

**Second Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO**

**INTRODUCED**

LLS NO. 24-0335.01 Shelby Ross x4510

**SENATE BILL 24-054**

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**SENATE SPONSORSHIP**

**Michaelson Jenet,**

**HOUSE SPONSORSHIP**

**Brown and Mabrey,**

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**Senate Committees**  
Health & Human Services

**House Committees**

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**A BILL FOR AN ACT**

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

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**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 all private insurance companies to provide coverage for the treatment of the chronic disease of obesity and the treatment of pre-diabetes, including coverage for intensive behavioral or lifestyle therapy, bariatric surgery, and FDA-approved anti-obesity medication.

No later than January 2025, the bill requires the department of

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.*

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. Upon receiving federal authorization, the department is required to notify medicaid members in writing about the availability of the treatment.

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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 that:

6           (a) In Colorado, the impact of the chronic disease of obesity is  
7 staggering. Obesity affects over 24% of Colorado adults, with higher  
8 prevalence in communities of color. Black and Latino adults have a  
9 higher prevalence of obesity, 33.4% and 31%, respectively. More than  
10 one in four 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 declared obesity a chronic  
15 disease in 2013, and the American Diabetes Association has recognized  
16 obesity as a complex, progressive, serious, relapsing, and costly chronic  
17 disease. Obesity serves as a major risk factor for developing conditions,  
18 including heart disease, stroke, type 2 diabetes, renal disease,  
19 non-alcoholic steatohepatitis, and 13 types of cancer. Research shows that  
20 obesity and diabetes pose higher risk for more severe coronavirus  
21 infection and hospitalization. Obesity also contributes to many chronic  
22 and costly conditions and increases risk of physical injury, including falls,  
23 sprains, strains, lower extremity fractures, and joint dislocation.

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

10 **SECTION 3.** In Colorado Revised Statutes, 10-16-104, **add** (27)  
11 as follows:

12 **10-16-104. Mandatory coverage provisions - applicability -**  
13 **rules - definitions.** (27) **Anti-obesity medications.** (a) ALL INDIVIDUAL  
14 AND GROUP HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE  
15 MUST PROVIDE COVERAGE FOR THE TREATMENT OF THE CHRONIC DISEASE  
16 OF OBESITY AND THE TREATMENT OF PRE-DIABETES, INCLUDING  
17 COVERAGE FOR INTENSIVE BEHAVIORAL OR LIFESTYLE THERAPY,  
18 BARIATRIC SURGERY, AND FDA-APPROVED ANTI-OBESITY MEDICATION.

19 (b) THE COVERAGE CRITERIA FOR FDA-APPROVED ANTI-OBESITY  
20 MEDICATION MUST NOT BE MORE RESTRICTIVE THAN FDA-APPROVED  
21 INDICATIONS FOR THE MEDICATION.

22 (c) THE COVERAGE REQUIRED PURSUANT TO THIS SUBSECTION (27)  
23 MUST NOT BE DIFFERENT OR SEPARATE FROM COVERAGE FOR ANY OTHER  
24 ILLNESS, CONDITION, OR DISORDER FOR PURPOSES OF DETERMINING  
25 COPAYMENTS, DEDUCTIBLES, COINSURANCE, OR ANNUAL MAXIMUM  
26 BENEFIT.

27 (d) THIS SUBSECTION (27) DOES NOT PROHIBIT A PLAN FROM

1 APPLYING UTILIZATION MANAGEMENT TO DETERMINE MEDICAL NECESSITY  
2 FOR TREATMENT OF THE CHRONIC DISEASE OF OBESITY AND THE  
3 TREATMENT OF PRE-DIABETES IF APPROPRIATENESS AND MEDICAL  
4 NECESSITY DETERMINATIONS ARE MADE IN THE SAME MANNER AS THOSE  
5 DETERMINATIONS ARE MADE FOR THE TREATMENT OF ANY OTHER ILLNESS,  
6 CONDITION, OR DISORDER COVERED BY THE PLAN.

7 (e) THIS SUBSECTION (27) DOES NOT APPLY TO A SPECIALIZED  
8 HEALTH-CARE SERVICE PLAN OR CONTRACT THAT COVERS ONLY DENTAL  
9 OR VISION BENEFITS OR TO A MEDICARE SUPPLEMENTAL CONTRACT.

10 (f) (I) THE COMMISSIONER SHALL SUBMIT TO THE FEDERAL  
11 DEPARTMENT OF HEALTH AND HUMAN SERVICES:

12 (A) A DETERMINATION AS TO WHETHER THE BENEFIT SPECIFIED IN  
13 THIS SUBSECTION (27) IS IN ADDITION TO ESSENTIAL HEALTH BENEFITS AND  
14 WOULD BE SUBJECT TO DEFAYAL BY THE STATE PURSUANT TO 42 U.S.C.  
15 SEC. 18031 (d)(3)(B); AND

16 (B) A REQUEST THAT THE FEDERAL DEPARTMENT OF HEALTH AND  
17 HUMAN SERVICES CONFIRM THE DIVISION'S DETERMINATION WITHIN SIXTY  
18 DAYS AFTER RECEIPT OF THE DIVISION'S REQUEST AND SUBMISSION OF ITS  
19 DETERMINATION.

20 (II) THIS SUBSECTION (27) APPLIES TO LARGE EMPLOYER POLICIES  
21 OR CONTRACTS ISSUED OR RENEWED ON OR AFTER JANUARY 1, 2026, AND  
22 TO INDIVIDUAL AND SMALL GROUP POLICIES AND CONTRACTS ISSUED ON  
23 OR AFTER JANUARY 1, 2025, AND THE COMMISSIONER SHALL IMPLEMENT  
24 THE REQUIREMENTS OF THIS SUBSECTION (27) ONLY IF:

25 (A) THE DIVISION RECEIVES CONFIRMATION FROM THE FEDERAL  
26 DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT THE COVERAGE  
27 SPECIFIED IN THIS SUBSECTION (27) DOES NOT CONSTITUTE AN ADDITIONAL

1 BENEFIT THAT REQUIRES DEFRAYAL BY THE STATE PURSUANT TO 42 U.S.C.  
2 SEC. 18031 (d)(3)(B);

3 (B) THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES  
4 HAS OTHERWISE INFORMED THE DIVISION THAT THE COVERAGE DOES NOT  
5 REQUIRE STATE DEFRAYAL PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B);  
6 OR

7 (C) MORE THAN THREE HUNDRED SIXTY-FIVE DAYS HAVE PASSED  
8 SINCE THE DIVISION SUBMITTED ITS DETERMINATION AND REQUEST FOR  
9 CONFIRMATION THAT THE COVERAGE SPECIFIED IN THIS SUBSECTION (27)  
10 IS NOT AN ADDITIONAL BENEFIT THAT REQUIRES STATE DEFRAYAL  
11 PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B), AND THE FEDERAL  
12 DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS FAILED TO RESPOND  
13 TO THE REQUEST WITHIN THAT PERIOD, IN WHICH CASE THE DIVISION  
14 SHALL CONSIDER THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN  
15 SERVICES' UNREASONABLE DELAY A PRECLUSION FROM REQUIRING  
16 DEFRAYAL BY THE STATE.

17 (g) THE COMMISSIONER SHALL ADOPT RULES CONSISTENT WITH  
18 AND AS ARE NECESSARY TO IMPLEMENT THIS SUBSECTION (27).

19 (h) AS USED IN THIS SUBSECTION (27):

20 (I) "FDA-APPROVED ANTI-OBESITY MEDICATION" MEANS ANY  
21 MEDICATION APPROVED BY THE FEDERAL FOOD AND DRUG  
22 ADMINISTRATION WITH AN INDICATION FOR CHRONIC WEIGHT  
23 MANAGEMENT IN PATIENTS WITH OBESITY.

24 (II) "INTENSIVE BEHAVIORAL OR LIFESTYLE THERAPY" MEANS AN  
25 EVIDENCE-BASED, INTENSIVE, MULTI-COMPONENT BEHAVIORAL OR  
26 LIFESTYLE MODIFICATION INTERVENTION THAT SUPPORTS HEALTHY  
27 WEIGHT MANAGEMENT AS RECOMMENDED BY CURRENT CLINICAL

1 STANDARDS OF CARE. INTERVENTIONS INCLUDE A HIGH FREQUENCY OF  
2 COUNSELING AND FOCUS ON NUTRITION OR DIETARY CHANGES, PHYSICAL  
3 ACTIVITY, AND BEHAVIORAL COUNSELING STRATEGIES TO ACHIEVE  
4 HEALTH WEIGHT MANAGEMENT. INTERVENTIONS MAY BE PROVIDED IN  
5 OFFICE, VIRTUAL, OR COMMUNITY-BASED SETTINGS TO SUPPORT PATIENT  
6 ACCESS AND NEEDS.

7 **SECTION 4.** In Colorado Revised Statutes, **add 25.5-5-337** as  
8 follows:

9 **25.5-5-337. Diabetes prevention and obesity treatment -**  
10 **anti-obesity medication - federal authorization - utilization**  
11 **management - report - definitions.** (1) NO LATER THAN JANUARY 2025,  
12 THE STATE DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION TO  
13 PROVIDE TREATMENT FOR THE CHRONIC DISEASE OF OBESITY AND THE  
14 TREATMENT OF PRE-DIABETES, INCLUDING INTENSIVE BEHAVIORAL OR  
15 LIFESTYLE THERAPY, BARIATRIC SURGERY, AND FDA-APPROVED  
16 ANTI-OBESITY MEDICATION.

17 (2) UPON RECEIVING FEDERAL AUTHORIZATION, THE STATE  
18 DEPARTMENT SHALL NOTIFY MEMBERS IN WRITING ABOUT THE  
19 AVAILABILITY OF TREATMENT FOR THE CHRONIC DISEASE OF OBESITY AND  
20 THE TREATMENT OF PRE-DIABETES PROVIDED PURSUANT TO THIS SECTION.

21 (3) THIS SECTION DOES NOT PROHIBIT THE STATE DEPARTMENT  
22 FROM CONDUCTING UTILIZATION MANAGEMENT TO DETERMINE MEDICAL  
23 NECESSITY FOR TREATMENT OF THE CHRONIC DISEASE OF OBESITY AND  
24 THE TREATMENT OF PRE-DIABETES PROVIDED PURSUANT TO THIS SECTION.

25 (4) BEGINNING WITH THE HEARINGS FOR THE 2026 LEGISLATIVE  
26 SESSION, AND EACH YEAR THEREAFTER, THE DEPARTMENT SHALL INCLUDE  
27 AS PART OF ITS PRESENTATION DURING ITS "SMART ACT" HEARING

1 REQUIRED BY SECTION 2-7-203 INFORMATION CONCERNING THE EFFORTS  
2 TO REDUCE AND MANAGE THE CHRONIC DISEASE OF OBESITY AND THE  
3 TREATMENT OF PRE-DIABETES, INCLUDING:

- 4 (a) THE PREVALENCE AND DIAGNOSIS RATES OF OBESITY; AND
- 5 (b) UTILIZATION OF OBESITY INTERVENTION SERVICES AND  
6 HEALTH IMPROVEMENTS, INCLUDING DIABETES PREVENTION AND  
7 MANAGEMENT AND CARDIOVASCULAR HEALTH.

8 (5) AS USED IN THIS SECTION:

9 (a) "FDA-APPROVED ANTI-OBESITY MEDICATION" MEANS ANY  
10 MEDICATION APPROVED BY THE FEDERAL FOOD AND DRUG  
11 ADMINISTRATION WITH AN INDICATION FOR CHRONIC WEIGHT  
12 MANAGEMENT IN PATIENTS WITH OBESITY.

13 (b) "INTENSIVE BEHAVIORAL OR LIFESTYLE THERAPY" MEANS AN  
14 EVIDENCE-BASED, INTENSIVE, MULTI-COMPONENT BEHAVIORAL OR  
15 LIFESTYLE MODIFICATION INTERVENTION THAT SUPPORTS HEALTHY  
16 WEIGHT MANAGEMENT AS RECOMMENDED BY CURRENT CLINICAL  
17 STANDARDS OF CARE. INTERVENTIONS INCLUDE A HIGH FREQUENCY OF  
18 COUNSELING AND FOCUS ON NUTRITION OR DIETARY CHANGES, PHYSICAL  
19 ACTIVITY, AND BEHAVIORAL COUNSELING STRATEGIES TO ACHIEVE  
20 HEALTH WEIGHT MANAGEMENT. INTERVENTIONS MAY BE PROVIDED IN  
21 OFFICE, VIRTUAL, OR COMMUNITY-BASED SETTINGS TO SUPPORT PATIENT  
22 ACCESS AND NEEDS.

23 **SECTION 5. Act subject to petition - effective date.** This act  
24 takes effect at 12:01 a.m. on the day following the expiration of the  
25 ninety-day period after final adjournment of the general assembly; except  
26 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
27 of the state constitution against this act or an item, section, or part of this

1 act within such period, then the act, item, section, or part will not take  
2 effect unless approved by the people at the general election to be held in  
3 November 2024 and, in such case, will take effect on the date of the  
4 official declaration of the vote thereon by the governor.