Human Services Committee
JOINT FAVORABLE REPORT

Bill No.: SB-1474
Title: AN ACT CONCERNING THE DEPARTMENT OF SOCIAL SERVICES.
Vote Date: 3/14/2025
Vote Action: Joint Favorable
PH Date: 3/11/2025
File No.: 441

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SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

Recently, weight loss drugs have become an important, yet controversial medication in the public when discussing people looking to treat obesity. Weight loss drugs have become popular among the public for their ability to cause a rapid reduction in weight but controversial in its rapid proliferation in society. Additionally, the opioid epidemic in the United States has caused a severe loss of life among U.S. residents and calls for a need for action to support people experiencing pain but without the risk of acquiring an addiction to opiates. This bill will instruct the Department of Social Services to include weight loss drugs in Connecticut Medicaid coverage, even if the patient's body mass index (BMI) were to drop below 35 if their physician certifies that the BMI would rebound without continued weight loss medication. This bill would also require the Department of Social Services to submit any amendment to the state's Medicaid plan to the Joint Committee on Human Services for approval. Finally, this bill would require licensed medical professionals in Connecticut enrolled as a Medicaid provider to complete training in non-opioid-based pain treatments if they prescribe opioid drugs in their practice.

RESPONSE FROM ADMINISTRATION/AGENCY:

Department of Social Services (DSS), Andrea Barton Reeves, Commissioner**:** opposes the bill. First, the definition of weight loss drugs in the bill is limiting and the science is set to progress over time. The financial implications of including this class of drugs could affect other Medicaid benefits for beneficiaries as there is no funding provided in the Governor's recommended budget. Second, routing amendments through the Joint Committee on Human Services provides additional barriers for DSS to administer the state's Medicaid program. Finally, denying Medicaid reimbursements to medical professionals not participating in a non-

opioid treatment training is appropriate and could impact access for patients if the provider neglects to enroll as a Medicaid provider due to this training requirement. Additionally, the DSS does not have the capacity needed to monitor and enforce compliance with this requirement.

NATURE AND SOURCES OF SUPPORT:

American Diabetes Association, Monica Billger, State Government Affairs Director; supports this bill to improve the health outcomes of patients with obesity. Obesity is the largest chronic disease outcome in the United States and impacts other health and economic outcomes for the population. Aiding patients in managing their obesity can save costs for diabetes treatment, which costs an estimated of $5 billion in Connecticut annually. Increasing coverage for obesity treatments in Connecticut can improve the financial situations for Connecticut residents and improve their health outcomes. This can also address the health equity needed by Connecticut residents of color, living in rural areas, living with disabilities, and facing socioeconomic disparities.

Connecticut Hospital Association, Anonymous; supports the addition of weight loss drugs to Connecticut's Medicaid coverage and opposes the requirement for non-opioid treatment training for medical professionals enrolled as Medicaid providers. The prevalence for obesity in Connecticut increased from 25% in 2011 to 31% in 2022, signaling a need for further intervention. Increasing access to FDA approved medications for weight loss would improve the health outcomes for patients with obesity and reduce healthcare costs for the patient and system. Legislation for non-opioid treatment should be targeted towards the Drug Control Division of the Department of Consumer Protection rather than the Department of Social Services. Additionally, federal regulations already require medical professionals registered with the DEA to obtain training on opioid and other substance use disorders among patients. Finally, a requirement for non-opioid treatment training should apply to all categories of medical professionals, not based on the patient's reimbursement method.

Yale Medicine, Neil Floch, MD, FACS, DABOM, Associate Professor of Surgery & Director of Bariatric Surgery at Greenwich Hospital: supports improving access to obesity treatment through broader coverage of weight loss drugs. Patients with obesity may require continuous treatment over time to manage their weight, which weight loss drugs can aid with. Current medications approved by DSS are not applicable to all patients, requiring an expansion in the medications offered to better treat patients.

Voices for Non-Opioid Choices, Chris Fox, Executive Director; supports this bill to combat the opioid epidemic in the state and country. Opioid-related drug overdoses continue to affect Connecticut residents, especially those who begin opioid-treatment for pain management. This bill would provide Connecticut medical professionals with the resources needed to understand a wide range of treatment for pain management, including opioid and non-opioid treatments. This bill could also improve the market for non-opioid treatments, improving the innovation of medical treatments.

Obesity Action Coalition, Christopher Gallagher, Public Policy Consultant; supports this bill and encourages the expansion of the definition of weight loss drugs to all FDA-approved

obesity medications. This bill would aid in the implementation of Public Act No. 23-94, which mandated Medicaid coverage for FDA-approved obesity medications in Connecticut.

Office of the Healthcare Advocate (OHA), Kathleen Holt, Healthcare Advocate; supports the Joint Committee on Human Services to require approval of any amendments from DSS to the state's Medicaid system to prevent the state's Medicaid system to be modeled after a managed care program instead of the current fee-for-service system.

Disability Rights Connecticut, Sheldon Toubman, Litigation Attorney: supports this bill and recommends explicitly requiring all FDA-approved drugs to be covered, setting the BMI threshold at 30 instead of 35 to align it with a previous DSS standard, and setting a short deadline for DSS to submit the state Medicaid plan to implement the new coverage of weight loss medications.

Connecticut Chiropractic Association, Francis Vesci, DC, Doctor of Chiropractic Medicine; supports the requirement for Connecticut medical professionals to be trained in non-opioid pain management treatments and recommends explicitly referencing chiropractic physicians in the language to improve the effectiveness of the bill for all medical professionals in Connecticut.

Connecticut Children's, Jessica Williams, MD, Medical Director for Weight Management; supports improving the access to weight loss drugs in the state's Medicaid coverage for children experiencing obesity. Untreated obesity in childhood exposes the child to the risk of further chronic diseases and increased economic burden in adulthood, highlighting the need for early treatment. She recommends including the obesity guidelines for children, which account for age and sex in the BMI percentiles, as the current language is only applicable to adults.

The following individuals have submitted written testimony in support of this bill based on the personal benefits on GLP-1 weight loss drugs in their lives.
University of Connecticut, Master of Social Work Policy Student, Sarah Makowicki
Diane Smith, personal story of weight loss followed by denial of access to meds.
Advocate, Steven Colangelo**;** supports increasing access to obesity treatments to address the financial costs of obesity on healthcare systems and to combat the stigma associated with obesity.

NATURE AND SOURCES OF OPPOSITION:

None expressed.

Reported by: Nimisha Srikanth **Date: 4/3/2025**