

## CHAPTER 365

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**INSURANCE**

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**SENATE BILL 25-048**

BY SENATOR(S) Michaelson Jenet and Mullica, Amabile, Cutter, Exum, Gonzales J., Hinrichsen, Roberts, Wallace, Weissman, Coleman;  
also REPRESENTATIVE(S) Brown and Mabrey, Bacon, Boesenecker, Duran, Gilchrist, Jackson, Lieder, Lindsay, Lukens, McCormick, Phillips, Ricks, Rutinel, Woodrow.

**AN ACT****CONCERNING THE "DIABETES PREVENTION AND OBESITY TREATMENT ACT".**

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

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

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

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

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

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*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

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

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

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

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

**10-16-104. Mandatory coverage provisions - applicability - rules - definitions.** (29) **Treatment for obesity and pre-diabetes.** (a) ALL LARGE GROUP HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE MUST PROVIDE COVERAGE FOR THE TREATMENT OF THE CHRONIC DISEASE OF OBESITY AND THE TREATMENT OF PRE-DIABETES, INCLUDING COVERAGE FOR A COMPARABLE PROGRAM TO THE NATIONAL DIABETES PREVENTION PROGRAM, MEDICAL NUTRITION THERAPY, INTENSIVE BEHAVIORAL OR LIFESTYLE THERAPY, AND METABOLIC AND BARIATRIC SURGERY.

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

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

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

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

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

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

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

- (A) NUTRITION ASSESSMENT;
- (B) NUTRITION DIAGNOSIS;
- (C) NUTRITION INTERVENTION; AND
- (D) NUTRITION MONITORING AND EVALUATION.

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

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

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

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

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

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

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

Approved: June 3, 2025