



May 2, 2024  
The Honorable Lindsey Daugherty  
Chair, House Health and Human Services Committee  
200 E Colfax  
RM 307  
Denver, CO 80203

Dear Chair Daugherty,

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 54.

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. However, mandating that all private insurance companies provide coverage for anti-obesity medications like 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](#). These costs will be too much for many employers in Colorado and will indirectly worsen health outcomes by causing many to lose their jobs and insurance coverage.

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 coverage mandate 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. NABIP-Colorado supports policy that will improve the health and lives of all Coloradans; however, we caution taking drastic steps that will make care more expensive for all.

Sincerely,

Tammy Niederman & Tim Hebert

Co-Legislative Chairs, NABIP-Colorado



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## Della's Story

Growing up I would say I had a pretty "normal" childhood. Prior to about 10 years old I don't remember struggling with my weight, but I distinctly remember my mother telling me I was big boned. When I was 11 my father passed away in front of me. He had a heart attack with no signs of health issues like high blood pressure or cholesterol. I am at the same age as he was today. And that - I can now say - started my secret binge eating and a life-long struggle with obesity. My mother had obesity as well and tried to help me avoid many of the things she went through in life, leaning on her personal experience since the science of obesity just wasn't there yet.

At 12 I remember my mother setting up consultations with our local practitioner. I would ride my bicycle to her office after school every day and get weighed in. I know her intentions were good - she wanted me to exercise on that bike - but the whole thing was mortifying.

As a teen I was always active in sports but I was always the bigger person. I remember trying everything I could do to lose weight - starving myself which led to more binge eating, a fruit diet which also led to more binge eating... and then I starting seeking unhealthy avenues like weight loss "miracle" pills and even substance abuse. I was willing to try anything that suppressed my appetite, which did temporarily help with weight loss, but I was young and didn't have the ability to get them consistently. My weight swung up and down. I struggled with substance abuse until I had my son, who in my mind saved my life. I had to stop for him.

So from 22 until now 53 I have continually fought with my weight and attempts at losing weight. I've tried every fad diet, pill, nutrition plan I could afford, and still I'm not doing well. I have done nutrition counseling, trauma counseling, meditation, positive affirmation therapy - and still here I am almost 300 pounds again, and sad and unhappy.

This is the first time in 30 years that I have had to rely on Medicaid for my health coverage. I spent most of my life working multiple jobs in order to take care of myself, my family and honestly everyone else around me. I'm not ashamed that I am on state assistance, and I can say that what assistance they provide is not adequate, especially if you have obesity. The fact that you have to beg to be given a PCP, and then when you can finally see a doctor, not all medications or treatments are covered. I have to pay for some straight out of pocket which is ridiculous.

Initially in November when I signed up for Medicaid, my husband and I had very little income. We live a semi-retired life. I am proud that we own what we have and volunteer to live where we stay in a state park. The moment I went out and got a part time job our benefits were cut to very little and that's when we had to pay out of pocket for even my husband's PTSD meds. The assistance you get under Medicaid simply does not cover what you need to be healthy. I am fortunate that I don't currently have additional medical issues like high blood pressure or diabetes, and I want to keep it that way. I just need the tools to do it.

I feel like I could go on forever but I will just leave with this simple opinion - Americans are intentionally being misled about obesity, and generations of weight bias are influencing decisions on coverage for obesity care which is not ok. The science is there – obesity is a disease. We know better... but we aren't doing better. Our country has not caught up to the science because we still treat people with obesity differently than people with other “more acceptable” diseases like diabetes or high blood pressure. Coverage for those disease is affordable and acceptable, yet it's ok to debate and deny coverage of treatments for obesity. It's not ok.

My first glimmer of hope for a healthier future came just yesterday – I had a consultation with an online obesity treatment provider. My son will be paying out of pocket for the appointment and the medications that were prescribed. Not everyone has the ability to do this, and it shouldn't be necessary. I was programmed from a child up that this is a “you problem”. What I do have is obesity. It's a disease, with underlying biology and physiology... it's not me. And now is the time to ensure that people with obesity have access to treat their disease just like we treat other diseases.

Good afternoon Representatives,

My name is Teddy McCullough and I am a citizen of the Coyote Valley Band of Pomo Indians - a Federally recognized tribe in Northern California. I currently live in Denver and have lived here for over 4 years.

I am speaking today in support of the Diabetes Prevention and Obesity Treatment Act.

As you may be aware Native Americans suffer from some of the highest rates of obesity and diabetes out of any racial or ethnic group. Nearly 50% of Native Americans **have obesity or overweight** compared to 31% of non-Hispanic whites. Further, Natives are twice as likely to be diagnosed with diabetes than the general population and in some Native communities the diabetes prevalence is as high as 70%. Right here in Colorado we reflect these national trends with over 25% of adults having obesity and over 35% having overweight. And Native Americans have the highest obesity rates out of any racial or ethnic group in Colorado at over 37%.

I myself have struggled with obesity for most of my life and the vast majority of my family also suffer from obesity and diabetes. I was 8 years old when I was first told that I suffered from Obesity and pre-diabetes and I have struggled with my weight and other health issues ever since. We are told that obesity and health problems just require some lifestyle changes and that's it. But, for years, I tried every diet, exercise plan, health coaching, and personal training program I could afford or be a part of. It was always a struggle, and my related health issues never improved.

Yet with almost any other disease, healthcare and insurance professionals will treat them with medication covered by insurance, but when it comes to the disease of obesity, and to some extent diabetes, this rarely the case. The root of the problems we see in accessing obesity care is weight bias. It's time to make policy decisions based on science, not stigma.

Earlier this year, I was approved for, and my insurance covered, an obesity injection medication. Since starting on obesity medication, I have been able to easily lose nearly 10% of my starting body weight, and my pre-diabetes and other health issues have already begun to improve.

While I am lucky that my insurance has covered an injectable medication to treat obesity, no one in my family (many of whom are covered by Medicaid, including my mom who is here with me today) can get access to these medications. They are not covered by Medicaid and most insurance plans, making a highly effective treatment option for this disease unaffordable. Luck should not be a factor in a person's treatment plan – we must treat obesity the same as we treat other diseases, and provide patients and their healthcare providers the tools they need to succeed in their lifelong struggles to improve their health.

Many Natives, and other underserved communities, are reliant on Medicaid and federal programs for their healthcare and insurance services. This bill would be life-changing and life-saving for many Native people, as well as underserved and underinsured communities in our State.

If you support Native and other communities of color, you will support this bill. I thank you for your time and consideration and would be happy to discuss further or answer any questions.

Thank you.