



Obesity Groups Support Passage of Colorado Senate Bill 54, the Diabetes Prevention and Obesity Treatment Act

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 passage of Colorado Senate Bill (SB) 54, 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 anti-obesity medications (AOMs).

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 more than 24% 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.¹

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 54.

For more information, please contact Obesity Medicine Association Policy Advisor, Chris Gallagher at chris@potomaccurrents.com.

¹ 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.