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**AB-575 Obesity Prevention Treatment Parity Act.** (2025-2026)

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AMENDED IN ASSEMBLY MARCH 12, 2025

CALIFORNIA LEGISLATURE— 2025–2026 REGULAR SESSION

**ASSEMBLY BILL**

**NO. 575**

Introduced by Assembly Member Arambula

February 12, 2025

An act to add Section 1374.6 to the Health and Safety Code, and to add Section 10123.62 to the Insurance Code, relating to health care coverage.

**LEGISLATIVE COUNSEL'S DIGEST**

AB 575, as amended, Arambula. Obesity Prevention Treatment Parity Act.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of disability and health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for plan contracts and insurance policies.

This bill, the Obesity Prevention Treatment Parity Act, would require an individual or group health care service plan contract or health insurance policy that provides coverage for outpatient prescription drug benefits, as specified, and is issued, amended, or renewed on or after January 1, 2026, to include coverage for at least one *specified* anti-obesity medication and intensive behavioral therapy for the treatment of obesity without prior authorization. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

**SECTION 1.** This act shall be called, and may be cited as, the Obesity Prevention Treatment Parity Act.

**SEC. 2.** The Legislature finds and declares all of the following:

- (a) Obesity is a serious chronic disease that is recognized as such by major medical organizations, including the American Medical Association since 2013, the American Association of Clinical Endocrinology, the American College of Cardiology, the Endocrine Society, the American Society for Reproductive Medicine, the Society for Cardiovascular Angiography and Interventions, the American Urological Association, and the American College of Surgeons.
- (b) Obesity is linked to more than 200 comorbid conditions.
- (c) Obesity is associated with an increased risk of 13 types of cancer.
- (d) From 2005 to 2014, most cancers associated with obesity and being overweight increased in the United States, while cancers associated with other factors decreased.
- (e) Obesity reduces a patient's overall survival rate and cancer-specific survival rate, as well as increases the risk of cancer recurrence.
- (f) Obesity is a complex chronic disease, one in which genetics, the environment, and biology all play important factors.
- (g) Obesity disproportionately affects communities of color, in part because of barriers to accessing affordable healthy food options and safe environments to live an active lifestyle.
- (h) In rural communities, Black and Latino populations have the highest rates of obesity.
- (i) Obesity is impacted by socioeconomic status.
- (j) Californians living below the poverty line are 1.5 times more likely to be obese.
- (k) Adults suffering from obesity have a 55-percent higher risk of developing depression over their lifetime.
- (l) Complications with obesity can lead to increased risk of chronic disease including hypertension, diabetes, cardiovascular diseases, or mortality.
- (m) Obesity accounts for 47 percent of the total cost of chronic diseases in the United States.
- (n) Obesity is a highly stigmatized disease.
- (o) Barriers to accessing obesity treatments include stigma, racism, and discrimination.
- (p) In California, one out of four adults are obese, and obesity-related costs are estimated to be \$15.2 billion annually.
- (q) The California Code of Regulations currently requires coverage of outpatient prescription drugs for the treatment of obesity, but only when a patient is diagnosed with "morbid obesity," modernly referred to as "severe obesity."
- (r) Chronic diseases without the stigma, racism, and discrimination of obesity do not require patients to reach the designation of "morbid" to be worthy of treatment options that include outpatient prescription drugs.
- (s) Recently, the United States Food and Drug Administration approved several glucagon-like peptide-1 receptor agonists (GLP-1RAs) for weight management.
- (t) Glucagon-like peptide-1 receptor agonists are medications that help lower blood sugar levels and promote weight loss. However, not all insurance companies provide coverage for GLP-1RA medications despite mounting evidence indicating that this class of medications is safe and effective.
- (u) The Obesity Prevention Treatment Parity Act would address health equity gaps and social determinants of health for Californians by ensuring the full range of treatment options are available to patients, without them having to reach a level of obesity considered "morbid."

**SEC. 3.** Section 1374.6 is added to the Health and Safety Code, to read:

**1374.6.** (a) Notwithstanding any other law, a group or individual health care service plan contract that provides coverage for outpatient prescription drug benefits that is issued, amended, or renewed on or after January 1, 2026, shall include coverage, without prior authorization, for all of the following for the treatment of obesity:

- (1) At least one FDA-approved ~~anti-obesity medication, including, but not limited to, glucagon-like peptide-1 receptor agonists (GLP-1RAs);~~ *glucagon-like peptide-1 receptor agonist (GLP-1RA) for the treatment or prevention of obesity.*

(2) Intensive behavioral therapy.

(b) This section does not prohibit a plan from applying utilization management to determine the medical necessity for the treatment of obesity under this section if appropriateness and 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 a contract.

(c) Coverage criteria for FDA-approved anti-obesity medications shall not be more restrictive than the FDA-approved indications for those treatments.

(d) This section does not apply to a specialized health care service plan contract that covers only dental or vision benefits or a Medicare supplement contract.

(e) For purposes of this section, the following terms have the following meanings:

(1) "FDA-approved anti-obesity medication" means a medication approved by the United States Food and Drug Administration with an indication for chronic weight management in patients with obesity.

(2) "Glucagon-like peptide-1 receptor ~~agonists (GLP-1RAs)~~ agonist (GLP-1RA)" means *one of* a class of medications that helps lower blood sugar levels and promote weight loss.

**SEC. 4.** Section 10123.62 is added to the Insurance Code, to read:

**10123.62.** (a) Notwithstanding any other law, a group or individual health insurance policy that provides coverage for outpatient prescription drug benefits that is issued, amended, or renewed on or after January 1, 2026, shall include coverage, without prior authorization, for all of the following for the treatment of obesity:

(1) At least one FDA-approved ~~anti-obesity medication, including, but not limited to, glucagon-like peptide-1 receptor agonists (GLP-1RAs)~~ *glucagon-like peptide-1 receptor agonist (GLP-1RA) for the treatment or prevention of obesity.*

(2) Intensive behavioral therapy.

(b) This section does not prohibit an insurer from applying utilization management to determine the medical necessity for the treatment of obesity under this section if appropriateness and 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 a contract.

(c) Coverage criteria for FDA-approved anti-obesity medications shall not be more restrictive than the FDA-approved indications for those treatments.

(d) This section does not apply to a specialized health insurance policy that covers only dental or vision benefits or a Medicare supplement contract.

(e) For purposes of this section, the following terms have the following meanings:

(1) "FDA-approved anti-obesity medication" means a medication approved by the United States Food and Drug Administration with an indication for chronic weight management in patients with obesity.

(2) "Glucagon-like peptide-1 receptor ~~agonists (GLP-1RAs)~~ agonist (GLP-1RA)" means *one of* a class of medications that helps lower blood sugar levels and promote weight loss.

**SEC. 5.** No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.