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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 5474

05/15/2024 Authored by Howard
The bill was read for the first time and referred to the Committee on Commerce Finance and Policy

1.1 A bill for an act
1.2 relating to health insurance; requiring health plans to cover the management and
1.3 treatment of obesity; requiring a report; amending Minnesota Statutes 2022, section
1.4 256B.0625, by adding a subdivision; proposing coding for new law in Minnesota
1.5 Statutes, chapter 62Q.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. [62Q.474] OBESITY MANAGEMENT AND TREATMENT.

1.8 Subdivision 1. Definitions. (a) For purposes of this section, the terms defined in this
1.9 subdivision have the meanings given.

1.10 (b) "Intensive behavioral or lifestyle therapy" means an evidence-based, intensive,
1.11 multicomponent behavioral or lifestyle modification intervention that supports healthy
1.12 weight management.

1.13 (c) "FDA-approved antiobesity medication" means any medication approved by the
1.14 United States Food and Drug Administration (FDA) with an indication for chronic weight
1.15 management in patients with an obesity diagnosis.

1.16 (d) "Metabolic and bariatric surgery" means any surgical intervention included in the
1.17 most current American Society for Metabolic and Bariatric Surgery and International
1.18 Federation for the Surgery of Obesity and Metabolic Disorders Guidelines on Indications
1.19 for Metabolic and Bariatric Surgery.

1.20 Subd. 2. Management and treatment of obesity; coverage required. (a) A health plan
1.21 must include coverage to diagnose and treat obesity, including but not limited to:

1.22 (1) intensive behavioral or lifestyle therapy;

2.1 (2) metabolic and bariatric surgery; and

2.2 (3) FDA-approved antiobesity medication.

2.3 (b) Coverage criteria for FDA-approved antiobesity medications must not be more
2.4 restrictive than the FDA-approved indications for antiobesity treatments.

2.5 (c) Coverage under this section must not be different or separate from coverage for any
2.6 other illness, condition, or disorder for purposes of cost-sharing, including but not limited
2.7 to determining deductibles, co-payment and coinsurance factors, and benefit year maximums
2.8 for deductibles, co-payment, and coinsurance.

2.9 (d) This section does not prohibit a health plan from applying utilization management
2.10 to determine the medical necessity for obesity treatment if medical necessity determinations
2.11 are made in the same manner as determinations are made to treat any other illness, condition,
2.12 or disorder covered by the health plan.

2.13 (e) Intensive behavioral or lifestyle therapy may include interventions certified by or
2.14 recognized by the Centers for Disease Control and Prevention or recommended by current
2.15 clinical standards of care. The services may be provided in office, virtual, or
2.16 community-based settings to support patient access and needs.

2.17 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health
2.18 plans offered, issued, or renewed on or after that date.

2.19 Sec. 2. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
2.20 to read:

2.21 Subd. 72. **Management and treatment of obesity.** (a) Medical assistance covers obesity
2.22 management and treatment in the same manner as required under section 62Q.474.

2.23 (b) The department must report to the public annually on efforts to reduce and manage
2.24 obesity. The report must include prevalence and diagnosis rates, utilization of obesity
2.25 intervention services, and health improvements, including diabetes prevention, diabetes
2.26 management, and cardiovascular health.

2.27 **EFFECTIVE DATE.** This section is effective January 1, 2025.