

Department of Legislative Services
Maryland General Assembly
2006 Session

FISCAL AND POLICY NOTE

Senate Bill 436 (Senator Britt)
Education, Health, and Environmental Affairs

Health - Maryland Obesity Awareness and Prevention Task Force

This bill creates a Maryland Obesity Awareness and Prevention Task Force within the Department of Health and Mental Hygiene (DHMH). The task force must develop recommendations for a Maryland Obesity Action Plan, which will include actionable measures to support and enhance obesity awareness and prevention among residents. DHMH must staff the task force. By January 1 of each year, the task force must report its findings and recommendations for the action plan to the Governor and the General Assembly.

The bill terminates June 30, 2009.

Fiscal Summary

State Effect: Staffing the task force and writing the required reports could be handled within existing DHMH budgeted resources. No effect on revenues.

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 treatment of 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 dietician's or nutritionist's services are medically necessary for treating cardiovascular disease, diabetes, malnutrition, cancer, cerebral vascular disease, or kidney disease, the dietician'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 dieticians' services.

Chapter 301 of 2005 repealed the May 31, 2005 termination date of the Task Force to Study Utilization Review of the Surgical Treatment of Morbid Obesity. The task force must report its findings to specified committees by December 1, 2007.

Background: A 2002 DHMH report made various 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.

Some of the report's recommendations include: (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.

Nationally, 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 two diabetes, orthopedic problems, sleep apnea, high cholesterol, high blood pressure, liver disease, and asthma.

Nationally, an estimated 64% of adults age 20 and older are overweight or obese, with 30% of those adults considered obese, according to the National Center for Health Statistics.

Additional Information

Prior Introductions: None.

Cross File: None.

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; *Preventing Childhood Overweight in Maryland: Recommendations and Report of a Work Group Session*, Department of Health and Mental Hygiene, November 2002; *Overweight Prevalence*, National Center for Health Statistics; Department of Health and Mental Hygiene; Department of Legislative Services

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