



## **Obesity Groups Support Passage of Colorado Senate Bill 48, the Diabetes Prevention and Obesity Treatment Act February 18, 2025**

On behalf of the Colorado-based Obesity Medicine Association (OMA), and the American Society for Metabolic and Bariatric Surgery (ASMBS), The Obesity Society (TOS) and the Obesity Action Coalition (OAC), we are pleased to express our strong support for Senate Bill (SB) 48, the Diabetes Prevention & Obesity Treatment Act, which would require state-regulated health plans 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. Approximately 25% of the adult population in Colorado lives with obesity and could benefit from access to these patient-centered treatment options.

Our organizations applaud Senator Michaelson-Jenet and Representatives Brown and Mabrey for introducing this legislation as it will greatly improve access to comprehensive obesity care across the state. Passage of this legislation will build on past efforts to expand access to obesity care such as when the state adopted its state employee health plan as its essential health benefits (EHB) benchmark plan beginning in 2017. Colorado took this step to ensure coverage of bariatric surgery and other key services that exchange beneficiaries were supporting for inclusion. In taking this action, Colorado became the first state to proactively expand EHB coverage for bariatric surgery.

Throughout the past decades, the prevalence of obesity has skyrocketed across our country and in Colorado where approximately 25% of adults are currently affected by obesity. Black and Latino adults have a higher prevalence of obesity of 33.4% and 31%, respectively. In addition, more than one in four youth ages 10 to 17 are affected by either overweight or obesity with nearly the same percentage of children being affected who are enrolled in the federal special supplemental nutrition program for women, infants, and children in 2020.

Despite these facts, many policymakers continue to view obesity as a lifestyle choice or personal failing. Others acknowledge that obesity is a chronic and complex disease, but they believe that all that's needed is more personal will power and prevention programs. These perceptions and attitudes, coupled with bias and stigma, have resulted in health insurance plans taking vastly different approaches in determining what and how obesity treatment services are covered by

insurance. It's time for health plans (public and private) to adopt a comprehensive benefit approach toward treating obesity.

### **Policy Statements Recognizing Obesity as a Disease and the Need for Treatment**

Since 2013, when the American Medical Association adopted formal policy declaring obesity as a complex and chronic disease and supporting patient access to the full continuum of evidence-based obesity care, numerous federal and state policy organizations have echoed the AMA's position. These include the National Council of Insurance Legislators, National Lieutenant Governors Association, National Hispanic Caucus of State Legislators, and the National Black Caucus of State Legislators, Veterans Health Administration, Indian Health Service, and the Federal Office of Personnel Management.

### **Addressing Health Disparities in Obesity Treatment**

Obesity is a complex chronic disease that extends beyond individual lifestyle choices to encompass a broader landscape of social determinants and systemic factors, contributing significantly to health inequities. Disparities in obesity rates are often closely intertwined with socioeconomic status, geographic location, and access to resources. Individuals in marginalized communities face barriers to affordable and nutritious food options, safe spaces for physical activity, and unequal access to qualified providers of quality healthcare. These structural inequities exacerbate the prevalence of obesity among vulnerable populations, leading to a cycle of poor health outcomes. Tackling obesity requires a comprehensive approach.

Obesity is driven by strong biology, not by choice and is often the root cause and driver of other health complications. A recent report found that treating obesity can reduce diabetes (-8.9%), hypertension (2.3%), heart disease (-2.6%), cancer (-1.3%), and disability (-4.7%) over 10 years in private insurance coverage and Medicare. The same assumptions can also be applied to Medicaid and state employee health plans.<sup>1</sup>

Our country must acknowledge obesity for the chronic disease that it is and take steps to treat it in the same serious fashion as other chronic disease states such as diabetes and hypertension. We strongly urge the Colorado legislature to support passage and enactment of SB 48.

For more information, please contact Obesity Medicine Association Policy Advisor, Chris Gallagher at [chris@potomaccurrents.com](mailto:chris@potomaccurrents.com).

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<sup>1</sup> Benefits of Medicare Coverage for Weight Loss Drugs. By Alison Sexton Ward, PhD, Bryan Tysinger, PhD, PhuongGiang Nguyen, Dana Goldman, PhD and Darius Lakdawalla, PhD. USC Schaeffer, 2023.



*"Our Mission, Your Voice: Empowering Change Together"*

3/11/2025

Colorado General Assembly  
Colorado Senate Health & Human Services Committee  
200 E. Colfax Avenue  
Denver, CO 80203

RE: **SB25-048 Senate bill** - Diabetes Prevention and Obesity Treatment Act

The Obesity Action Coalition (OAC) is pleased to express our strong support for passage of Colorado Senate Bill (SB) **48**, which would require the state employee health plan, Medicaid program, and 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 obesity medications (OMs).

Throughout the past decades, the prevalence of obesity has skyrocketed across our country and in Colorado where more than 24% of adults are currently affected by obesity. Black and Latino adults have a higher prevalence of obesity of 33% and 31%, respectively. In addition, more than one in four youth ages 10 to 17 are affected by either overweight or obesity. with nearly the same percentage of children being affected who are enrolled in the federal special supplemental nutrition program for women, infants, and children in 2020.

Despite these facts, many policymakers continue to view obesity as a lifestyle choice or personal failing. Others acknowledge that obesity is a chronic and complex disease, but they believe that all that's needed is more personal will power and prevention programs. These perceptions and attitudes, coupled with bias and stigma, have resulted in health insurance plans taking vastly different approaches in determining what and how obesity treatment services are covered by insurance. It's time for health plans (public and private) to adopt a comprehensive benefit approach toward treating obesity.

Since 2013, when the American Medical Association adopted formal policy declaring obesity as a complex and chronic disease and supporting patient access to the full continuum of evidence-based obesity care, numerous federal and state policy organizations have echoed the AMA's position. Obesity is driven by strong biology, not by choice and is one the root cause and driver of other health complications. A recent report from USC found that treating obesity can reduce diabetes (-8.9%), hypertension (2.3%), heart disease (-2.6%), cancer (-1.3%), and disability (-4.7%) over 10 years in private insurance coverage and Medicare.

Obesity is a complex chronic disease that extends beyond individual lifestyle choices to encompass a broader landscape of social determinants and systemic factors, contributing significantly to health inequities. Disparities in obesity rates are often closely intertwined with socioeconomic status, geographic location, and access to resources. Individuals in marginalized communities may face barriers to affordable and nutritious food options, safe spaces for physical activity, and unequal access to qualified providers of quality healthcare. These structural inequities exacerbate the prevalence of obesity among vulnerable populations, leading to a cycle of poor health outcomes. Tackling obesity requires a comprehensive approach.

We applaud Colorado for acknowledging obesity for the chronic disease that it is and taking steps to treat it in the same serious fashion as other chronic disease states such as diabetes and hypertension. We strongly urge the Colorado legislature to support passage and enactment of SB 48. Should you have questions, please contact our Policy Advisor, Chris Gallagher at [chris@potomaccurrents.com](mailto:chris@potomaccurrents.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Nadglowski, Jr.", written in a cursive style.

Joseph Nadglowski, Jr.  
OAC President and CEO



March 13, 2025  
The Honorable Kyle Mullica  
Chair, House Health and Human Services Committee  
200 E Colfax  
RM 307  
Denver, CO 80203

Dear Chair Mullica,

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. 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,

  
Leah Denzel

Co-Legislative Chairs, NABIP-Colorado

Senate Appropriations Committee  
Senator Judy Amabile, Chair  
200 E Colfax  
Denver, CO 80203  
United States

House Health and Human Services Committee  
Representative Kyle Brown, Chair  
200 E Colfax RM 307  
Denver, CO 80203  
United States

Senate Health & Human Services Committee  
Senator Kyle Mullica, Chair  
200 E Colfax  
Denver, CO 80203  
United States

House Appropriations Committee  
Representative Emily Sirota, Chair  
200 E Colfax, RM 307  
Denver, CO 80203  
United States

March 13, 2025

Dear Chairs Amabile, Mullica, Brown, and Sirota,

We, the undersigned organizations, are writing to you today to thank you for your leadership in expanding access to health care for all Coloradans. As you continue to prioritize the health of Colorado residents, we urge you to advance the Diabetes Prevention & Obesity Treatment Act (SB25-048), legislation that would require private insurance companies to provide coverage for comprehensive obesity treatments and interventions. The Diabetes Prevention & Obesity Treatment Act would require private insurance plans 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. Approximately 25% of the adult population in Colorado lives with obesity and could benefit from access to these patient-centered treatment options.

Obesity is a chronic disease that affects the livelihood of many Coloradans. Obesity is linked to [200 medical conditions](#), including type 2 diabetes, heart disease, kidney disease, liver disorders and other largely preventable illnesses. New obesity treatments and medications have the potential to transform the way we treat obesity and potentially prevent these other diseases from affecting our most vulnerable populations. Coverage for this type of care will help the over one million people in Colorado who live with obesity and ultimately could protect our state from incurring future medical costs treating other chronic health illnesses linked to obesity. Ultimately, by investing in these treatments, we can potentially save people from the myriad of health complications associated with obesity. Additionally, such investments offer an opportunity to decrease the costs in treating expensive chronic illnesses.

Treatment for health complications associated with obesity places a financial burden on the patient. On average, out-of-pocket costs for patients have [increased 37%](#) over the last decade for people with large-employer coverage who have an obesity diagnosis. We must also recognize that addressing obesity is a health equity priority. Obesity and diabetes disproportionately and differently affect people of color, people with low income, women, people with disabilities, and a number of other marginalized communities. At the same time, these communities face barriers to high quality healthcare, and do not have access to many diabetes and obesity treatments. Expanding care will go a long way in narrowing the health access divide and help close the gap in health equity access.

We have come a long way in our understanding of obesity as a chronic illness and we know that for many, if not most, patients, obesity is not just about behavior – there are long-standing and proven treatments for obesity as well as the latest interventions that have been approved by the FDA. It is time for our notions of how to treat obesity to catch up with science, and for all of us to work together to minimize obesity’s impact on our collective health, economy, and healthcare costs. We are thankful for your historic leadership in increasing access to health care for Coloradans, and we look forward to working with your office and the legislature in expanding coverage to encompass comprehensive obesity care.

If you have any questions or if you would like more information, please contact Christine Fallabel, MPH, Regional Director of Government Affairs and Advocacy, American Diabetes Association, at [CFallabel@diabetes.org](mailto:CFallabel@diabetes.org).

Sincerely,

American Diabetes Association

Colorado Academy of Nutrition and Dietetics

Colorado Academy of Physician Associates (CAPA)

Colorado BioScience Association

Colorado Obesity Society

Green Mountain Partners for Health

Obesity Action Coalition

The Colorado Association of Diabetes Care and Education Specialists

University of Colorado Anschutz Medical Campus, Children's Hospital Colorado

University of Colorado Skaggs School of Pharmacy

Weigh to Wellness Denver

Adam Gilden, MD, MSCE

Anegla McNair, PAC

My name is Dr. Jaime Moore. I am a pediatric nutrition physician and researcher in Colorado, and **I am writing in support of Senate Bill 48, Diabetes Prevention & Obesity Treatment Act.**

Insurance coverage for the comprehensive treatment of obesity as outlined in this bill is long overdue, clearly aligns with recommendations from the American Academy of Pediatrics, and has the potential for high return on investment. We know that children in Colorado who experience the highest level of social vulnerability are disproportionately impacted by obesity. I see this first-hand in practice.

Establishing reliable reimbursement for dietitian, exercise specialist, and behavioral health providers who are key to delivering safe and effective obesity treatment (in person and via telehealth) would be a huge win for the children in our state.

Most children and adolescents I care for already have early signs of obesity-related complications, which if not reversed, pose serious risks to their heart, liver, lungs, mental health, mobility, and quality of life. Families ask me earnestly why their children have to become sicker (e.g. develop diabetes) before they can access evidence-based medications that have been so widely advertised in our country. And I don't have a good answer.

The cost of medications to treat obesity has raised concerns. Medical student David Winter and I 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. Initiation of medications in youth could help to prevent numerous obesity-related complications, including diabetes, from ever occurring. The limited data we found in pediatrics 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. There is clear 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.

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.

I respectfully ask for your "yes" vote and thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Jaime Moore". The signature is written in a cursive, slightly slanted style.

Jaime Moore, MD MPH