic, rehabilitative or palliative services can be covered when provided to outpatients at a facility that is not part of a hospital and where the services are provided by or under the direction of a physician. Public health clinics and multidisciplinary specialty clinics that are qualified to provide an array of obesity-related services are examples of such clinics.

## B. Obesity-Related Guidance to State Officials

CMS is in the process of finalizing guidance to States on coverage of obesity-related services under Medicaid and CHIP. This guidance, which will address both children and adults, will be issued by spring of 2011. It will reference and encourage States to implement the USPSTF recommendations on prevention and treatment of obesity. USPSTF recommends clinicians use age-and gender-specific body-mass-index (BMI) to screen for obesity, and refer individuals to comprehensive, intensive behavioral interventions to promote improved weight status.

In light of the growing prevalence of obesity among children, more attention is needed to assure that screening and services are in fact provided to children when medically necessary. The upcoming CMS guidance will encourage States to remind providers to include diet and exercise

advice in the comprehensive well-child examinations. In addition, CMS will encourage States to include specific information on the standards of practice related to obesity prevention and treatment in their provider manuals. Examples include: the importance of calculating body mass index (BMI); the content of nutritional assessments; the importance of an appropriate recording of a patient's physical activity; and information regarding nutritional and behavioral therapy. The guidance will also discuss the types of obesity-related services that can be covered in Medicaid.

The CMS guidance will also address the public awareness campaigns that each State is required to conduct under Section 4004(i)(2) of the Affordable Care Act. It will identify a number of actions that States can take to improve awareness and access to obesity prevention and treatment services. To document efforts underway in States, learn about innovative ways that States are addressing childhood obesity in Medicaid and CHIP, and be able to share best practices, CMS will encourage States to submit promising practices on obesity prevention and treatment for inclusion on the CMS website. CMS is also working with CDC to identify activities that are already underway and/or funded in States to promote the coordination of State activities related to obesity.

## C. State Efforts to Improve Medicaid Enrollees Access to Obesity Services

The Affordable Care Act includes a range of provisions that will help promote general prevention and obesity-related preventive efforts and coverage. The Administration looks forward to working with States to improve these services and future versions of this report will elaborate on Affordable Care Act implementation, including States' public awareness campaigns to educate Medicaid enrollees about the availability and coverage of preventive and obesity-related services. The examples below illustrate promising practices that States can draw from as they bolster their preventive health efforts. CMS, too, is studying lessons learned from various States as we seek to provide Affordable Care Act implementation guidance.

A number of States have efforts underway to improve awareness and use of obesity-related services by Medicaid eligible individuals. Specific examples of State efforts include:

- The Massachusetts Department of Public Health in concert with MassHealth, the State's Medicaid program, has a statewide obesity education initiative entitled "Mass in Motion" that aims to promote wellness and to prevent obesity with a particular focus on the importance of healthy eating and physical activity. MassHealth also has a wellness program to support program recipients in making healthy choices and taking actions to stay healthy.

- Missouri has a Promoting Health in Teens and Kids weight management program at Children's Mercy Hospitals and Clinics which offers a culturally sensitive group education intervention for obese children and their parents that addresses behavioral changes related to physical activity and nutrition strategies, along with families' economic challenges that make weight management difficult for children. While

Medicaid eligibility s not a requirement for this program, approximately 50 percent of the children that participate in this program are Medicaid recipients.

- The Texas Medicaid Child Obesity Prevention Pilot, which operates in one county, has a goal to decrease the rate of obesity, improve nutritional choices, increase physical activity levels, and achieve long-term reductions in Medicaid costs incurred as a result of obesity. The State has contracted with one of its Medicaid managed care organizations, Amerigroup, to provide obesity prevention services to overweight Medicaid children in Travis County.

CMS, with funding through CHIPRA, awarded 10 State and multi-State quality demonstration grants to test and evaluate approaches to improving the quality of care that children in Medicaid/CHIP receive. Seven of the ten grantees will be implementing the core set of quality measures which include the obesity measures mentioned above. The data collected will be analyzed by States and shared with networks and individual practices to prompt quality improvement efforts. In addition, several States identified obesity activities as priorities in their applications.

- Colorado has plans to compare the extent to which Medicaid patients who access services at a school-based health center (SBHC) are more likely to be screened for obesity than Medicaid patients who do not access any services at a SBHC. Colorado also plans to work with the national evaluator of the grants to assess changes in childhood obesity screening rates under the demonstration.

- Florida has plans to conduct pre- and post- comparisons using multivariate analysis to determine whether changes occurred under the demonstration in services (such as emergency room visits and unplanned hospitalizations) for common chronic conditions including obesity.

- Massachusetts has plans to utilize Learning Collaboratives and practice coaches to help pediatric practices gain sustainable skills in care coordination, communicating between primary care, subspecialty care, and community-based agency providers, and the management of targeted clinical conditions, including childhood obesity.

- South Carolina expects to support the integration of clinical data with administrative data to enable the State to furnish providers with feedback about their practice patterns and promote continuous quality improvement effort in areas such as childhood obesity.

In future reports, as States begin to comply with the public awareness campaign requirement of section 4004(i)(2) of the Affordable Care Act, CMS will be able to provide a more complete picture of the States' efforts to develop and implement public awareness campaigns designed to educate Medicaid enrollees on the availability of obesity-related services. CMS will report on the effectiveness of the campaigns in our next report to Congress.

## IV. OTHER FEDERAL OBESITY INITIATIVES

In order to address the increasing public health challenge of obesity, a number of initiatives have been undertaken at the national level. The First Lady of the United States, Michelle Obama, has announced an ambitious national goal of solving the challenge of childhood obesity within a generation, and has established the "Let's Move" initiative. It is a comprehensive approach that engages every sector of society that impacts children. In addition, President Obama signed a Presidential Memorandum that created the Task Force on Childhood Obesity that reviewed all programs and policies related to child nutrition and physical activity and developed a national action plan to maximize Federal resources and set concrete benchmarks toward the First Lady's national goal.

HHS has also undertaken a number of initiatives. The Surgeon General released *The Surgeon General's Vision for a Healthy and Fit Nation* in January 2010, which provides recommendations for healthy choices and healthy home environments. The Office of the HHS Secretary established the Healthy Weight Taskforce to ensure that there is communication and coordination across agencies regarding the many initiatives related to obesity. The HHS Agency for Healthcare Research and Quality has identified obesity related interventions on its innovations website: http://www.innovations.ahrq.gov/searchSummary.aspx?query=obesity.

HHS obesity efforts with a focus on Medicaid/CHIP enrollees and other low-income populations include:

Centers for Disease Control and Prevention (CDC): CDC has the lead on a $25 million obesity demonstration grant program established by CHIPRA, and funded by the Affordable Care Act. A Funding Opportunity Announcement is expected to be released by the end of 2010, and it is expected that 3-4 grantees will be competitively selected. The applicants are expected to develop multisectoral programs for the purpose of carrying out community based activities, of which State Medicaid programs could be a stakeholder. CMS will participate in a steering committee that will assist with this grant program. Other CDC efforts can be found at: http://www.cdc.gov/communitiesputtingpreventiontowork.

Health Resources and Services Administration (HRSA): HRSA has established a Prevention Center for Healthy Weight and Healthy Weight Collaborative to address obesity in children and families. The Collaborative will assist communities in implementing evidence-based and promising clinical and community practices to promote healthy weight. In addition, it will allow for widespread dissemination and communication of obesity-related activities. Additional information on this collaboration can be found at: www.thepreventioncenter.org.

## V. CONCLUSION

Improving access to preventive services, including obesity related services, is a high priority within the Federal government. Given evidence of the variation in Medicaid coverage for

prevention services, including obesity-related services, guidance to States will be an important first step to improving knowledge about the ways that Medicaid/CHIP can play a role in a States' efforts to reduce preventable conditions and their consequences. In addition, CMS, working in concert with its Federal partners, will assist States in identifying Federal resources that can be used for public awareness campaigns to educate Medicaid/CHIP enrollees about the obesity-related services available in Medicaid. CMS looks forward to reporting on progress in addressing obesity in future reports to Congress.

## REFERENCES

[1]Danaei G, Ding EL, Mozaffarian D et al. The preventable causes of death in the United States: comparative risk assessment of dietary, lifestyle, and metabolic risk factors. 2009. *PLoS Med* 6(4):e1000058.

[2] Flegal KM, Ogden CL, Curtin LR. Prevention and trend in obesity among US adults, 1999 – 2008. *JAMA* 2010:303(3):2235-241.

[3] Ogden CL, Carroll MD, Curtin LR. Prevalence of high body mass index in US children and adolescents, 2007-2008. *JAMA* 2010:303(3); 242-249.

[4] Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer-and service-specific estimates. *Health Affairs* 2009 28 (5) w22-w831.

[5] Sherry B, Blanck HM, Galuska DA, Pan L, Dietz WH. Vital Signs: State-Specific Obesity Prevalence Among Adults – United States, 2009. Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, August 3, 2010, 59 (Early Release);1-5.

[6] Medicaid and CHIP Programs: Initial Core Set of Children's Healthcare Quality Measures for Voluntary Use by Medicaid and CHIP Programs (CMSO-2472-NC). 74 Federal Register 68846 December 29, 2009.

[7] Lee JS, Sheer JLO, Lopez N, Rosenbaum S. Coverage of Obesity Treatment: A State-by-State Analysis of Medicaid and State Insurance Laws. *Public Health Reports* July- August 2010; 125:596-604.

[8] Lee JS et. al., 597

[9] Lee JS et. al., 599-600

# Appendices

**Table 1. Number of State Medicaid Programs Reporting Covering Certain Preventive Services for Adults, 2008**

| *Service* | *Number of States* |
|---|---|
| Cervical cancer screening for women aged 21-64[a] | 49 |
| Mammography for women aged 40-64 | 48 |
| Colorectal cancer screening for adults aged 50-64[a] | 47 |
| Influenza vaccine for adults aged 50-64[b] | 46 |
| Diabetes screening for adults aged 21-64 with high blood pressure [c] | 43 |
| Well-adult check up or health risk assessment for adults aged 21-64 [d] | 39 |
| Cholesterol test for men aged 35-64 and adults aged 21-64 with risk factors for heart disease [c] | 39 |
| Intensive counseling to manage high cholesterol for adults aged 21-64 | 14 |
| Intensive counseling to manage obesity for adults aged 21-64 | 13 |

Source: GAO analysis of survey of state Medicaid directors, conducted between October 2008 and February 2009. U.S. Government Accountability Office. 2009. *Medicaid Preventative Services: Concerted Efforts Needed to Ensure Beneficiaries Receive Services.* Publication No. GAO-09-578. GAO Reports Main Page via GPO Access, accessed 23 November 2010; available from http://www.gao.gov/new.items/d09578.pdf

[a] One other State Medicaid program reported that this service was not covered under FFS but was covered by MCOs.

[b] Two other State Medicaid programs reported that this service was not covered under FFS but was covered by MCOs.

[c] Three other State Medicaid programs reported that this service was not covered under FFS but was covered by MCOs.

[d] Well-adult check-ups or health risk assessments for adults, while not explicitly recommended by the USPSTF, provide an opportunity for delivering recommended preventative services such as blood pressure tests and obesity screenings. Four other State Medicaid programs reported that this service was not covered under FFS but was covered by MCOs.

**Table 2. Number of State Medicaid Programs Reporting Covering Services to Manage Identified Health Conditions of Adults, 2008**

| *Service* | *Nutrition assessment and counseling* | *Condition-specific intensive counseling* | *Medication* | *Equipment for monitoring and control* | *Other* | *None of these are covered* |
|---|---|---|---|---|---|---|
| High blood pressure | 16 (31%) | 14 (27%) | 42 (82%) | 16 (31%) | 6 (12%) | 5 (10%) |
| High cholesterol | 17 (33%) | 14 (27%) | 42 (82%) | 4 (8%) | 6 (12%) | 6 (12%) |
| Diabetes | 25 (49%) | 21 (41%) | 43 (84%) | 35 (69%) | 7 (14%) | 3 (6%) |
| Obesity | 16 (31%) | 13 (25%) | 17 (33%) | 4 (8%) | 14 (27%) | 11 (22%) |

Source: GAO analysis of survey of state Medicaid directors, conducted between October 2008 and February 2009. U.S. Government Accountability Office. 2009. *Medicaid Preventative Services: Concerted Efforts Needed to Ensure Beneficiaries Receive Services.* Publication No. GAO-09-578. GAO Reports Main Page via GPO Access, accessed 23 November 2010; available from http://www.gao.gov/new.items/d09578.pdf

## Table 3: State Medicaid coverage of adult obesity treatment modalities, 2008 [a]

| *State* | *Nutritional consultation* | *Drug Therapy* | *Bariatric surgery* |
|---|---|---|---|
| Alabama | – | – | + [b] |
| Alaska | + [b] | – | + [c] |
| Arizona | + | 0 | + |
| Arkansas | 0 | 0 | + [c] |
| California | – | 0 | + [c] |
| Colorado | – | + [c] | + [b] |
| Connecticut | – | 0 | + |
| Delaware | + [c] | + [c] | + [c] |
| District of Columbia | 0 | 0 | + [c] |
| Florida | – | 0 | + [c] |
| Georgia | + | – | + [c] |
| Hawaii | – | 0 | + [c] |
| Idaho | + [b] | 0 | + [b] |
| Illinois | – | 0 | + [c] |
| Indiana | + | + | + |
| Iowa | + | + [c] | + [c] |
| Kansas | – | – | 0 |
| Kentucky | + | 0 | – |
| Louisiana | + | + | + |
| Maine | + | 0 | + [c] |
| Maryland | 0 | 0 | + [c] |
| Massachusetts | 0 | 0 | + [b] |
| Michigan | + [b] | 0 | + [b] |
| Minnesota | + | + [c] | + [c] |
| Mississippi | + | + [c] | – |
| Missouri | + [b] | 0 | + [b] |
| Montana | – | 0 | 0 |
| Nebraska | – | 0 | + [b] |
| Nevada | + | 0 | + [b] |
| New Hampshire | – | 0 | + [b] |
| New Jersey | – | 0 | 0 |
| New Mexico | – | 0 | + [c] |
| New York | 0 | 0 | + [b] |
| North Carolina | + | 0 | + [b, c] |
| North Dakota | + [b] | 0 | + [c] |
| Ohio | 0 | 0 | + [c] |
| Oklahoma | + | – | + [b] |
| Oregon | + [b] | 0 | + [c] |
| Pennsylvania | + | 0 | + [c] |
| Rhode Island | + | 0 | + [c] |
| South Carolina | + [b] | + [c] | + [b] |
| South Dakota | – | 0 | + [b] |
| Tennessee | – | 0 | + |
| Texas | – | 0 | – |
| Utah | – | 0 | + [c] |
| Vermont | + | 0 | + [c] |
| Virginia | + [b] | + [c] | + [c] |
| Washington | + [b] | – | + |
| West Virginia | – | 0 | + [b, c] |
| Wisconsin | + [b] | + [c] | + [c] |
| Wyoming | – | – | + [c] |

Source: Lee, J., Sheer, J., Lopez, N., & Rosenbaum, S. (2010). Coverage of Obesity Treatment: A State-by-State Analysis of Medicaid and State Insurance Laws. *Public Health Reports, 125*, 596-604.

[a] Based on an online document review of Medicaid provider manuals and fee schedules as of July 1, 2008

[b] Various restrictions apply

[c] Preauthorization required

+ = strong evidence for coverage

0 = not mentioned/undermined

– = specifically excluded

**Table 4. State Medicaid EPSDT Coverage of Nutritional and/or Behavioral Therapy for Childhood Obesity: Guidance on Reimbursement in State Provider Manual, 2008**

| *Coverage of nutritional and/or behavioral therapy for obesity* | *States* |
|---|---|
| Clear Guidance | Alaska, Arizona, Indiana, Iowa, Kansas, Kentucky, Montana, New Mexico, Oklahoma, Washington |
| No Guidance | California, Colorado, Hawaii, Michigan, Missouri, New Jersey, New York, Ohio, South Dakota, Texas |
| Some Guidance, but Inconclusive | Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming |

Source: Lee, J., Sheer, J., Lopez, N., & Rosenbaum, S. (2010). Coverage of Obesity Treatment: A State-by-State Analysis of Medicaid and State Insurance Laws. *Public Health Reports, 125,* 596-604.

[a]Based on an online document review of Medicaid provider manuals and fee schedules as of July 1, 2008

EPSDT = Early and Periodic Screening, Diagnosis, and Testing