

**Nelson, Jon O.**

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**From:** Lacey Anderson <lacey@birchgroupnd.com>  
**Sent:** Wednesday, February 19, 2025 2:23 PM  
**To:** Nelson, Jon O.  
**Subject:** DHHS amendments

Here you go--study language and Medicaid coverage. Not sure what your thoughts are on trying to get Medicaid coverage. There wasn't any opposition to that bill.

*May*  
**Legislative Management shall study the health implications of chronic weight management, the impact of obesity on the state, and access to prevention and treatment for the disease of obesity. The study shall include: 1) The cost associated with the disease of obesity; (2) The various health treatments available to reduce the epidemic in this state caused by the disease; and (3) How to promote the use of the data to influence decision making to better understand the cost savings for prevention of chronic weight management.**

**SECTION 1. A new section to chapter 50-24.1 of the North Dakota Century Code is created and enacted as follows:**

**Medical assistance benefits - Prescription drug coverage - Antiobesity medication**

1. Medical assistance coverage, including Medicaid expansion coverage, must include comprehensive coverage for the treatment of obesity, which includes coverage for intensive behavioral therapy, bariatric surgery, and antiobesity medication approved by the United States food and drug administration for an enrollee with a body mass index of equal to or greater than thirty-five kilograms per square meter. The coverage must include maintenance doses of the antiobesity medication regardless of the enrollee's body mass index.
2. The coverage provided under this section may not be different or separate from coverage provided for any other illness, condition, or disorder for purposes of determining deductibles, lifetime dollar limits, a benefit year maximum for deductibles, and copayment and coinsurance factors.
3. This section may not be construed to preclude the undertaking of utilization management to determine the medical necessity for treatment of obesity, provided all appropriate medical necessity determinations are made in the same manner as those determinations are made for the treatment of any other illness, condition, or disorder covered by medical assistance benefits.



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