



May 2, 2025
The Honorable Kyle Brown
Chair, House Health and Human Services Committee
200 E Colfax
Denver, CO 80203

Dear Chair Brown and Committee Members,

I am writing today on behalf of the National Association of Benefits and Insurance Professionals Colorado Chapter (NABIP - Colorado) – a member organization representing consultants, licensed agents and brokers who are engaged in the sale and service of health insurance and other ancillary products and serving employers and consumers in all fifty states– to bring your attention to concerns regarding coverage requirements for anti-obesity medications in SB 48.

NABIP - Colorado acknowledges and understands that obesity is a public health crisis in the United States with many suffering from obesity and the health conditions that are associated with it, and we understand that the intent behind this legislation is to address this crisis. We're concerned that large group plans adding coverage for Ozempic and Wegovy will lead to a significant increase in premiums that will cause employers to pay tens of thousands of dollars more for their employees' healthcare coverage.

Anti-obesity drugs like Ozempic and Wegovy cost nearly \$1,000 per month per utilizing member which will increase costs for all enrollees in Colorado. This has been seen in North Carolina, where administrators of the North Carolina State Health Plan were forced to remove anti-obesity drugs from their state health plan because the additional cost of covering these drugs totaled [\\$102 million in 2023](#). Further, according to Willis Towers Watson, in a scenario in which anti-obesity drugs are required to be covered, if even half of an employer's workforce who are eligible to take such drugs were to take it, an employer's spending on healthcare could increase by more than [50 percent](#).

In addition to the concerns about the cost of these drugs, NABIP – Colorado is concerned about the lack of research into the long term effects of taking anti-obesity drugs, with some who take these drugs reporting [malnutrition](#), [pancreatitis](#), [gallbladder disease](#), and interference with other medications like [birth control](#). It is important to understand the potential public health impacts of the widespread use of these drugs before taking measures that will guarantee an increase in the use of these drugs.



While NABIP-Colorado is in strong opposition to the expanding coverage for anti-obesity medication, we do not oppose promoting behavioral or lifestyle therapy which will ultimately lead to more sustainable improvements in public health.

On behalf of NABIP-Colorado, I would like to thank you for your attention and consideration on this matter.

Sincerely,


Leah Denzel

President, NABIP-Colorado

House Health & Human Services

05/03/2025 Upon Adjournment

SB25-048 Diabetes Prevention & Obesity Treatment Act

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Jaime Moore For Children's Hospital Colorado	<p>May 2, 2025</p> <p>To the members of the Colorado House Health and Human Services Committee, we are writing in support of Senate Bill 48 (Diabetes Prevention & Obesity Treatment Act) on behalf of Children’s Hospital Colorado.</p> <p>Children’s Hospital Colorado is home to one of the largest pediatric obesity medicine treatment programs in the country. We provide compassionate, evidence-based care to youth in larger bodies. The children we take care of are incredible.</p> <p>We recently worked with a 15-year-old bright and resilient young woman who has faced unimaginable challenges. She has obesity complicated by type 2 diabetes and has experienced significant trauma throughout her life, including the recent loss of her mother. She is now being raised by her 70-year-old grandfather, who is also the primary caregiver for his wife, who has early-stage dementia. He is doing everything he can to provide for his granddaughter, but is overwhelmed—balancing his own aging-related health concerns, the emotional toll of caring for his wife, and the financial strain of raising a teenager on a fixed income. Like so many caregivers in similar situations, he is struggling to access the resources his family needs. Our patient initially blamed herself for her health struggles, internalizing the stigma that obesity and diabetes are simply about "trying harder." But the scientific reality is that chronic stress and trauma have a direct negative impact on metabolic health, emotional well-being, and a child’s ability to engage in self-care.</p> <p>Moreover, when type 2 diabetes develops during adolescence, it progresses more quickly than in adults. In the largest clinical trial of youth-onset type 2 diabetes, 17 of the young adults followed in the</p>

	<p>study (average age of 26) had already experienced serious cardiovascular events including heart attacks, heart failure, and stroke, and 6 had died. Half had developed diabetic eye disease (precursor to vision loss) within 15 years of diagnosis. Prevention, or even delayed onset of type 2 diabetes using the treatments outlined in this bill, could significantly improve long-term health and quality of life for these youth.</p> <p>With the right support, our patient is beginning to heal. She is now in therapy, where she is learning to process her grief, build coping strategies, and regain a sense of control over her life. She is also receiving comprehensive medical care to treat her diabetes and weight in a way that prioritizes her overall well-being, not just numbers on a scale. This combination of behavioral and medical care is making a profound difference—not just in her physical health, but in her ability to move forward after loss.</p> <p>Her story is not unique. Many of the families we work with—whether on Medicaid or commercial insurance—struggle to access comprehensive obesity-related treatment because they are either not covered, have excessive wait times, or require out-of-pocket costs that make care unattainable. This is not just a health issue—it is a matter of equity and justice for all children. Families ask us earnestly why their children have to become sicker (e.g. develop diabetes or hypertension) before they can access treatment that may prevent these complications from occurring in the first place. And we do not have a good answer.</p> <p>The evidence summarized by the American Academy of Pediatrics is clear: a comprehensive approach to obesity treatment is needed to prevent its persistence into adulthood and to prevent early onset complications. This bill represents a major step toward improving access to such comprehensive obesity treatment across the state of Colorado, including medical nutrition therapy, physical activity, behavioral and mental health support, as well as medications, and bariatric surgery, when medically indicated. We see this bill as a critical investment in our children that is expected to yield long-term cost-savings, with high public health impact.</p> <p>We recently scoured the literature (from 2014 to 2024) to evaluate economic analyses related to cost and cost savings when obesity medications are started specifically in childhood. The existing</p>
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	<p>pediatric data show that phentermine plus topiramate is a cost-effective treatment. Importantly, among all FDA-approved medications for obesity, semaglutide (Wegovy) showed the greatest improvement in quality and quantity of life (quality-adjusted life years) when started in teenagers, but requires cost reduction strategies. Luckily, there is precedent for such strategies to improve access (e.g. insulin). In addition, evolving market forces including competition with a strong pipeline for new medications are expected to drive costs down over time.</p> <p>Finally, clinicians and researchers within our state’s medical and public health institutions have the expertise and passion to rigorously study utilization, cost, cost savings, and health outcomes if this bill is implemented to maximize its impact.</p> <p>We thank you for your consideration and respectfully ask for your “yes” vote.</p> <p>Sincerely, Jaime Moore MD MPH, Megan Kelsey MD MS, Djanne Smith LSW, David Winter BS on behalf of Children’s Hospital Colorado</p>
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