



# Using 1332 Waivers to Address Obesity/Social Determinants

In 2015, 11.5% of the population was obese. In 2027, it is projected to be 12.7%.



***“The number one thing state insurance regulators can do [to address health disparities] is address obesity.”***

- Dr. Mark Fendrick , MD; NAIC Race and Insurance Workstream 5 call, November 21, 2022



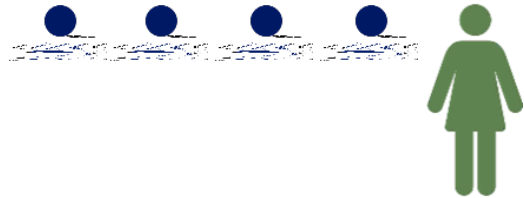
Obesity is more prevalent in communities of color than in non Hispanic white Americans.<sup>1,2</sup>

**1.3x**

more likely for **Black Americans**

**1.2x**

more likely for **Hispanic Americans**



**4 out of 5** Black or Hispanic American women have **obesity or overweight**



Access to healthy food and places to exercise





# Using 1332 Waivers to Address Obesity

## Section 1332 Waiver Options: Key Questions for States

- What is the ACA statutory provision to be waived (i.e., *replaced* by the state plan)?
- Will the waiver meet the statutory guardrails (coverage, comprehensiveness, affordability, deficit neutrality)?
- How will any pass-through funds be calculated, and what are the likely funding levels?
- Will the waiver require a commitment of state funding?
- Are there opportunities to coordinate/align the waiver with other programs?

## Section 1332 Waiver Option: “Hybrid” Reinsurance/EHB Waiver

- Waive the definition of Essential Health Benefits (EHB) to require issuers to cover the full range of obesity treatments, including anti-obesity medications (AOMs)
- Pair the EHB waiver with a new or existing state reinsurance program, directing a portion of the reinsurance pass-through funding to offset increased costs from obesity treatment and AOM coverage
- Set a target savings amount (e.g., a small percentage of premium) associated with improving obesity-related healthcare costs (e.g., reduced claims for stents, joint replacements, etc) to trigger pass-through funding
- Evaluate the impact over the term of the waiver (up to 5 years)



# Section 1332 Waiver Option: Complex Care Plans

- Create specialized plans designed to improve care and access for individuals with obesity
- Waive the definition of Qualified Health Plans (QHP) to create “state complex care plans”
  - State-authorized coverage options made available to individual market enrollees with specific chronic conditions or complex care needs
  - May also waive the definition of single risk pool (like an “invisible high-risk pool” approach)
-

The background features a dark grey field filled with numerous 3D question marks of varying sizes and orientations. Overlaid on this are several horizontal bars: a dark red bar at the top, a blue bar below it, a solid black bar in the middle, and a blue curved bar at the bottom. Small, colorful, pixelated patterns are scattered across the bars and background.

# Questions