



SCHIP OBESITY BENEFIT

Most private insurance plans do not provide coverage for obesity-related services, thus these benefits may not be part of the “benchmark” plans from which stand-alone SCHIP coverage is developed. In order to more effectively address rising childhood obesity rates basic anti-obesity benefits should be covered to SCHIP beneficiaries. There is precedent for this sort of coverage as Medicare covers medical nutrition therapy for beneficiaries with diabetes or renal disease. But the Medicare benefit, which is aimed at adults used to dealing with medical advice, counseling, and treatment, may not be adequate for the children covered by SCHIP.

Benefit Structure – Blue Cross Blue Shield of North Carolina Model

This model is based on benefits provided to all children covered by Blue Cross Blue Shield of North Carolina as of November of 2006. BCBSNC may be able to provide supporting data on the costs of this benefit for their adult beneficiaries.

All beneficiaries will be screened for obesity and overweight as part of routine visits to physicians. This screening will be covered by SCHIP and beneficiaries will not be expected to pay any further cost sharing.

Beneficiaries found to be overweight or obese would be eligible for additional benefits including:

- Up to 6 visits to licensed and credentialed nutritionists for nutrition counseling
- Access by phone to a nurse health coach
- Up to 4 physician visits a year for the evaluation and treatment of obesity
- No cost sharing shall be expected of the beneficiary for these benefits

Nutrition counseling can be defined based on the 1997 recommendation of a committee of the HRSA Maternal and Child Health Bureau:

- The Committee suggests that a clinical dietician or nutritionist can work with the child and his family members to achieve a healthy approach to eating. The Committee believes that “changes in diet are more likely to be achieved if the clinician involves the entire family; recommends one or two small changes at a time [e.g., the elimination of one or two high-calories foods from the family’s diet]; teaches problem-solving, especially how to handle eating outside the home and saboteurs [i.e., people who interfere with the family’s changes in eating habits or physical activity level]; and follows the family closely.”

Demonstration Program

This benefit could be provided as a demonstration program by either setting a limit on the number of states eligible to provide this benefit, capping the number of beneficiaries who could receive this benefit, or by setting an overall spending limit on this benefit. The program could be evaluated based on its uptake and on improvements in weight and body-mass index of beneficiaries.