

1 SJR107  
2 213538-1  
3 By Senators Stutts, Butler, McClendon, Roberts, Melson,  
4 Waggoner, Albritton, Allen, Barfoot, Beasley, Chambliss,  
5 Chesteen, Coleman-Madison, Dunn, Elliott, Figures, Givhan,  
6 Gudger, Hatcher, Holley, Jones, Livingston, Marsh, Orr, Price,  
7 Reed, Sanders-Fortier, Scofield, Sessions, Shelnutt,  
8 Singleton, Smitherman, Whatley and Williams  
9 RFD:  
10 First Read: 22-APR-21

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

10  
11 WHEREAS, obesity and type 2 diabetes are significant  
12 health challenges in Alabama, which has the seventh highest  
13 adult obesity rate and the 12th highest childhood obesity rate  
14 in the nation; Alabama also has the third highest prevalence  
15 of diabetes in the nation, at 14 percent; the prevalence of  
16 diabetes has increased steadily since 1990, when only 6.1  
17 percent of Alabamians had diabetes; today, all but one of  
18 Alabama's 67 counties have a rate of diabetes prevalence above  
19 the national average of 10.5 percent; and

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

1                   WHEREAS, obesity and type 2 diabetes have been  
2 identified as significant risk factors for severe disease and  
3 mortality due to a variety of health issues, including  
4 COVID-19; complications from obesity may lead to diabetes,  
5 hypertension, cardiovascular disease, and many other  
6 comorbidities; obesity is the leading risk factor for type 2  
7 diabetes, which accounts for 90 to 95 percent of all diabetes  
8 cases; and

9                   WHEREAS, rural areas across the United States,  
10 including in Alabama, have experienced deadly outbreaks of  
11 COVID-19, fueled in part by the high rates of obesity and  
12 diabetes found in these areas; of the six Alabama counties  
13 designated as "very high risk" for COVID-19 mortality, four  
14 were rural; these counties have an average obesity rate of 31  
15 percent; and

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

23                  WHEREAS, addressing underlying conditions such as  
24 obesity and diabetes may improve outcomes for those facing  
25 COVID-19; a recently developed simulation model, using data  
26 from peer-reviewed studies as well as real-time COVID-19  
27 statistics, demonstrated that if the national prevalence of

1       obesity at the start of the COVID-19 pandemic had been reduced  
2       by 25 percent from an overall rate of 40 percent to 30  
3       percent, hospitalizations would have been reduced by 6.8  
4       percent, admissions to intensive care units would have been  
5       reduced by 10.7 percent, and mortality would have been reduced  
6       by 11.4 percent across all demographic groups; these effects  
7       would have been particularly pronounced among diverse  
8       populations, including black Americans and Hispanic or Latino  
9       Americans, who are disproportionately impacted by obesity,  
10      diabetes, and COVID-19; and

11               WHEREAS, for the reasons described above, it would  
12      be beneficial to understand and demonstrate the health  
13      implications of chronic weight management and type 2 diabetes,  
14      the costs associated with the diseases and the various health  
15      treatments available to reduce this epidemic in Alabama, the  
16      cost savings of prevention and reduction in rates of obesity  
17      and type 2 diabetes, and to further promote the use of data to  
18      influence decision making; now therefore,

19               BE IT RESOLVED BY THE LEGISLATURE OF ALABAMA, BOTH  
20      HOUSES THEREOF CONCURRING, That there is created the Chronic  
21      Weight Management and Type 2 Diabetes Task Force to study the  
22      health implications of chronic weight management and type 2  
23      diabetes.

24               (a) The task force shall be composed of the  
25      following members:

26               (1) Two members of the House of Representatives  
27      appointed by the Speaker of the House of Representatives.

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

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

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

(5) One licensed certified endocrinologist appointed by the Medical Association of the State of Alabama.

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

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

(8) The State Health Officer or his or her designee.

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

(c) The task force shall have two co-chairs. One of the co-chairs shall be one of the members appointed by the Speaker of the House of Representatives, and the other shall be one of the members appointed by the President Pro Tempore of the Senate. The appointing authorities shall indicate which member shall serve as co-chair at the time of appointment.

(d) The first meeting of the task force shall be held at the unanimous call of the co-chairs and no later than December 30, 2021. The task force may then meet as necessary to conduct its business.

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

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

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

(f) Each legislative member of the task force shall be entitled to his or her regular legislative compensation, per diem, and travel expenses for each day of attendance at a meeting of the task force in accordance with Amendment 871 of the Constitution of Alabama of 1901.

(g) No later than the fifteenth legislative day of the 2022 Regular Session of the Legislature, the task force shall report its findings and recommendations to the Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the chairs of the appropriate legislative committees, at which time the task force shall be dissolved.