

HJR163 INTRODUCED



1 VBXMPV-1
2 By Representative Oliver
3 RFD: RULES
4 First Read: 04-May-23
5
6 2023 Regular Session



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HJR___ CREATING THE CHRONIC WEIGHT MANAGEMENT AND TYPE 2
DIABETES TASK FORCE.

WHEREAS, obesity and type 2 diabetes are significant health challenges in Alabama, which has the seventh highest adult obesity rate and the 12th highest childhood obesity rate in the nation; Alabama also has the third highest prevalence of diabetes in the nation, at 14 percent; the prevalence of diabetes has increased steadily since 1990, when only 6.1 percent of Alabamians had diabetes; today, all but one of Alabama's 67 counties have a rate of diabetes prevalence above the national average of 10.5 percent; and

WHEREAS, according to the Alabama Department of Public Health, many people in Alabama have diabetes but do not know that they have it; diabetes may be treated with changes in diet and exercise, if the condition is detected in its early stages; diabetes takes an especially heavy toll on the black American population and the elderly and is especially prevalent in rural areas, which make up a large portion of this state; and

WHEREAS, obesity and type 2 diabetes have been identified as significant risk factors for severe disease and mortality due to a variety of health issues, including COVID-19; complications from obesity may lead to diabetes, hypertension, cardiovascular disease, and many other



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29 comorbidities; obesity is the leading risk factor for type 2
30 diabetes, which accounts for 90 to 95 percent of all
31 diabetes cases; and

32 WHEREAS, rural areas across the United States,
33 including in Alabama, have experienced deadly outbreaks of
34 COVID-19, fueled in part by the high rates of obesity and
35 diabetes found in these areas; of the six Alabama counties
36 designated as "very high risk" for COVID-19 mortality, four
37 were rural; these counties have an average obesity rate of
38 31 percent; and

39 WHEREAS, high rates of obesity and diabetes among
40 various demographics in Alabama reflect significant health
41 disparities that lead to increased vulnerability to COVID-19
42 and many other conditions; approximately 45 percent of black
43 Alabamians experience obesity, and 17.3 percent have
44 diabetes - the highest percentages of any racial or ethnic
45 group in the state for either disease; and

46 WHEREAS, addressing underlying conditions such as
47 obesity and diabetes may improve outcomes for those facing
48 COVID-19; a recently developed simulation model, using data
49 from peer-reviewed studies as well as real-time COVID-19
50 statistics, demonstrated that if the national prevalence of
51 obesity at the start of the COVID-19 pandemic had been
52 reduced by 25 percent from an overall rate of 40 percent to
53 30 percent, hospitalizations would have been reduced by 6.8
54 percent, admissions to intensive care units would have been
55 reduced by 10.7 percent, and mortality would have been
56 reduced by 11.4 percent across all demographic groups; these



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57 effects would have been particularly pronounced among
58 diverse populations, including black Americans and Hispanic
59 or Latino Americans, who are disproportionately impacted by
60 obesity, diabetes, and COVID-19; and

61 WHEREAS, for the reasons described above, it would be
62 beneficial to understand and demonstrate the health
63 implications of chronic weight management and type 2
64 diabetes, the costs associated with the diseases and the
65 various health treatments available to reduce this epidemic
66 in Alabama, the cost savings of prevention and reduction in
67 rates of obesity and type 2 diabetes, and to further promote
68 the use of data to influence decision-making; now therefore,

69 BE IT RESOLVED BY THE LEGISLATURE OF ALABAMA, BOTH
70 HOUSES THEREOF CONCURRING, That there is created the Chronic
71 Weight Management and Type 2 Diabetes Task Force to study
72 the health implications of chronic weight management and
73 type 2 diabetes.

74 (a) The task force shall be composed of the following
75 members:

76 (1) Two members of the House of Representatives
77 appointed by the Speaker of the House of Representatives.

78 (2) One member of the House of Representatives
79 appointed by the House Minority Leader.

80 (3) Two members of the Senate appointed by the
81 President Pro Tempore of the Senate.

82 (4) One member of the Senate appointed by the Senate
83 Minority Leader.

84 (5) One licensed certified endocrinologist appointed by



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85 the Medical Association of the State of Alabama.

86 (6) One obesity expert certified by the American Board
87 of Obesity Medicine and appointed by the Board of Medical
88 Examiners.

89 (7) The Chief Executive Officer of the State Employees'
90 Insurance Board or his or her designee.

91 (8) The Chief Executive Officer of the Public Education
92 Employees' Health Insurance Board or his or her designee.

93 (9) A representative of the business community
94 representing a business employing at least 500 people in
95 Alabama to be appointed by the Chair of the House Health
96 Committee.

97 (10) A representative of the business community
98 representing a business with fewer than 50 employees or from
99 a trade association whose members are primarily businesses
100 with fewer than 50 employees to be appointed by the Chair of
101 the Senate Health Committee.

102 (11) A medical doctor practicing Weight Loss Medicine,
103 appointed by the Speaker of the House of Representatives.

104 (12) The State Health Officer or his or her designee.

105 (13) The task force may add members as it sees fit by a
106 majority vote of task force members.

107 (b) All appointing authorities shall coordinate their
108 appointments so that diversity of gender, race, and
109 geographical areas is reflective of the makeup of this
110 state.

111 (c) The task force shall have two co-chairs. One of the
112 co-chairs shall be one of the members appointed by the



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113 Speaker of the House of Representatives, and the other shall
114 be one of the members appointed by the President Pro Tempore
115 of the Senate. The appointing authorities shall indicate
116 which member shall serve as co-chair at the time of
117 appointment.

118 (d) The first meeting of the task force shall be held
119 at the unanimous call of the co-chairs and no later than
120 December 30, 2023. The task force may then meet as necessary
121 to conduct its business.

122 (e) The task force shall have both of the following
123 duties:

124 (1) To study the health implications of chronic weight
125 management and type 2 diabetes, the costs associated with
126 the diseases, and the various health treatments available to
127 reduce the epidemic in this state caused by those diseases.

128 (2) To study how to promote the use of the data to
129 influence decision-making to better understand the cost
130 savings for prevention of obesity with chronic weight
131 management and type 2 diabetes.

132 (f) (1) Each legislative member of the task force shall
133 be entitled to his or her regular legislative compensation,
134 per diem, and travel expenses for each day of attendance at
135 a meeting of the task force in accordance with Section 49 of
136 the Constitution of Alabama of 2022.

137 (2) Other members of the commission may be reimbursed
138 for necessary expenses in attending meetings of the
139 commission according to policies and procedures of their
140 respective appointing authorities.



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141 (g) Pursuant to Section 36-14-17.1, Code of Alabama
142 1975, the commission shall provide the Secretary of State a
143 notice of all meetings, the name of each member serving on
144 the commission, and a copy of its findings and other
145 documents produced throughout the duration of the
146 commission.

147 (h) No later than the fifteenth legislative day of the
148 2025 Regular Session of the Legislature, the task force
149 shall report its findings and recommendations to the Speaker
150 of the House of Representatives, the President Pro Tempore
151 of the Senate, and the chairs of the appropriate legislative
152 committees, at which time the task force shall be dissolved.