



FACT SHEET

CONTACT: Amber Hamilton
212-266-0062

MEDICAL AND GOVERNMENT GROUPS SUPPORT BARIATRIC SURGERY

- **Scientific Statement from American Heart Association (AHA) March 2011:** “Bariatric surgery can result in long-term weight loss and significant reductions in cardiac and other risk factors for some severely obese adults.” First statement by the American Heart Association focused solely on bariatric surgery and cardiac risk factors.¹
- **American Association of Clinical Endocrinologists (AACE) July 2011:** AACE Task Force on Obesity “Declared that there is significant clinical evidence to declare obesity as a disease state...Surgical therapy for obesity, or ‘bariatric surgery,’ is indicated for certain high-risk patients,” having “‘clinically severe obesity.’ The comorbidities of severe obesity affect all the major organ systems of the body. Surgically induced weight loss will substantially improve or reverse the vast majority of these adverse effects from severe obesity.”^{2,3}
- **American Diabetes Association (ADA) 2011:** Position Statement: Standards of Medical Care in Diabetes 2011 recommends that “Bariatric surgery may be considered for adults with BMI > 35 kg/m² and type 2 diabetes, especially if the diabetes or associated comorbidities are difficult to control with lifestyle and pharmacologic therapy.”⁴
- **International Diabetes Federation (IDF) 2011:** Position Statement recommends “Bariatric surgery is an appropriate treatment for people with type 2 diabetes and obesity... Surgery should be an accepted option in people who have type 2 diabetes and a BMI of 35 or more. Surgery should be considered as an alternative treatment option in patients with a BMI between 30 and 35 when diabetes cannot be adequately controlled by optimal medical regimen, especially in the presence of other major cardiovascular disease risk factors.”⁵
- **U.S. Internal Revenue Service (IRS) 2002:** Bulletin on Rulings and Decisions on medical expenses states “Uncompensated amounts paid by individuals for participation in a weight-loss program as treatment for a specific disease or diseases (including obesity) diagnosed by a physician are expenses for medical care under section 213 of the Code... Amounts paid for the primary purpose of treating a disease are deductible as medical care. Obesity is medically accepted to be a disease in its own right.”⁶
- **Centers for Medicare & Medicaid Services (CMS) 2006:** Medicare National Coverage Determinations Manual outlines “Effective for services performed on and after February 21, 2006, Open and laparoscopic Roux-en-Y gastric bypass, open and laparoscopic Biliopancreatic Diversion with Duodenal Switch, and laparoscopic adjustable gastric banding are covered for Medicare beneficiaries who have a body-mass index > 35, have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity. These procedures are only covered when performed at facilities that are: (1) certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center; or (2) certified by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence.”⁷
- **National Institutes of Health (NIH) 1991:** Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults states, “Gastrointestinal surgery (gastric restriction [vertical gastric banding] or gastric bypass [Roux-en Y]) can result in substantial weight loss, and therefore is an available weight loss option for well-informed and motivated patients with a BMI 40 or 35, who have comorbid conditions and acceptable operative risks...Compared to other interventions available, surgery has produced the longest period of sustained weight loss.”⁸

REFERENCES

- ¹Poirier, P., Cornier, M. A., Mazzone, T., et al. (2011). Bariatric surgery and cardiovascular risk factors. *Circulation: Journal of the American Heart Association*. 123 pp. 1-19. Accessed March 2012 from <http://circ.ahajournals.org/content/123/15/1683.full.pdf>
- ²American Association of Clinical Endocrinologists. (2011). Declares obesity a disease state. Accessed March 2012 from: http://media.aace.com/article_display.cfm?article_id=5075
- ³American Association of Clinical Endocrinologists, The Obesity Society, and the American Society for Metabolic & Bariatric Surgery. (2008). Bariatric surgery guidelines. Accessed March 2012 from <http://aace.metapress.com/content/u1w5l4261135n725/fulltext.pdf>
- ⁴American Diabetes Association. (2011). Standards of medical care in diabetes. *Diabetes Care*. 32(S1) Accessed March 2012 from http://care.diabetesjournals.org/content/34/Supplement_1/S11.full.pdf
- ⁵International Diabetes Federation. (2011). Bariatric surgical and procedural interventions in the treatment of obese patients with type 2 diabetes. Accessed March 2012 from <http://www.idf.org/webdata/docs/IDF-Position-Statement-Bariatric-Surgery.pdf>
- ⁶U.S. Internal Revenue Service. (2002). Internal revenue bulletin: rulings and decisions under the internal revenue code of 1986. Accessed March 2012 from <http://www.irs.gov/pub/irs-irbs/irb02-16.pdf>
- ⁷Centers for Medicare & Medicaid Services. (2012). Medicare national coverage determinations manual. Accessed March 2012 from https://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf
- ⁸National Heart, Lung, and Blood Institute - NIH. (1998). Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: the evidence report. 98(4083) Access March 2012 from http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf

Updated June 2012