FISCAL AND POLICY NOTE

House Joint Resolution 5(Delegate Stern, et al.)Rules and Executive Nominations

Obesity Awareness

This joint resolution declares November to be Obesity Awareness Month and encourages expanding physical education in schools, creating obesity prevention programs for the entire family, and including obesity prevention in medical school curricula.

Fiscal Summary

State Effect: Compliance with this joint resolution would not directly affect governmental operations or finances.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: Health insurers and nonprofit health service plans, health maintenance organizations, and managed care organizations must cover treating morbid obesity through gastric bypass surgery or another surgical method recognized by the National Institutes of Health (NIH) as effective for the long-term reversal of morbid obesity and consistent with NIH approved criteria.

If a physician determines that a licensed dietitian's or nutritionist's services are medically necessary for treating cardiovascular disease, diabetes, malnutrition, cancer, cerebral vascular disease, or kidney disease, the dietitian's or nutritionist's reasonable charges may be reimbursed by a health insurance provider. Reimbursement is limited to six visits

with a dietician or nutritionist during a 12-month period. Services for treating obesity may be reimbursed only if they are provided with the treatment of one of the previously mentioned diseases. Health insurance policies, contracts, or certificates are not required to cover nutritionists' or dietitians' services.

Background: Nationally, approximately 127 million adults are overweight, 60 million are obese, and 9 million are severely obese, according to the American Obesity Association. In Maryland, 19.8% of adults were obese in 2001, compared to 11.2% in 1991. Overweight and obese men and women are at greater risk of developing certain medical conditions such as Type 2 diabetes, coronary heart disease, high blood pressure, and osteoarthritis.

An estimated 15% of children and adolescents ages 6 through 19 are overweight, according to the 1999-2000 National Health and Nutrition Examination Survey. A 1988-1994 survey estimated 11% of children and adolescents nationally were overweight. Children who are obese experience health problems such as Type 2 diabetes, orthopedic problems, sleep apnea, high cholesterol, high blood pressure, liver disease, and asthma.

A 2002 Department of Health and Mental Hygiene report made numerous recommendations for preventing children from becoming overweight, focusing on six areas: families and individuals; schools; the media and public education; health care providers; neighborhoods and community factors; and research and data collection. For example, the report recommended: (1) mandating health insurers cover overweight treatment and prevention; (2) implementing a tax on foods of minimal nutritional value to fund parks and recreational activities; (3) funding and promoting recreation centers that offer free, supervised programs; (4) implementing healthy food policies so healthy food choices prevail in schools; (5) using health screenings to educate students about overweight prevention; (6) requiring physical and health education in all school grades; (7) working with the media to promote healthier messages about body shape, eating habits, and activity that encourages health; and (8) implementing the Youth Risk Behavior Surveillance System or other system for collecting data about weight, eating habits, and physical activity of children in Maryland.

Medical School Curricula

The Johns Hopkins School of Medicine reports that 29 lectures address obesity during the first and second year of instruction at the school. These lectures include: the "Medical and Physiologic Consequences of Obesity;" "Obesity, Weight Loss, and Nutrition;" and "Exercise and Obesity."

The University of Maryland schools of medicine, pharmacy, and nursing include nutrition and physical activity counseling in a number of their core requirements.

Additional Information

Prior Introductions: None.

Cross File: SJ 1 (Senator Britt) – Education, Health, and Environmental Affairs.

Information Source(s): National Institutes of Health; *Prevalence of Overweight Amount Children and Adolescents: United States, 1999-2000, National Center for Health Statistics, Centers for Disease Control and Prevention; <i>Preventing Childhood Overweight in Maryland: Recommendations and Report of a Work Group Session, Department of Health and Mental Hygiene, November 2002; Obesity in the U.S., American Obesity Association; <i>Health Effects of Obesity, American Obesity Association; The Johns Hopkins School of Medicine; University of Maryland, Baltimore; Department of Legislative Services*

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