

## HJR36 INTRODUCED



1 I5LE66-1

2 By Representatives Oliver, Hurst, Whorton, Marques, Lipscomb,  
3 Rehm, Harrison, Sorrells, Brown, Smith, Wadsworth, Underwood,  
4 Rigsby, Estes, Moore (P), Hall, Wilcox, Shaw, Morris, Rogers,  
5 Moore (M)

6 RFD: RULES

7 First Read: 23-Mar-23

8



1  
2  
3  
4 HJR\_\_\_\_ CREATING THE CHRONIC WEIGHT MANAGEMENT AND TYPE 2  
5 DIABETES TASK FORCE.  
6

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

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

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



## HJR36 INTRODUCED

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

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

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

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



## HJR36 INTRODUCED

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

WHEREAS, for the reasons described above, it would be beneficial to understand and demonstrate 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 this epidemic in Alabama, the cost savings of prevention and reduction in rates of obesity and type 2 diabetes, and to further promote the use of data to influence decision-making; now therefore,

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

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

(1) Two members of the House of Representatives 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



## HJR36 INTRODUCED

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, 2023. 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.



## HJR36 INTRODUCED

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

117           (f) Each legislative member of the task force shall be  
118 entitled to his or her regular legislative compensation, per  
119 diem, and travel expenses for each day of attendance at a  
120 meeting of the task force in accordance with Section 49 of  
121 the Constitution of Alabama of 2022.

122           (g) No later than the fifteenth legislative day of  
123 the 2025 Regular Session of the Legislature, the task force  
124 shall report its findings and recommendations to the Speaker  
125 of the House of Representatives, the President Pro Tempore  
126 of the Senate, and the chairs of the appropriate legislative  
127 committees, at which time the task force shall be dissolved.

128