

**First Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO**

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 25-0053.01 Shelby Ross x4510

SENATE BILL 25-048

SENATE SPONSORSHIP

Michaelson Jenet and Mullica, Amabile, Coleman, Cutter, Exum, Gonzales J., Hinrichsen, Roberts, Wallace, Weissman

HOUSE SPONSORSHIP

Brown and Mabrey, Bacon, Boesenecker, Duran, Gilchrist, Jackson, Lieder, Lindsay, Lukens, McCormick, Phillips, Ricks, Rutinel, Woodrow

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Health & Human Services
Appropriations

House Committees

Health & Human Services

A BILL FOR AN ACT

101 **CONCERNING THE "DIABETES PREVENTION AND OBESITY TREATMENT**
102 **ACT".**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires private insurance companies to provide coverage for the treatment of the chronic disease of obesity and the treatment of pre-diabetes, including coverage for the national diabetes prevention program, medical nutrition therapy, intensive behavioral or lifestyle therapy, metabolic and bariatric surgery, and FDA-approved anti-obesity medication.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

HOUSE
3rd Reading Unamended
May 6, 2025

HOUSE
Amended 2nd Reading
May 5, 2025

SENATE
Amended 3rd Reading
April 30, 2025

SENATE
Amended 2nd Reading
April 29, 2025

The bill requires the department of health care policy and financing (department) to seek federal authorization to provide treatment for the chronic disease of obesity and the treatment of pre-diabetes. Within existing appropriations and upon receiving federal authorization, the department is required to notify medicaid members in writing about the availability of the treatment.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Short title.** The short title of this act is the
3 "Diabetes Prevention and Obesity Treatment Act".

4 **SECTION 2. Legislative declaration.** (1) The general assembly
5 finds and declares that:

6 (a) In Colorado, the prevalence of the chronic disease of obesity
7 is staggering. Obesity affects over 24% of Colorado adults, with
8 disproportionately high rates in communities of color: 33.4% and 31% of
9 Black and Latino Coloradans experience obesity, respectively. More than
10 one in 4 youth ages 10 to 17 are either overweight or experiencing
11 obesity, and 24.3% of children enrolled in the federal special
12 supplemental nutrition program for women, infants, and children in 2020
13 were overweight or experiencing obesity.

14 (b) The American Medical Association and the American
15 Academy of Pediatrics declared obesity a chronic disease in 2013, and the
16 American Diabetes Association has recognized obesity as a complex,
17 progressive, serious, relapsing, and costly chronic disease. Obesity serves
18 as a major risk factor for developing comorbid conditions, including heart
19 disease, stroke, type 2 diabetes, renal disease, non-alcoholic
20 steatohepatitis, and 13 types of cancer. Research shows that obesity and
21 diabetes increase the risk of more severe coronavirus infection and
22 hospitalization. Obesity also contributes to many chronic and costly

1 conditions and increases risk of physical injury, including falls, sprains,
2 strains, lower extremity fractures, and joint dislocation.

3 (c) Strong and consistent evidence shows that effective weight
4 management can delay the progression from pre-diabetes to type 2
5 diabetes and is highly beneficial in treating type 2 diabetes. In people with
6 type 2 diabetes who are also overweight or experiencing obesity, modest
7 weight management clinically improves health, including reducing
8 glycemia levels and reducing the need for glucose-lowering medications.
9 Greater weight management substantially reduces A1C and fasting
10 glucose levels and has been shown to support sustained diabetes
11 remission for at least 2 years.

12 (d) The 2023 American Academy of Pediatrics obesity guidelines
13 recommend that comprehensive, evidence-based obesity treatment for
14 youth should include anti-obesity medications and that this treatment
15 option is safe and effective. Eight out of ten adolescents with obesity will
16 continue to have obesity as adults. Treatment significantly improves an
17 individual's health and quality of life and has the potential to significantly
18 reduce health-care costs by preventing the development and progression
19 of obesity-related complications, including diabetes.

20 SECTION 3. In Colorado Revised Statutes, 10-16-104,
21 add (29) as follows:

22 10-16-104. Mandatory coverage provisions - applicability -
23 rules - definitions. (29) Treatment for obesity and pre-diabetes.

24 (a) ALL LARGE GROUP HEALTH BENEFIT PLANS ISSUED OR RENEWED IN
25 THIS STATE MUST PROVIDE COVERAGE FOR THE TREATMENT OF THE
26 CHRONIC DISEASE OF OBESITY AND THE TREATMENT OF PRE-DIABETES,
27 INCLUDING COVERAGE FOR A COMPARABLE PROGRAM TO THE NATIONAL

1 DIABETES PREVENTION PROGRAM, MEDICAL NUTRITION THERAPY,
2 INTENSIVE BEHAVIORAL OR LIFESTYLE THERAPY, AND METABOLIC AND
3 BARIATRIC SURGERY.

4 (b) FOR A LARGE GROUP HEALTH BENEFIT PLAN OFFERED IN THIS
5 STATE, A CARRIER SHALL OFFER THE POLICYHOLDER THE OPTION TO
6 PURCHASE COVERAGE FOR FDA-APPROVED ANTI-OBESITY MEDICATIONS,
7 INCLUDING AT LEAST ONE FDA-APPROVED GLP-1 MEDICATION. THIS
8 SUBSECTION (29) DOES NOT REQUIRE A CARRIER TO OFFER COVERAGE FOR
9 WHICH PREMIUMS WOULD NOT COVER EXPECTED BENEFITS.

10 (c) THE COMMISSIONER MAY ADOPT RULES TO IMPLEMENT THIS
11 SUBSECTION (29).

12 (d) AS USED IN THIS SUBSECTION (29):

13 (I) "FDA-APPROVED ANTI-OBESITY MEDICATION" MEANS A
14 MEDICATION APPROVED BY THE FEDERAL FOOD AND DRUG
15 ADMINISTRATION WITH AN INDICATION FOR WEIGHT MANAGEMENT IN
16 PATIENTS WITH CHRONIC OBESITY.

17 (II) "FDA-APPROVED GLP-1 MEDICATION" MEANS A
18 GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST THAT IS APPROVED BY THE
19 FEDERAL FOOD AND DRUG ADMINISTRATION WITH AN INDICATION FOR
20 REGULATING BLOOD SUGAR LEVELS AND APPETITE.

21 (III) "INTENSIVE BEHAVIORAL OR LIFESTYLE THERAPY" MEANS AN
22 EVIDENCE-BASED, MULTI-COMPONENT BEHAVIORAL OR LIFESTYLE
23 MODIFICATION INTERVENTION DESIGNED TO SUPPORT HEALTHY WEIGHT
24 MANAGEMENT AS RECOMMENDED BY CURRENT CLINICAL STANDARDS OF
25 CARE. INTERVENTIONS INCLUDE OBESITY SCREENING, DIETARY
26 ASSESSMENT, AND BEHAVIORAL COUNSELING AND THERAPY AIMED AT
27 WEIGHT LOSS THROUGH LIFESTYLE MODIFICATIONS SUCH AS CHANGES IN

1 DIET AND INCREASED PHYSICAL ACTIVITY. THERAPY FOR OBESITY MUST BE
2 CONSISTENT WITH THE UNITED STATES PREVENTIVE SERVICES TASK
3 FORCE'S 5-A BEHAVIORAL COUNSELING FRAMEWORK: ASK, ADVISE,
4 ASSESS, ASSIST, AND ARRANGE. INTERVENTIONS MAY BE PROVIDED
5 IN-OFFICE, VIRTUALLY THROUGH TELEHEALTH, OR IN COMMUNITY-BASED
6 SETTINGS TO SUPPORT PATIENT ACCESS AND NEEDS.

7 (IV) "MEDICAL NUTRITION THERAPY" MEANS THE FOLLOWING
8 NUTRITION CARE SERVICES THAT PREVENT, MANAGE, OR TREAT DISEASES
9 OR MEDICAL CONDITIONS, WHICH SERVICES MAY BE PROVIDED IN-OFFICE
10 OR VIRTUALLY THROUGH TELEHEALTH:

11 (A) NUTRITION ASSESSMENT;

12 (B) NUTRITION DIAGNOSIS;

13 (C) NUTRITION INTERVENTION; AND

14 (D) NUTRITION MONITORING AND EVALUATION.

15 (V) "METABOLIC AND BARIATRIC SURGERY" MEANS METABOLIC
16 AND BARIATRIC SURGERY RECOMMENDED ACCORDING TO THE GUIDELINES
17 PUBLISHED IN THE 2022 AMERICAN SOCIETY FOR METABOLIC AND
18 BARIATRIC SURGERY AND INTERNATIONAL FEDERATION FOR THE
19 SURGERY OF OBESITY AND METABOLIC DISORDERS: INDICATIONS FOR
20 METABOLIC AND BARIATRIC SURGERY.

21 (VI) "NATIONAL DIABETES PREVENTION PROGRAM" MEANS A
22 STRUCTURED, EVIDENCE-BASED LIFESTYLE MODIFICATION PROGRAM
23 DESIGNED TO PREVENT OR DELAY THE ONSET OF DIABETES IN INDIVIDUALS
24 AT HIGH RISK IN ACCORDANCE WITH 42 U.S.C. SEC. 280g-14. THE
25 PROGRAM FOLLOWS A STANDARDIZED CURRICULUM AND IS FOCUSED ON
26 PROMOTING HEALTHY LIFESTYLE CHANGES, INCLUDING WEIGHT LOSS,
27 INCREASED PHYSICAL ACTIVITY, AND HEALTHIER EATING HABITS.

1 THROUGH INDIVIDUAL AND GROUP INTERVENTION.

2 **SECTION 4. In Colorado Revised Statutes, 25.5-8-107, add**
3 **(1)(a)(V) as follows:**

4 **25.5-8-107. Duties of the department - schedule of services -**
5 **premiums - copayments - subsidies - purchase of childhood**
6 **immunizations.** (1) In addition to any other duties pursuant to this article
7 8, the department has the following duties:

8 (a) (IV) THE SCHEDULE OF HEALTH-CARE SERVICES INCLUDED IN
9 THE PLAN MUST NOT INCLUDE COVERAGE PURSUANT TO THE MANDATORY
10 COVERAGE PROVISIONS OF SECTION 10-16-104 (29).

11 **SECTION 5. Act subject to petition - effective date -**
12 **applicability.** (1) This act takes effect January 1, 2027; except that, if a
13 referendum petition is filed pursuant to section 1 (3) of article V of the
14 state constitution against this act or an item, section, or part of this act
15 within the ninety-day period after final adjournment of the general
16 assembly, then the act, item, section, or part will not take effect unless
17 approved by the people at the general election to be held in November
18 2026 and, in such case, will take effect January 1, 2027, or on the date of
19 the official declaration of the vote thereon by the governor, whichever is
20 later.

21 (2) This act applies to large group health benefit plans issued or
22 renewed on or after the applicable effective date of this act.