
By: **Senator Britt**

Introduced and read first time: February 1, 2006

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health - Maryland Obesity Awareness and Prevention Task Force**

3 FOR the purpose of establishing the Maryland Obesity Awareness and Prevention
4 Task Force in the Department of Health and Mental Hygiene; providing for the
5 purpose of the Task Force; providing for the membership, chair, and staff of the
6 Task Force; providing that a member of the Task Force may receive certain
7 reimbursement as provided in the State budget; providing for the duties of the
8 Task Force; requiring the Task Force to submit certain reports to the Governor
9 and the General Assembly on or before certain dates; providing for the
10 termination of this Act; and generally relating to the Maryland Obesity
11 Awareness and Prevention Task Force.

12 BY adding to

13 Article - Health - General
14 Section 13-2301 through 13-2303, inclusive, to be under the new subtitle
15 "Subtitle 23. Obesity Awareness and Prevention Task Force"
16 Annotated Code of Maryland
17 (2005 Replacement Volume and 2005 Supplement)

18 **Preamble**

19 WHEREAS, Maryland's leaders have a responsibility to encourage and promote
20 healthy lifestyles for the residents of the State, including communicating information
21 about healthy diet and the importance of physical activity; and

22 WHEREAS, Obesity is a serious medical condition; and

23 WHEREAS, The number of overweight and obese adults increased 62% between
24 1990 and 2002; and

25 WHEREAS, Presently 59% of adults in Maryland are overweight or obese, and
26 the frequency of these conditions increases with age; and

1 WHEREAS, In 2002, approximately 15.3% of children between the ages of 6 and
2 11 years old and 15.5% of adolescents between the ages of 12 and 19 years old were
3 overweight or at risk of being overweight; and

4 WHEREAS, Overweight and obese adults are at increased risk for
5 cardiovascular disease, diabetes, stroke, hypertension, gall bladder disease,
6 osteoarthritis, and some cancers; and

7 WHEREAS, Overweight children are at increased risk for hypertension,
8 asthma, sleep apnea, and diabetes as well as poor psychosocial functioning and
9 decreased well-being; and

10 WHEREAS, Obesity ranks second only to smoking as a preventable cause of
11 death; and

12 WHEREAS, A study by the Centers for Disease Control estimates that medical
13 expenditures attributable to obesity in the United States reached \$75,000,000,000 in
14 2003 and that taxpayers financed approximately half of these costs through Medicare
15 and Medicaid; and

16 WHEREAS, In Maryland, over 8%, or \$368,000,000, of medical expenditures are
17 attributable to obesity in the Medicare population and over 13%, or \$391,000,000, of
18 medical expenditures in Maryland are attributable to obesity in the Medicaid
19 population; and

20 WHEREAS, It is in the best interests of the residents of the State to continue to
21 implement effective existing methods of treatment and prevention of adult and
22 childhood obesity and to reduce the potential for other serious medical conditions
23 caused or exacerbated by obesity; now, therefore,

24 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
25 MARYLAND, That the Laws of Maryland read as follows:

26 **Article - Health - General**

27 **SUBTITLE 23. OBESITY AWARENESS AND PREVENTION TASK FORCE.**

28 13-2301.

29 (A) THERE IS A MARYLAND OBESITY AWARENESS AND PREVENTION TASK
30 FORCE IN THE DEPARTMENT.

31 (B) THE PURPOSE OF THE TASK FORCE IS TO DEVELOP RECOMMENDATIONS
32 FOR A MARYLAND OBESITY ACTION PLAN, WHICH WILL INCLUDE ACTIONABLE
33 MEASURES TO SUPPORT AND ENHANCE OBESITY AWARENESS AND PREVENTION
34 AMONG STATE RESIDENTS.

35 13-2302.

36 (A) THE TASK FORCE CONSISTS OF THE FOLLOWING MEMBERS:

1 (1) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY THE
2 PRESIDENT OF THE SENATE;

3 (2) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE
4 SPEAKER OF THE HOUSE;

5 (3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR THE
6 SECRETARY'S DESIGNEE;

7 (4) THE STATE SUPERINTENDENT OF SCHOOLS OR THE STATE
8 SUPERINTENDENT'S DESIGNEE;

9 (5) THE SECRETARY OF PLANNING, OR THE SECRETARY'S DESIGNEE;
10 AND

11 (6) THE FOLLOWING NINE MEMBERS, APPOINTED BY THE GOVERNOR:

12 (I) TWO REPRESENTATIVES FROM THE FOLLOWING BUSINESSES
13 AND INDUSTRIES:

14 1. FOOD PROCESSORS;

15 2. FOOD MANUFACTURERS;

16 3. THE RETAIL INDUSTRY;

17 4. THE SOFT DRINK INDUSTRY; OR

18 5. A MEMBER OF THE RESTAURANT ASSOCIATION OR A
19 RESTAURANT OWNER;

20 (II) TWO REPRESENTATIVES FROM TWO DIFFERENT NONPROFIT
21 ORGANIZATIONS THAT WORK WITH OBESITY-RELATED ISSUES;

22 (III) ONE PUBLIC SAFETY OFFICIAL;

23 (IV) ONE PHYSICAL FITNESS EXPERT OR MEMBER OF THE STATE
24 PHYSICAL FITNESS COUNCIL;

25 (V) ONE REPRESENTATIVE FROM A SCHOOL OF PUBLIC HEALTH OR
26 A PUBLIC HEALTH OFFICIAL;

27 (VI) ONE PEDIATRICIAN OR PEDIATRIC NURSE; AND

28 (VII) ONE ACTIVE MEMBER OF A PARENT TEACHER ASSOCIATION.

29 (B) THE GOVERNOR SHALL APPOINT MEMBERS OF THE TASK FORCE SO THAT
30 THE MEMBERSHIP OF THE TASK FORCE REFLECTS THE GEOGRAPHIC, RACIAL,
31 ETHNIC, AND GENDER DIVERSITY OF THE STATE.

32 (C) THE GOVERNOR SHALL DESIGNATE THE CHAIR OF THE TASK FORCE.

1 (D) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE SHALL PROVIDE
2 STAFF FOR THE TASK FORCE.

3 (E) A MEMBER OF THE TASK FORCE:

4 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE TASK
5 FORCE; BUT

6 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE
7 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

8 (F) THE TASK FORCE SHALL STUDY AND EVALUATE THE POTENTIAL FOR THE
9 FOLLOWING MEASURES AS COMPONENTS OF THE MARYLAND OBESITY ACTION PLAN
10 AND MAKE RECOMMENDATIONS ON THE MOST EFFECTIVE MEANS FOR THE
11 IMPLEMENTATION OF THESE MEASURES:

12 (1) DEVELOPMENT OF A MEDIA HEALTH PROMOTION CAMPAIGN
13 TARGETED TO CHILDREN AND ADOLESCENTS AND THEIR PARENTS AND CARE
14 GIVERS;

15 (2) ESTABLISHMENT OF SCHOOL-BASED CHILDHOOD OBESITY
16 PREVENTION NUTRITION EDUCATION AND PHYSICAL ACTIVITY PROGRAMS;

17 (3) ESTABLISHMENT OF COMMUNITY-BASED CHILDHOOD OBESITY
18 PREVENTION NUTRITION EDUCATION AND PHYSICAL ACTIVITY PROGRAMS THAT
19 INVOLVE PARENTS AND CAREGIVERS;

20 (4) COORDINATION OF STATE EFFORTS WITH EFFORTS OF FEDERAL
21 AND LOCAL GOVERNMENT AGENCIES TO INCORPORATE STRATEGIES TO PREVENT
22 CHILDHOOD OBESITY INTO FOOD ASSISTANCE, HEALTH, EDUCATION, AND
23 RECREATION PROGRAMS;

24 (5) SPONSORSHIP OF PERIODIC CONFERENCES TO BRING TOGETHER
25 EXPERTS IN NUTRITION, EXERCISE, PUBLIC HEALTH, MENTAL HEALTH, EDUCATION,
26 PARENTING, MEDIA, FOOD MARKETING, AGRICULTURE, COMMUNITY PLANNING, AND
27 OTHER DISCIPLINES TO CONSIDER SOCIETAL SOLUTIONS TO THE PROBLEM OF
28 OBESITY IN CHILDREN AND ADOLESCENTS AND TO RECOMMEND GUIDELINES FOR
29 PUBLIC POLICY IN THE STATE;

30 (6) DEVELOPMENT OF TRAINING PROGRAMS FOR HEALTH CARE
31 PROFESSIONALS;

32 (7) DEVELOPMENT OF, AND SUPPORT FOR, COMMUNITY-BASED
33 PROJECTS TARGETED TO HIGH-RISK POPULATIONS; AND

34 (8) ANY OTHER MEASURES THE TASK FORCE CONSIDERS APPROPRIATE.

1 13-2303.

2 ON OR BEFORE JANUARY 1 OF EACH YEAR, THE TASK FORCE SHALL REPORT ON
3 ITS FINDINGS AND RECOMMENDATIONS FOR A MARYLAND OBESITY ACTION PLAN TO
4 THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT
5 ARTICLE, THE GENERAL ASSEMBLY.

6 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
7 October 1, 2006. It shall remain effective for a period of 2 years and 9 months and, at
8 the end of June 30, 2009, with no further action required by the General Assembly,
9 this Act shall be abrogated and of no further force and effect.