

December 14, 2021

To Whom it May Concern:

On behalf of the ASMBS Executive Council, we are grateful for our continued collaboration on the treatment of patients challenged with the chronic disease of Obesity. Following years of collected studies, we have discovered Obesity is not simply a chronic disorder related to weight but a potent inflammatory and metabolic disease process. Obesity is a chronic, debilitating disease which exacerbates or causes conditions such as metabolic syndrome, cardiovascular disease, Type 2 Diabetes Mellitus, non-alcoholic fatty liver disease, cancer, and many other health problems. Our current indications for surgery are based on a consensus from the NIH from over **30 years ago**. We are long overdue for modernization of metabolic surgical criteria from the science realized over these past decades.

Research shows that Asian Americans have greater prevalence of metabolic syndrome at lower BMI levels compared to Non-Hispanic Whites. The data is clear this minority group is at increased risk of severe co-morbidity at a lower Body Mass Index (BMI). More importantly, the Asian ethnicity makes up 7% of the US population and is the fastest growing community in the United States. This unique Asian cohort has higher mortality rates from atherosclerotic cardiovascular disease (Circulation 2018 Scientific Statement from American Heart Association), Type 2 Diabetes Mellitus (JAMA 2019 Prevalence of Diabetes by Race and Ethnicity in the United States), and obesity (BMC Public Health 2017 Prevalence and change of central obesity among US Asian adults).

Surgical treatment of obesity and diabetes is one of the most beneficial, cost-effective, and durable treatment options resulting in remission of Type 2 Diabetes Mellitus, reduction of atherosclerotic heart disease, improvement in non-alcoholic steatohepatitis, and overall improvement in mortality and morbidity. However, it remains woefully underutilized, in part due to significant barriers in insurance coverage and reimbursement. Thus, we collectively support modification of the antiquated clinical guidelines in favor of current scientific evidence in this special population.

Clinical Guidelines:

Diabetes Surgery Summit – II (DSS-II) guidelines¹, that have been endorsed by over 45 worldwide medical and scientific societies, provide the following recommendations for metabolic surgery:

1. Metabolic surgery should be **recommended** to treat T2D in patients with BMI ≥ 40 kg/m² and in those with BMI 35.0–39.9 kg/m² when hyperglycemia is inadequately controlled by lifestyle and optimal medical therapy.
2. Surgery should also be **considered** for patients with T2D and BMI 30.0–34.9 kg/m² if hyperglycemia is inadequately controlled despite optimal treatment with either oral or injectable medications.
3. **These BMI thresholds should be reduced by 2.5 kg/m² for Asian patients.**

The American Diabetes Association has also endorsed these guidelines in their Standards of Medical Care in Diabetes documents.ⁱⁱ

Currently, health insurance policies on bariatric/metabolic surgery by Centers for Medicare and Medicaid Services (CMS) and many private insurers (such as United Healthcare, Cigna, Anthem, Aetna) **are not in sync with the clinical guidelines related to lower BMI thresholds for patients with Asian heritage**. Only a handful of insurers (such as Blue Cross Blue Shield of Vermontⁱⁱⁱ) have policies with specific criteria for those of Asian ancestry.

One of the most heartbreaking lessons learned from the Covid-19 pandemic, is patients encumbered with obesity and diabetes are more likely to suffer from serious consequences of Covid-19 compared to those without these comorbidities. We also know that the Covid-19 pandemic has had a disproportionately high impact on Asian Americans compared to Whites. Asians are twice as likely to test positive for Covid-19 than Whites, 60% more likely to be hospitalized, and 50% more likely to die.^{iv}

We are dealing with a double pandemic – Covid-19 and chronic conditions like obesity-diabetes that gets exacerbated among Asians. As we look forward to getting out of the current Covid-19 pandemic, we recognize we can be better prepared for the future by improving access to bariatric/metabolic surgery. One element of that preparation includes focusing on effectively addressing health equality and access barriers to treatments for obesity and diabetes.

We call upon health insurance companies to revise their medical policies to appropriately reflect current, data-based clinical guidelines for bariatric/metabolic surgery. Specifically, we ask for BMI based bariatric surgery eligibility requirements to be lowered by 2.5 points for patients with Asian Heritage. The ASMBS would be pleased to assist you in correcting this long, overlooked area of discrimination against this ethnic group.

Sincerely,



Shanu N. Kothari, MD

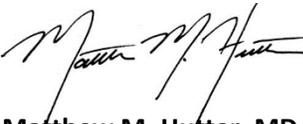
President, American Society for Metabolic and Bariatric Surgery

**Teresa L. LaMasters, MD**

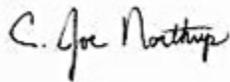
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**C. Joe Northup, MD**

Past Chair, ASMBS Access to Care Committee, Executive Councilperson-at-Large

ⁱ Rubino F, Nathan DM, Eckel RH, Schauer PR, Alberti KG, Zimmet PZ, Del Prato S, Ji L, Sadikot SM, Herman WH, Amiel SA, Kaplan LM, Taroncher-Oldenburg G, Cummings DE; Delegates of the 2nd Diabetes Surgery Summit. Metabolic Surgery in the Treatment Algorithm for Type 2 Diabetes: A Joint Statement by International Diabetes Organizations. *Diabetes Care*. 2016 Jun;39(6):861-77. doi: 10.2337/dc16-0236. PMID: 27222544.

ⁱⁱ American Diabetes Association. 8. Obesity Management for the Treatment of Type 2 Diabetes: Standards of Medical Care in Diabetes-2021. *Diabetes Care*. 2021 Jan;44(Suppl 1):S100-S110. doi: 10.2337/dc21-S008. PMID: 33298419.

ⁱⁱⁱ <https://www.bcbsvt.com/sites/default/files/2020-03/bariatric-surgery-2018.pdf>. Accessed 8/1/2021.

^{iv} "Asian American Subgroups And The COVID-19 Experience: What We Know And Still Don't Know.," *Health Affairs Blog*, May 24, 2021. DOI: 10.1377/hblog20210519.651079