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H.765

Introduced by Representatives Cordes of Lincoln, Anthony of Barre City,
Black of Essex, Bos-Lun of Westminster, Burrows of West
Windsor, Cina of Burlington, Elder of Starksboro, Farlice-
Rubio of Barnet, Headrick of Burlington, LaBounty of Lyndon,
Logan of Burlington, McCann of Montpelier, McGill of
Bridport, Priestley of Bradford, and Stebbins of Burlington

Referred to Committee on

Date:

Subject: Health; health insurance; Medicaid; obesity care

Statement of purpose of bill as introduced: This bill proposes to require health
insurance, including Medicaid, to provide comprehensive coverage of
treatment for obesity.

An act relating to health insurance coverage for obesity care

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 8 V.S.A. § 4088n is added to read:

§ 4088n. COVERAGE FOR OBESITY CARE

(a) As used in this section:

(1) “Health care provider” means a person, partnership, or corporation,
other than a facility or institution, that is licensed, certified, or otherwise

1 authorized by law to provide professional health care services in this State to
2 an individual during that individual's medical care, treatment, or confinement.

3 (2) "Health insurance plan" means any health insurance policy or health
4 benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402, as well
5 as Medicaid and any other public health care assistance program offered or
6 administered by the State or by any subdivision or instrumentality of the State.
7 The term does not include policies or plans providing coverage for a specified
8 disease or other limited benefit coverage.

9 (b) A health insurance plan shall provide comprehensive coverage for
10 treatment of obesity, including:

11 (1) coverage of anti-obesity medications approved by the U.S. Food and
12 Drug Administration at levels that are adequate to meet patient needs,
13 including covering at least one anti-obesity drug from the GLP-1 class for
14 weight loss and at least two additional oral anti-obesity medications;

15 (2) coverage of access to effective lifestyle interventions, including
16 nutrition counseling, nutrient tracking, and exercise planning and tracking with
17 coaching;

18 (3) coverage of surgery for treatment of obesity, including bariatric
19 surgery; and

20 (4) providing access to a range of obesity treatment options and ensuring
21 nondiscriminatory access to safe, clinically appropriate drug therapy for

1 members with chronic conditions, including drug therapies indicated for
2 adolescents 12 years of age and older.

3 (c) Access to treatment for obesity shall be based on a health care
4 provider's clinical determination that the treatment is medically necessary for
5 the patient and may be supported by evidence-based approaches for measuring
6 metabolic health other than a calculation of body mass index.

7 (d) A health insurance plan shall not impose any greater coinsurance, co-
8 payment, deductible, or other cost-sharing requirement for coverage of
9 treatment for obesity than applies to the diagnosis and treatment of any other
10 physical or mental condition under the plan.

11 (e) Any prior authorization requirements for treatment of obesity shall be
12 aligned with best practices for access to care and shall not be unnecessarily
13 complex or present unreasonable barriers to obtaining medically necessary
14 care.

15 Sec. 2. EFFECTIVE DATE

16 This act shall take effect on January 1, 2025 and shall apply to all health
17 insurance plans issued on and after January 1, 2025 on such date as a health
18 insurer offers, issues, or renews the health insurance plan, but in no event later
19 than January 1, 2026.