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By: Tudor Vieru, Science Editor



This picture shows a modern, publically-funded hospital complex in the UK
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[Medicare Wants to Cut Funding for Weight Loss Surgeries](#)

The insurance company ran a study of its own, before making this decision

While most civilized countries employ a public health service, the United States continue to lag behind, being caught in the clutches of various private insurance firms, which have their own interest in mind, instead of that of the policy beneficiary. This was further proven recently, when Medicare - the company responsible for the well-being of approximately 44 million US citizens - said that it was considering reducing the coverage for weight loss surgeries.

Medical evidence showed that this type of surgery, which sometimes also involves gastric bypass, can completely reverse type II diabetes, a condition often generated by excessive weight, and which is currently affecting several million Americans. Why would a health insurance company even consider making such a decision?

There is no sound, scientific reason to do this, but Medicare says that "While recent medical reports claimed that bariatric surgery may be helpful for these patients, CMS did not find convincing medical evidence that bariatric surgery improved health outcomes for non-morbidly obese individuals." CMS stands for Centers for Medicare and Medicaid Services.

Though the company announced that it would submit its policy proposal to public review, this makes little difference in the long run, seeing how other, smaller insurance companies are keeping an eye out for whatever this large insurer is doing. Most likely, whatever course of action Medicare takes will also be followed by other companies.

Currently, for people to qualify for coverage, they have to have a body mass index of 35 or above, as well as medical complications to their conditions, such as arthritis or heart problems. Without these symptoms, patients are not eligible to receive coverage from the insurance giant.

In other countries, such as the UK, France, and Germany, health services are public, and people benefit from this type of system. The only insurance available is provided by state run agencies, which have no interest to deny any category of people access to medical care. In Britain for example, incoming patients are refunded with the money they paid for the cab, if they couldn't get to the hospital on their own.