

HOUSE JOINT RESOLUTION 9

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1999 Regular Session  
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Introduced and read first time: February 12, 1999  
Assigned to: Environmental Matters

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Committee Report: Favorable with amendments  
House action: Adopted  
Read second time: March 27, 1999

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RESOLUTION NO. \_\_\_\_\_

HOUSE JOINT RESOLUTION

1 A House Joint Resolution concerning

2 **Prevention of Hypertension, Diabetes Mellitus, and Heart Disease Through**  
3 **Obesity Awareness, Risk Assessment, and Treatment**

4 FOR the purpose of ~~directing~~ requiring the Department of Health and Mental  
5 Hygiene to study the interrelationship of major cardiovascular comorbidities  
6 such as hypertension and coronary artery disease, as well as major  
7 endocrinology comorbidities such as diabetes with obesity in order to determine  
8 the economics of obesity through an assessment of its risks and costs for  
9 patients enrolled in the Maryland Medicaid Program; making recommendations  
10 following the study for improvement in public awareness about the impact of  
11 obesity on increased risk factors for hypertension, diabetes, and coronary artery  
12 disease through school and community-based programs; giving priority to the  
13 development of cost-effective treatment protocols for obesity and access to  
14 treatment that will lead to improved outcomes for patients at risk for developing  
15 hypertension, diabetes, and coronary heart disease; and reporting the findings  
16 of this study and its recommendations to the General Assembly ~~prior to the~~  
17 ~~convening of the 2000 Regular Session.~~

18 WHEREAS, The Behavioral Risk Factor Surveillance Data from the federal  
19 Center for Disease Control and Prevention indicates that 30% of Maryland's  
20 population is overweight and that the percentage of State deaths due to  
21 cardiovascular disease alone is 41%; and

1 WHEREAS, A 1997 study by Kaiser Permanente indicated that the total direct  
2 costs of obesity-related diseases such as hypertension, diabetes, and coronary heart  
3 disease in the United States in 1990 was \$45.8 billion; and

4 WHEREAS, There is a causal relationship between obesity and hypertension,  
5 diabetes, and coronary heart disease and the Kaiser study indicated that there is a  
6 significant potential for a reduction in health care expenditures stemming from  
7 health complications such as hypertension, diabetes, and coronary artery disease  
8 through obesity prevention efforts; and

9 WHEREAS, The National Institute of Diabetes and Digestive and Kidney  
10 Diseases provided information which indicates that nearly 80% of patients with  
11 diabetes mellitus are obese; and

12 WHEREAS, The National Health and Nutrition Examination Survey indicates  
13 that men in the highest obesity category have more than twice the risk of  
14 hypertension and women in the highest obesity category have four times the risk of  
15 hypertension; and

16 ~~WHEREAS, 1997 statistics reflect that while 22.5% of the State's Caucasian~~  
17 ~~population are at risk for hypertension, there is a much greater risk affecting 30.2% of~~  
18 ~~Maryland's African American population (27.8% in Baltimore City and 30.2% in~~  
19 ~~Baltimore County); and~~

20 ~~WHEREAS, Maryland ranks in the top third of all states for the prevalence of~~  
21 ~~diabetes mellitus, which affects 9.6% of the State's African American population~~  
22 ~~according to 1997 statistics (6.5% in Baltimore City and 19.1% in Baltimore County)~~  
23 ~~while Maryland's Caucasian population is affected at 4.6%; and~~

24 WHEREAS, An expert panel convened by the National Heart, Lung and Blood  
25 Institute concluded that an increased risk of diabetes mellitus, hypertension, and  
26 coronary disease is associated with obesity; and

27 WHEREAS, These diseases are also associated with high salt intake, a high fat  
28 diet, stress, and inactivity, conditions that are prevalent among patients in groups  
29 who do not have access to proper nutrition, quality health care, and related treatment  
30 strategies and clinical information regarding the health risks associated with obesity  
31 such as hypertension, diabetes mellitus, and coronary disease as a result of being  
32 uninsured; and

33 WHEREAS, 16.1% of all Americans were uninsured in 1997 and 13.4% of the  
34 population in the State of Maryland, or 496,966 persons, are without health  
35 insurance; and

36 WHEREAS, Without appropriate and consistent delivery of health care services,  
37 these individuals will increase their risks of developing cardiovascular or  
38 endocrinology disease; and

39 WHEREAS, The Department of Health and Mental Hygiene should develop a  
40 cost-effective community-based strategy for delivering health care to these

1 uninsured patients in the State, who are ineligible for medical assistance through the  
2 CHIPS and Medicaid program, as well as recommending protocols for obesity risk  
3 assessment in this population; and

4 WHEREAS, The Department of Health and Mental Hygiene should partner  
5 with local organizations such as the Baltimore Alliance on Hypertension and  
6 Diabetes, the Maryland Legislative Black Caucus, and the Maryland Health Care  
7 Foundation to increase awareness and educate patients in the Medicaid and  
8 uninsured populations about the risk factors associated with hypertension, diabetes,  
9 and coronary disease such as obesity, poor nutrition, and the need for physical fitness;  
10 and

11 WHEREAS, There is an urgent need for State health care groups and medical  
12 societies to place the prevention of hypertension, diabetes, and coronary disease and  
13 obesity awareness at the top of Maryland's health care agenda; and

14 WHEREAS, Clinical protocols for the treatment of hypertension, diabetes, and  
15 coronary disease should include strategies for the treatment of obesity and the  
16 delivery of health care for obesity, which include but are not limited to behavior  
17 modification and pharmacotherapy; and

18 WHEREAS, This study by the Department of Health and Mental Hygiene of the  
19 interrelationship of major cardiovascular comorbidities and major endocrinology  
20 comorbidities with obesity in order to determine the economics of obesity through an  
21 assessment of its risks and costs for patients enrolled in the Maryland Medicaid  
22 Program is critical to raise public and private sector awareness about hypertension,  
23 diabetes mellitus, and coronary disease and the role of obesity in the risk factors for  
24 these diseases, that through this awareness, the economic costs associated with these  
25 diseases can be reduced, and that innovative treatment protocols for these diseases  
26 will include the management and treatment of medically significant obesity within  
27 the Medicaid population and that at the conclusion of the study, recommendations for  
28 improving the clinical outcomes associated with hypertension, diabetes, and coronary  
29 disease, and strategies for increasing awareness in the State about these conditions  
30 will be reported to the full Legislature prior to the convening of the ~~2000~~ 2001 Regular  
31 Session; now, therefore, be it

32 RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That the  
33 Department of Health and Mental Hygiene ~~is hereby directed to give priority and~~  
34 ~~attention to this study of the interrelationship of major cardiovascular comorbidities~~  
35 ~~and major endocrinology comorbidities with obesity and developing recommendations~~  
36 ~~in accordance with its focus and objectives regarding awareness strategies, treatment~~  
37 ~~protocols, and delivery of health care to Medicaid patients and uninsured patients in~~  
38 ~~the State suffering from a high prevalence of obesity and the resulting elevated~~  
39 ~~disease risks which are manifested in high rates of hypertension, diabetes mellitus,~~  
40 ~~and coronary disease among these patients shall conduct the study described above~~  
41 and give priority and attention to the systematic analysis of data identifying the  
42 prevalence of obesity-related cardiovascular and endocrinology comorbidities within  
43 the Medicaid population, the costs associated with the current treatment of these  
44 diseases and related clinical outcomes, as well as the development of

1 recommendations for awareness strategies and treatment protocols that should  
2 include early risk assessment, pharmacotherapy, patient education and other  
3 interventions that will provide quality health care to Medicaid patients and  
4 uninsured in the State suffering from obesity-related illnesses such as hypertension,  
5 diabetes mellitus, and coronary artery disease, particularly in the African American  
6 community; and be it further

7       RESOLVED, That a copy of this Resolution be forwarded by the Department of  
8 Legislative Services to the Honorable Parris N. Glendening, Governor of Maryland;  
9 the Honorable Thomas V. Mike Miller, Jr., President of the Senate of Maryland; the  
10 Honorable Casper R. Taylor, Jr., Speaker of the House of Delegates; and to the  
11 Secretary of the Department of Health and Mental Hygiene.