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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 690

02/13/2025

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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; amending Minnesota Statutes 2024, section 256B.0625, by
1.4 adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter
1.5 62Q.

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

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

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 health behavior and lifestyle treatment" means an evidence-based, intensive,
1.11 multicomponent behavioral or lifestyle modification intervention that supports healthy
1.12 weight management and is delivered in-person or through telehealth, as defined in section
1.13 62A.673.

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

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

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

2.1 (1) intensive health behavioral and lifestyle treatment;

2.2 (2) metabolic and bariatric surgery; and

2.3 (3) FDA-approved obesity medication.

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

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

2.10 (d) This section does not prohibit a plan from applying utilization management to
2.11 determine the medical necessity for chronic disease of obesity treatment under this section
2.12 if the appropriateness and medical necessity determinations are made in the same manner
2.13 as appropriateness and medical necessity determinations are made to treat any other illness,
2.14 condition, or disorder covered by a contract.

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

2.19 **EFFECTIVE DATE.** This section is effective January 1, 2027, and applies to health
2.20 plans offered, issued, or renewed on or after that date.

2.21 Sec. 2. Minnesota Statutes 2024, section 256B.0625, is amended by adding a subdivision
2.22 to read:

2.23 Subd. 77. **Management and treatment of obesity.** Medical assistance covers obesity
2.24 management and treatment. Medical assistance must meet the same requirements that apply
2.25 to a health plan under section 62Q.474.

2.26 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
2.27 whichever is later.