

1 SJR64  
2 145243-4  
3 By Senator Blackwell  
4 RFD: Rules  
5 First Read: 09-APR-13

1 SJR64

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4 ENROLLED, SJR64,

5 URGING THE GOVERNOR, STATE AGENCIES, MEDICAL SERVICE  
6 PROVIDERS, HEALTH CARE AGENCIES, MEDICAL SCHOOLS, AND ALL  
7 INTERESTED PARTIES TO WORK TOWARD ESTABLISHING CLINICAL CARE  
8 AND RESEARCH CENTERS FOR CHRONIC NEURO-ENDOCRINE-IMMUNE  
9 DISEASES AND TO INCREASE EDUCATION CONCERNING THESE DISEASES  
10 TO CLINICIANS, NURSES, EMERGENCY ROOM SERVICE PROVIDERS, AND  
11 FUTURE MEDICAL PROFESSIONALS.

12  
13 WHEREAS, neuro-endocrine-immune diseases (NEIDs),  
14 also known as multi-system diseases or complex chronic  
15 diseases, include ME/CFS (myalgic encephalomyelitis/chronic  
16 fatigue syndrome), fibromyalgia, chronic Lyme disease or  
17 post-treatment Lyme disease syndrome, Gulf War illnesses, and  
18 multiple chemical sensitivity/environmental illness; and

19 WHEREAS, NEIDs have been characterized as being as  
20 disabling as chronic obstructive pulmonary disease, end-stage  
21 renal failure, and rheumatoid arthritis; and as life-impairing  
22 as multiple sclerosis, AIDS, and chemotherapy treatments; and

23 WHEREAS, the similarity of symptoms of NEIDs imply a  
24 common pathophysiology of these illnesses so that discoveries  
25 and advances made in the etiology and treatment of any one of

1 these illnesses will be applicable and beneficial to the other  
2 NEIDs because of their common pathophysiology; and

3 WHEREAS, evidence is mounting that NEIDs are  
4 triggered by infections or other body stressors and develop  
5 into an autoimmunity causing a dysfunction in multiple body  
6 systems, particularly the central nervous system; and

7 WHEREAS, NEIDs often lead to or are comorbid with  
8 other diseases, including adrenal fatigue, anxiety disorders,  
9 arthritis, chronic or reactivated infections, depression,  
10 dysautonomia (neurally mediated hypotension/orthostatic  
11 intolerance/postural orthostatic tachycardia syndrome),  
12 Ehrlers-Danlos syndrome, hypocortisolism, hypotension,  
13 hypothyroidism, irritable bowel syndrome, interstitial  
14 cystitis, migraines, mitral valve prolapse, myofascial pain  
15 syndrome, periodic limb movement disorder, premenstrual  
16 syndrome, restless leg syndrome, Sjogren's disease,  
17 temporomandibular joint disorder, and vulvodynia; and

18 WHEREAS, the U.S. Food and Drug Administration has  
19 declared ME/CFS to be a "serious and life-threatening"  
20 disease; research by the Centers for Disease Control and  
21 Prevention shows that 84 percent of those with ME/CFS are not  
22 accurately diagnosed; and

23 WHEREAS, research has shown that the bacteria that  
24 causes tickborn infections including chronic Lyme disease and

1 the tick that carries that bacteria is in this state, and Lyme  
2 disease has been contracted from exposure in this state; and

3 WHEREAS, the Centers for Disease Control and  
4 Prevention states that tickborn infections including chronic  
5 Lyme disease is the most commonly reported vector-borne  
6 disease in the United States; it is most common in children  
7 ages 5-14; and if treatment is delayed, Lyme disease can  
8 develop into a chronic disease that requires expert,  
9 knowledgeable medical care; and

10 WHEREAS, according to the Research Advisory  
11 Committee on Gulf War Veterans' Illnesses, Gulf War illnesses  
12 (GWI) are estimated to affect between 175,000 to 200,000 U.S.  
13 veterans, some of whom have been suffering for over 17 years;  
14 and

15 WHEREAS, an estimated 20 million American adults and  
16 children suffer with NEIDs; and an estimated 20,000 Alabamians  
17 (1 in 240) have ME/CFS and 144,000 Alabamians (1 in 50) have  
18 fibromyalgia; and the number of those with chronic diseases is  
19 projected to increase steadily in future decades; and

20 WHEREAS, a 2012 survey showed 40 percent of Alabama  
21 NEIDs patients search for an accurate diagnosis two to seven  
22 years before receiving one; and 21 percent search for an  
23 accurate diagnosis for over seven years before receiving one;  
24 and

1           WHEREAS, the longer a person is ill with a NEID  
2 before treatments begin, the more complicated the course of  
3 the disease is and worse the prognosis, adding to the  
4 financial burden on government services, health care services,  
5 and society; and

6           WHEREAS, a 2012 survey showed that 59 percent of  
7 Alabama NEIDs patients see four or more physicians before  
8 receiving an accurate diagnosis and some treatment; and

9           WHEREAS, increasing physician education of NEIDs  
10 will reduce the number of physicians patients must visit as  
11 they seek an accurate diagnosis and appropriate treatments;  
12 and

13           WHEREAS, centers for NEIDs, with medical  
14 professionals who specialize in these diseases, will reduce  
15 the time involved and number of physicians the patients visit  
16 seeking an accurate diagnosis so as to begin treatment and  
17 reduce the time-consuming financial burden on other clinics;  
18 and

19           WHEREAS, a 2012 survey showed that 61 percent of  
20 Alabama NEIDs patients (more than in other states) are not  
21 satisfied with their medical care and do not believe their  
22 physician is sufficiently knowledgeable of their disease; and

23           WHEREAS, a 2012 survey showed 52 percent of NEIDs  
24 patients in states that border Alabama are not satisfied with  
25 their medical care, thus a center for NEIDs would provide an

1 opportunity for the unmet medical needs of NEIDs patients from  
2 other states to be treated in this state; and

3 WHEREAS, having clinical care and research centers  
4 for NEIDs in Alabama will distinguish the state from other  
5 states and provide a place where patients could receive care  
6 from NEIDs researchers in this state thereby increasing  
7 Alabama's biotech industry; now therefore,

8 BE IT RESOLVED BY THE LEGISLATURE OF ALABAMA, BOTH  
9 HOUSES THEREOF CONCURRING, That we urge the Governor, state  
10 agencies, medical service providers, health care agencies, and  
11 all interested parties to work toward establishing clinical  
12 care and research centers for chronic neuro-endocrine-immune  
13 diseases.

14 BE IT FURTHER RESOLVED, That we also urge the  
15 Governor, state agencies, medical service providers, health  
16 care agencies, and medical schools to increase education of  
17 NEIDs to clinicians, nurses, emergency room service providers,  
18 and future medical professionals.

19 BE IT FURTHER RESOLVED, That copies of this  
20 resolution be made available for distribution.

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President and Presiding Officer of the Senate

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Speaker of the House of Representatives

SJR64

Senate 18-APR-13

I hereby certify that the within Senate Joint Resolution  
originated in and was adopted by the Senate.

Patrick Harris  
Secretary

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House of Representatives

Adopted: 30-APR-13

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By: Senator Blackwell