

By Senator Rodriguez

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1 A bill to be entitled
2 An act relating to the Diabetes Prevention and Obesity
3 Treatment Act; creating s. 385.2035, F.S.; providing a
4 short title; defining terms; beginning on a specified
5 date, requiring the Agency for Health Care
6 Administration to provide Medicaid coverage for
7 diabetes prevention programs if the Medicaid recipient
8 meets specified criteria; requiring the agency to
9 provide Medicaid coverage for certain treatments for
10 obesity; providing that covered services may be
11 offered in various settings; providing construction;
12 requiring the agency to adopt rules and provide
13 written notification of certain information to
14 Medicaid recipients; authorizing the agency to seek
15 federal approval through a state plan amendment or
16 Medicaid waiver if necessary to implement specified
17 provisions; providing an effective date.

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19 Be It Enacted by the Legislature of the State of Florida:

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21 Section 1. Section 385.2035, Florida Statutes, is created
22 to read:

23 385.2035 Diabetes prevention and obesity treatment.—

24 (1) SHORT TITLE.—This section may be cited as the "Diabetes
25 Prevention and Obesity Treatment Act."

26 (2) DEFINITIONS.—As used in this section, the term:

27 (a) "Agency" means the Agency for Health Care
28 Administration.

29 (b) "Diabetes prevention program" means structured

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30 behavioral health change sessions that are furnished to an
31 eligible individual by a diabetes prevention program provider
32 for the purpose of preventing or delaying the onset of type 2
33 diabetes and that follow a curriculum approved by the United
34 States Centers for Disease Control and Prevention.

35 (c) "Diabetes prevention program provider" means an entity
36 that is recognized under the United States Centers for Disease
37 Control and Prevention Diabetes Prevention Recognition Program
38 to offer a diabetes prevention program through an approved
39 delivery method, including in person, online, and distance
40 learning, or a combination thereof, and other synchronous and
41 asynchronous modalities.

42 (d) "FDA-approved obesity medication" means any medication
43 approved by the United States Food and Drug Administration with
44 an indication for chronic weight management in patients with an
45 obesity diagnosis.

46 (e) "Intensive health behavioral and lifestyle treatment"
47 means an evidence-based, intensive, multicomponent behavioral or
48 lifestyle modification intervention that supports healthy weight
49 management and is delivered in person or through telehealth as
50 defined in s. 456.47.

51 (f) "Metabolic and bariatric surgery" means any surgical
52 intervention included in the most current American Society for
53 Metabolic and Bariatric Surgery (ASMBS)/International Federation
54 for the Surgery of Obesity and Metabolic Disorders Guidelines on
55 Indications for Metabolic and Bariatric Surgery.

56 (3) MEDICAID COVERAGE FOR DIABETES PREVENTION PROGRAMS.—
57 Beginning January 1, 2026, the agency shall reimburse a diabetes
58 prevention program provider for a Medicaid recipient's

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59 participation in the program if the recipient:

60 (a) Meets the diabetes prevention program's eligibility
61 requirements; and

62 (b) Has not previously participated in the program while
63 enrolled in the Medicaid program.

64 (4) MEDICAID COVERAGE FOR MANAGEMENT AND TREATMENT OF
65 OBESITY REQUIRED.—

66 (a) The agency shall pay for the treatment of Medicaid
67 recipients for the chronic disease of obesity, including, but
68 not limited to, all of the following:

69 1. Intensive health behavioral and lifestyle treatment.

70 2. Metabolic and bariatric surgery.

71 3. FDA-approved obesity medication.

72 (b) The coverage criteria for an FDA-approved obesity
73 medication may not be more restrictive than the FDA-approved
74 indications for such medication.

75 (c) Intensive health behavioral and lifestyle treatment may
76 include interventions certified by or recognized by the United
77 States Centers for Disease Control and Prevention or recommended
78 by current clinical standards of care. The services may be
79 provided in office settings, virtually, or in community-based
80 settings to support patient access and needs.

81 (d) This subsection does not prohibit the agency from
82 applying its standard methodologies to determine the medical
83 necessity or appropriateness of a course of treatment authorized
84 under this section, provided that such determinations are made
85 in the same manner as those made for the treatment of any other
86 illness, condition, or disorder covered by the state Medicaid
87 program.

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88 (5) RULES.—The agency shall adopt rules to implement this
89 section and shall notify Medicaid recipients in writing about
90 the availability of treatment for the chronic disease of obesity
91 and diabetes prevention programs under this section.

92 (6) FEDERAL APPROVAL.—The agency may seek federal approval
93 through a state plan amendment or a Medicaid waiver as needed to
94 implement this section.

95 Section 2. This act shall take effect July 1, 2025.