

First Regular Session  
Seventy-fifth General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 25-0053.01 Shelby Ross x4510

SENATE BILL 25-048

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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 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.*

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.

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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 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 timely initiation of intensive behavioral or lifestyle  
15 therapy, anti-obesity medications, and bariatric surgery, and that these  
16 treatment options are safe and effective. Eight out of 10 adolescents with  
17 obesity will continue to have obesity as adults. Treatment significantly  
18 improves an individual's health and quality of life and has the potential to  
19 significantly reduce health-care costs by preventing the development and  
20 progression of obesity-related complications, including diabetes.

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

23 **10-16-104. Mandatory coverage provisions - applicability -**  
24 **rules - definitions.** (29) **Anti-obesity medications.** (a) ALL INDIVIDUAL  
25 AND GROUP HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE  
26 MUST PROVIDE COVERAGE FOR THE TREATMENT OF THE CHRONIC DISEASE  
27 OF OBESITY AND THE TREATMENT OF PRE-DIABETES, INCLUDING

1 COVERAGE FOR THE NATIONAL DIABETES PREVENTION PROGRAM, MEDICAL  
2 NUTRITION THERAPY, INTENSIVE BEHAVIORAL OR LIFESTYLE THERAPY,  
3 METABOLIC AND BARIATRIC SURGERY, AND FDA-APPROVED ANTI-OBESITY  
4 MEDICATION.

5 (b) THE COVERAGE CRITERIA FOR FDA-APPROVED ANTI-OBESITY  
6 MEDICATION MUST NOT BE MORE RESTRICTIVE THAN FDA-APPROVED  
7 INDICATIONS FOR THE MEDICATION.

8 (c) THE COVERAGE REQUIRED PURSUANT TO THIS SUBSECTION (29)  
9 MUST NOT BE DIFFERENT OR SEPARATE FROM COVERAGE FOR ANY OTHER  
10 ILLNESS, CONDITION, OR DISORDER FOR PURPOSES OF DETERMINING  
11 COPAYMENTS, DEDUCTIBLES, COINSURANCE, OR ANNUAL MAXIMUM  
12 BENEFIT.

13 (d) THIS SUBSECTION (29) DOES NOT PROHIBIT A PLAN FROM  
14 APPLYING UTILIZATION MANAGEMENT TO DETERMINE MEDICAL NECESSITY  
15 AND APPROPRIATENESS FOR TREATMENT OF THE CHRONIC DISEASE OF  
16 OBESITY AND THE TREATMENT OF PRE-DIABETES IF THE DETERMINATIONS  
17 ARE MADE IN THE SAME MANNER AS DETERMINATIONS MADE FOR THE  
18 TREATMENT OF ANY OTHER ILLNESS, CONDITION, OR DISORDER COVERED  
19 BY THE PLAN.

20 (e) THIS SUBSECTION (29) DOES NOT APPLY TO A SPECIALIZED  
21 HEALTH-CARE SERVICE PLAN OR CONTRACT THAT COVERS ONLY DENTAL  
22 OR VISION BENEFITS OR TO A MEDICARE SUPPLEMENTAL CONTRACT.

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

25 (A) A DETERMINATION AS TO WHETHER THE BENEFIT SPECIFIED IN  
26 THIS SUBSECTION (29) IS IN ADDITION TO ESSENTIAL HEALTH BENEFITS AND  
27 WOULD BE SUBJECT TO DEFAYAL BY THE STATE PURSUANT TO 42 U.S.C.

1 SEC. 18031 (d)(3)(B); AND

2 (B) A REQUEST THAT THE FEDERAL DEPARTMENT OF HEALTH AND  
3 HUMAN SERVICES CONFIRM THE DIVISION'S DETERMINATION WITHIN SIXTY  
4 DAYS AFTER RECEIPT OF THE DIVISION'S REQUEST AND SUBMISSION OF ITS  
5 DETERMINATION.

6 (II) THIS SUBSECTION (29) APPLIES TO LARGE EMPLOYER POLICIES  
7 OR CONTRACTS ISSUED OR RENEWED ON OR AFTER JANUARY 1, 2026, AND  
8 TO INDIVIDUAL AND SMALL GROUP POLICIES AND CONTRACTS ISSUED ON  
9 OR AFTER JANUARY 1, 2027, AND THE COMMISSIONER SHALL IMPLEMENT  
10 THE REQUIREMENTS OF THIS SUBSECTION (29) ONLY IF:

11 (A) THE DIVISION RECEIVES CONFIRMATION FROM THE FEDERAL  
12 DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT THE COVERAGE  
13 SPECIFIED IN THIS SUBSECTION (29) DOES NOT CONSTITUTE AN ADDITIONAL  
14 BENEFIT THAT REQUIRES DEFAYAL BY THE STATE PURSUANT TO 42 U.S.C.  
15 SEC. 18031 (d)(3)(B);

16 (B) THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES  
17 HAS OTHERWISE INFORMED THE DIVISION THAT THE COVERAGE DOES NOT  
18 REQUIRE STATE DEFAYAL PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B);  
19 OR

20 (C) MORE THAN THREE HUNDRED SIXTY-FIVE DAYS HAVE PASSED  
21 SINCE THE DIVISION SUBMITTED ITS DETERMINATION AND REQUEST FOR  
22 CONFIRMATION THAT THE COVERAGE SPECIFIED IN THIS SUBSECTION (29)  
23 IS NOT AN ADDITIONAL BENEFIT THAT REQUIRES STATE DEFAYAL  
24 PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B) AND THE FEDERAL  
25 DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS FAILED TO RESPOND  
26 TO THE REQUEST WITHIN THAT PERIOD, IN WHICH CASE THE DIVISION  
27 SHALL CONSIDER THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN

1 SERVICES' UNREASONABLE DELAY A PRECLUSION FROM REQUIRING  
2 DEFRAIYAL BY THE STATE.

3 (g) THE COMMISSIONER SHALL ADOPT RULES CONSISTENT WITH  
4 AND AS ARE NECESSARY TO IMPLEMENT THIS SUBSECTION (29).

5 (h) A HEALTH-CARE PROVIDER SHALL FOLLOW CLINICAL  
6 GUIDELINES WHEN PRESCRIBING AN FDA-APPROVED ANTI-OBESITY  
7 MEDICATION.

8 (i) AS USED IN THIS SUBSECTION (29):

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

13 (II) "INTENSIVE BEHAVIORAL OR LIFESTYLE THERAPY" MEANS AN  
14 EVIDENCE-BASED, MULTI-COMPONENT BEHAVIORAL OR LIFESTYLE  
15 MODIFICATION INTERVENTION DESIGNED TO SUPPORT HEALTHY WEIGHT  
16 MANAGEMENT AS RECOMMENDED BY CURRENT CLINICAL STANDARDS OF  
17 CARE. INTERVENTIONS INCLUDE OBESITY SCREENING, DIETARY  
18 ASSESSMENT, AND BEHAVIORAL COUNSELING AND THERAPY AIMED AT  
19 WEIGHT LOSS THROUGH LIFESTYLE MODIFICATIONS SUCH AS CHANGES IN  
20 DIET AND INCREASED PHYSICAL ACTIVITY. THERAPY FOR OBESITY MUST BE  
21 CONSISTENT WITH THE UNITED STATES PREVENTIVE SERVICES TASK  
22 FORCE'S 5-A BEHAVIORAL COUNSELING FRAMEWORK: ASK, ADVISE,  
23 ASSESS, ASSIST, AND ARRANGE. INTERVENTIONS MAY BE PROVIDED  
24 IN-OFFICE, VIRTUALLY THROUGH TELEHEALTH, OR IN COMMUNITY-BASED  
25 SETTINGS TO SUPPORT PATIENT ACCESS AND NEEDS.

26 (III) "MEDICAL NUTRITION THERAPY" MEANS THE FOLLOWING  
27 NUTRITION CARE SERVICES THAT PREVENT, MANAGE, OR TREAT DISEASES

1 OR MEDICAL CONDITIONS, WHICH SERVICES MAY BE PROVIDED IN-OFFICE  
2 OR VIRTUALLY THROUGH TELEHEALTH:

3 (A) NUTRITION ASSESSMENT;

4 (B) NUTRITION DIAGNOSIS;

5 (C) NUTRITION INTERVENTION; AND

6 (D) NUTRITION MONITORING AND EVALUATION.

7 (IV) "METABOLIC AND BARIATRIC SURGERY" MEANS METABOLIC  
8 AND BARIATRIC SURGERY RECOMMENDED ACCORDING TO THE GUIDELINES  
9 PUBLISHED IN THE 2022 AMERICAN SOCIETY FOR METABOLIC AND  
10 BARIATRIC SURGERY AND INTERNATIONAL FEDERATION FOR THE  
11 SURGERY OF OBESITY AND METABOLIC DISORDERS: INDICATIONS FOR  
12 METABOLIC AND BARIATRIC SURGERY.

13 (V) "NATIONAL DIABETES PREVENTION PROGRAM" MEANS A  
14 STRUCTURED, EVIDENCE-BASED LIFESTYLE MODIFICATION PROGRAM  
15 DESIGNED TO PREVENT OR DELAY THE ONSET OF DIABETES IN INDIVIDUALS  
16 AT HIGH RISK IN ACCORDANCE WITH 42 U.S.C. SEC. 280g-14. THE  
17 PROGRAM FOLLOWS A STANDARDIZED CURRICULUM AND IS FOCUSED ON  
18 PROMOTING HEALTHY LIFESTYLE CHANGES, INCLUDING WEIGHT LOSS,  
19 INCREASED PHYSICAL ACTIVITY, AND HEALTHIER EATING HABITS,  
20 THROUGH INDIVIDUAL AND GROUP INTERVENTION.

21 **SECTION 4.** In Colorado Revised Statutes, **add** 25.5-5-340 as  
22 follows:

23 **25.5-5-340. Diabetes prevention and obesity treatment -**  
24 **anti-obesity medication - federal authorization - utilization**  
25 **management - report - definitions.** (1) THE STATE DEPARTMENT SHALL  
26 SEEK FEDERAL AUTHORIZATION TO PROVIDE COVERAGE FOR TREATMENT  
27 FOR THE CHRONIC DISEASE OF OBESITY AND THE TREATMENT OF

1 PRE-DIABETES, INCLUDING THE NATIONAL DIABETES PREVENTION  
2 PROGRAM, MEDICAL NUTRITION THERAPY, INTENSIVE BEHAVIORAL OR  
3 LIFESTYLE THERAPY, METABOLIC AND BARIATRIC SURGERY, AND  
4 FDA-APPROVED ANTI-OBESITY MEDICATION.

5 (2) WITHIN EXISTING APPROPRIATIONS AND UPON RECEIVING  
6 FEDERAL AUTHORIZATION, THE STATE DEPARTMENT SHALL IMPLEMENT  
7 THIS SECTION AND NOTIFY MEMBERS IN WRITING ABOUT THE AVAILABILITY  
8 OF TREATMENT FOR THE CHRONIC DISEASE OF OBESITY AND THE  
9 TREATMENT OF PRE-DIABETES PROVIDED PURSUANT TO THIS SECTION.

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

14 (4) BEGINNING IN THE 2027 LEGISLATIVE SESSION, AND EACH YEAR  
15 THEREAFTER, THE STATE DEPARTMENT SHALL INCLUDE AS PART OF ITS  
16 PRESENTATION DURING ITS "SMART ACT" HEARING REQUIRED BY  
17 SECTION 2-7-203 INFORMATION CONCERNING THE EFFORTS TO REDUCE  
18 AND MANAGE THE CHRONIC DISEASE OF OBESITY AND THE TREATMENT OF  
19 PRE-DIABETES, INCLUDING:

20 (a) THE PREVALENCE AND DIAGNOSIS RATES OF OBESITY; AND

21 (b) UTILIZATION OF OBESITY INTERVENTION SERVICES AND  
22 HEALTH IMPROVEMENTS, INCLUDING DIABETES PREVENTION AND  
23 MANAGEMENT AND IMPROVEMENTS TO CARDIOVASCULAR HEALTH.

24 (5) A HEALTH-CARE PROVIDER SHALL FOLLOW CLINICAL  
25 GUIDELINES WHEN PRESCRIBING AN FDA-APPROVED ANTI-OBESITY  
26 MEDICATION.

27 (6) AS USED IN THIS SECTION:

1 (a) "FDA-APPROVED ANTI-OBESITY MEDICATION" MEANS A  
2 MEDICATION APPROVED BY THE FEDERAL FOOD AND DRUG  
3 ADMINISTRATION WITH AN INDICATION FOR WEIGHT MANAGEMENT IN  
4 PATIENTS WITH CHRONIC OBESITY.

5 (b) "INTENSIVE BEHAVIORAL OR LIFESTYLE THERAPY" MEANS AN  
6 EVIDENCE-BASED, MULTI-COMPONENT BEHAVIORAL OR LIFESTYLE  
7 MODIFICATION INTERVENTION DESIGNED TO SUPPORT HEALTHY WEIGHT  
8 MANAGEMENT AS RECOMMENDED BY CURRENT CLINICAL STANDARDS OF  
9 CARE. INTERVENTIONS INCLUDE OBESITY SCREENING, DIETARY  
10 ASSESSMENT, AND BEHAVIORAL COUNSELING AND THERAPY AIMED AT  
11 WEIGHT LOSS THROUGH LIFESTYLE MODIFICATIONS SUCH AS CHANGES IN  
12 DIET AND INCREASED PHYSICAL ACTIVITY. THERAPY FOR OBESITY MUST BE  
13 CONSISTENT WITH THE UNITED STATES PREVENTIVE SERVICES TASK  
14 FORCE'S 5-A BEHAVIORAL COUNSELING FRAMEWORK: ASK, ADVISE,  
15 ASSESS, ASSIST, AND ARRANGE. INTERVENTIONS MAY BE PROVIDED  
16 IN-OFFICE, VIRTUALLY THROUGH TELEHEALTH, OR IN COMMUNITY-BASED  
17 SETTINGS TO SUPPORT PATIENT ACCESS AND NEEDS.

18 (c) "MEDICAL NUTRITION THERAPY" MEANS THE FOLLOWING  
19 NUTRITION CARE SERVICES THAT PREVENT, MANAGE, OR TREAT DISEASES  
20 OR MEDICAL CONDITIONS, WHICH SERVICES MAY BE PROVIDED IN-OFFICE  
21 OR VIRTUALLY THROUGH TELEHEALTH:

- 22 (I) NUTRITION ASSESSMENT;
- 23 (II) NUTRITION DIAGNOSIS;
- 24 (III) NUTRITION INTERVENTION; AND
- 25 (IV) NUTRITION MONITORING AND EVALUATION.

26 (d) "METABOLIC AND BARIATRIC SURGERY" MEANS METABOLIC  
27 AND BARIATRIC SURGERY RECOMMENDED ACCORDING TO THE GUIDELINES

1 PUBLISHED IN THE 2022 AMERICAN SOCIETY FOR METABOLIC AND  
2 BARIATRIC SURGERY AND INTERNATIONAL FEDERATION FOR THE  
3 SURGERY OF OBESITY AND METABOLIC DISORDERS: INDICATIONS FOR  
4 METABOLIC AND BARIATRIC SURGERY.

5 (e) "NATIONAL DIABETES PREVENTION PROGRAM" MEANS A  
6 STRUCTURED, EVIDENCE-BASED LIFESTYLE MODIFICATION PROGRAM  
7 DESIGNED TO PREVENT OR DELAY THE ONSET OF DIABETES IN INDIVIDUALS  
8 AT HIGH RISK IN ACCORDANCE WITH 42 U.S.C. SEC. 280g-14. THE  
9 PROGRAM FOLLOWS A STANDARDIZED CURRICULUM AND IS FOCUSED ON  
10 PROMOTING HEALTHY LIFESTYLE CHANGES, INCLUDING WEIGHT LOSS,  
11 INCREASED PHYSICAL ACTIVITY, AND HEALTHIER EATING HABITS,  
12 THROUGH INDIVIDUAL AND GROUP INTERVENTION.

13 **SECTION 5. Act subject to petition - effective date.** This act  
14 takes effect at 12:01 a.m. on the day following the expiration of the  
15 ninety-day period after final adjournment of the general assembly; except  
16 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
17 of the state constitution against this act or an item, section, or part of this  
18 act within such period, then the act, item, section, or part will not take  
19 effect unless approved by the people at the general election to be held in  
20 November 2026 and, in such case, will take effect on the date of the  
21 official declaration of the vote thereon by the governor.