

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

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4 HJR____ CREATING THE CHRONIC WEIGHT MANAGEMENT AND TYPE 2
5 DIABETES TASK FORCE.

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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
and mortality due to a variety of health issues, including
26 COVID-19; complications from obesity may lead to diabetes,
27 hypertension, cardiovascular disease, and many other

HJR36 INTRODUCED



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

HJR36 INTRODUCED



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

HJR36 INTRODUCED



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' Insurance Board or his or her designee.

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

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

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

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

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

108 (1) To study the health implications of chronic weight
109 management and type 2 diabetes, the costs associated with
110 the diseases, and the various health treatments available to
111 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.