

Approved: 3-28-01
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on March 13, 2001 in Room 231-N of the Capitol.

All members were present except:

Committee staff present: Ms. Emalene Correll, Legislative Research Department
Mr. Norman Furse, Revisor of Statutes
Ms. Lisa Montgomery, Revisor of Statutes
Ms. Rebecca Zapick, Intern for Senator Barnett
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee:

Ms. Karen Hawes, ARNP, MSN, Volunteer, American Heart Associations
Mr. Kevin Walker, Kansas Hospital Association
Ms. Paula Marmet, Director, Bureau of Health Promotion

Others attending: See attached guest list.

Approval of Minutes

Upon calling the meeting to order, the Minutes distributed on March 6, 2001 are approved, as there was no response received from Committee members.

Hearing on SCR 1608 - urging Secretary of KDHE to review the effects of obesity on health complications.

Chairperson Wagle announced that the Committee would be hearing on SCR 1608 and first asked staff to give a brief overview of the bill. Ms. Emalene Correll, Legislative Research Department stated that the subject matter is familiar to some of the Committee. There was a resolution relative to this issue and passed out of the Senate Public Health & Welfare Committee last year and Senate, but did not get out of the House by the end of session. Highlights include the bill siting various types of health problems that arise in obesity the size of the problem in the United States; urges the Secretary of Health and Environment to review the effect of obesity in both children and adults on health complications and report on current programs the state is offering; make recommendations for additions and improvements to state programs relating to this subject, prior to the convening of the 2002 legislation. She stood before the Committee for questions.

As there were no question, Chairperson Wagle introduced the first proponent to give testimony, Ms. Karen Haws, ARNP/MSN, Volunteer, American Heart Association. The highlights of Ms. Haws testimony included the definitions and statistics of obesity, referred to a handout regarding BMI which is a measure of ideal height vs. weight, and according to the National Heart, Lung, and Blood Institute, diseases which used to occur mainly in those over 65 are now prevalent in 50 year olds and a significant amount of obese children have developed cholesterol buildup in their heart vessels by age 13. A copy of her written testimony is (Attachments #1) attached hereto and incorporated into the Minutes by reference. And a copy of the JAMA booklet has been filed in the Chairperson's office

The second proponent conferee recognized by the Chairperson was Mr. Kevin Walker, Kansas Hospital Association who stated two typo errors in the resolution. (Line 25 "casual relationship" should read "causal" and line 26 in the word "dyclipedemia", the "c" should be an "s". He also mentioned he had left a calculator with Chairperson Wagle to determine each member's body mass index. No written testimony was provided.

Ms. Paula Marmet, Director, Bureau of Health Promotion was the final proponent conferee to testify. Ms. Marmet also provided statistical information from the JAMA handout where percentages have increased in obesity and health care costs (citing ex. Diabetes, gall bladder disease, etc.) in all states, across both sexes and among all ages, race, and educational groups. She also stated that KDHE staff is currently facilitating a state planning process, where 40 participants representing public and private agencies and organizations from across the state are engaged in the process of identifying priorities for reversing the trend of increased obesity and decreased physical activity of Kansas. A copy of her written testimony is (Attachment 2) attached hereto and incorporated into the Minutes by reference.

As there was no opponent or neutral testimony, Chairperson Wagle asked Ms. Marmot to expand on her comment regarding the 40 consultants. Questions and comments also came from Senators Praeger, Brungardt, Haley, Barnett, and Steineger, Ms. Correll for Ms. Hawes and Ms. Marmet ranging from genetic implications; different body measurements (why the testimony shows me getting more body weight for me than women); a previous study done last year; is KDHE just looking at the surface as opposed to cause?; to how does this recommendation (120K) fix the problem. After a lengthy discussion, the Committee did agree that the dollars requested probably would not be available. Senator Harrington offered alternatives such as school programs.

Action on HB 2313 - State Board of Nursing approval of schools and programs.

With no further discussion, the next order of business was working of HB 2313. Senator Jordan motioned that the bill pass favorably as amended. Senator Steineger seconded the motion. The motion passed.

Adjournment

The meeting adjourned at 2:20 p.m.

The next meeting is scheduled for March 15, 2001.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: Tuesday, March 13

NAME	REPRESENTING
KEVIN M. WALKER	American Heart Ass'n.
BOB ADDESSO	KANSAS PHARMACEUTICALS ASSOC
Paula Marmat	KDHE
Kerri Spielman	Sen Mayldr's Office
CORA GLISSON	Marian Clinic
Janice Spencer	American Cancer Society
Stephanie Sharp	ACS
Michelle Peterson	PhRMA
Terrie Ruhlman	KS Adult Care Executives
Donna Fleischer	Council on Fitness
Karen Hanson PhD	Council on Fitness
Deb Williams	KDHE
Carolyn Muddindorf	Ks St Nurses Assn
Robert M. Gonzalez	Educator - Shawnee Heights Middle Sch.
Susan George	Kans. Council on Fitness
Sally Beckett	Kans. Council on Fitness
Mike Veir	Hein + Veir
Karen Howe ARNP	Ph. J. # American Heart Assoc.
Scott Bruner	Division of the Budget

John H. Oppolizer

Greg K. Kandt

Rebecca Lipick

3-13-01 noted

Ks Council on Fitness
Ks Association for Health, Physical
Education, Recreation and Dance

Ks Council on Fitness
Kansas Association for Health,
Physical Education, Recreation, Dance

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**Testimony in Support of SCR 1608
Senate Public Health and Welfare Committee
13 March 2001**

Madame chair and distinguished senators,

I am Karen Hawes, a registered internal medicine practitioner at Cotton O'Neil Clinics in Topeka, Kansas and appearing as a volunteer for the American Heart Association in support of Resolution No. 1608. I appreciate the committee giving me the time to testify before you on Obesity and its relationship to heart and vascular disease.

Imagine if everytime you went to fill up your car's gas tank, you also filled an extra can that you stored in the trunk and back seat. Soon, all extra space in the car would be filled with stored gasoline. Should you be able to drive this car you would find the additional 2000 pounds being carried inside the car would impede the ability of the car to drive at its best. The auto would move slower, more sluggishly, and despite the extra fuel available inside the auto, mileage per gallon would fall off. Car parts, including tires, pistons, clutch, and brakes would fail more quickly as the car exceeded the weight capacity its parts were designed to handle. The horsepower capacity would be inadequate to move the car up hills, and the chances for a catastrophic accident would greatly increase. Eventually, to prevent breakdowns and increased costs, you would begin minimizing use of the car, and finally, purchase another. But humans are not cars, and we cannot purchase another body when we've worn out the current model.

Obesity is the storage of unused food as fat. The fuel content, or potential energy, is measured by the calorie. 3500 calories translates to 1 lb. of fuel, stored as fat, in the human being.

A certain amount of fat is required for growth and function in the human being. A measure of ideal height vs. weight, called the BMI, which you have in your attachments, is an attempt to determine who has enough fat, and whose weight is exceeding their design capacity. The higher the BMI, the higher the risk of developing diseases, including hypertension, high cholesterol, diabetes, heart attack, stroke, cardiac failure, joint breakdowns, back pain, and some cancers. Pregnancies in the overweight have worse outcomes than the non-obese. Some diseases of the obese, such as chronic stomach problems, hypertension, and high cholesterol, can be reversed by weight loss. But the wearing out of parts, stress on the pump known as the heart, and deposition of cholesterol on the inside of blood vessels will have caused permanent damage.

Obesity is a graded phenomena, meaning that as a person gains weight, they take on increased risk, until disease in the morbidly obese (those 100 pounds or more over their ideal weight) becomes a certainty. The heavier a person becomes the less able they are to move and lose weight. For this reason an obese child usually becomes an obese adult.

In 2000 the National Heart, Lung, and Blood Institute, an arm of the National Institutes of Health, determined that 54.9% of adults age 20 or over are overweight, or have a BMI greater than 25. As a result, diseases which used to occur mainly in those over 65 are now prevalent in 50 year olds. Recent data shows a significant amount of obese children have developed cholesterol buildup in their heart vessels by age 13.

Obesity is difficult to treat but easy to prevent. You have in front of you Senate Concurrent Resolution No. 1608. This resolution directs the Department of Health and

Environment to review the effect of obesity in both adults and children on costly health complications, to report on current obesity treatment and prevention programs, and to recommend additional improvements to state programs.

I encourage your committee to pass this resolution in this legislative session. Thank you for your time. I will now stand for questions at the committee's leisure.



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

Testimony on SCR 1608
to
Senate Public Health and Welfare Committee
Presented by
Paula F. Marmet, Director, Bureau of Health Promotion
March 13, 2001

Chairperson Wagle and members of the committee, I am pleased to appear before you today to discuss Senate Concurrent Resolution 1608, which calls for a review of the health impact and costs due to obesity among Kansans.

Obesity (defined as a body mass index [BMI] of ≥ 30 kg/m²) has become an epidemic in the United States. In 1991, an estimated 12% of American adults were obese compared to 18% in 1998. Steady increases have been observed in all states, across both sexes and among all age, race and educational groups. Obesity-related health care costs may be as much as 6.8% of all US health care costs. Recent estimates indicate that approximately 280,000 deaths in this country may be attributable to obesity (JAMA, October 27, 1999).

Overweight (BMI >27.8 for men and 27.3 for women) and obesity have been associated with an increase in Type 2 diabetes, gall bladder disease, high blood pressure and osteoarthritis. A recent study in the Journal of the American Medical Association has also shown that as weight increased the frequency having two or more health problems such as high blood pressure or Type 2 diabetes increased as well. (JAMA, October 1999).

Kansas has not escaped the epidemic. The percentage of Kansans who are overweight has increased significantly between 1992 and 1998. At the same time, the percentage of Kansans who report no leisure time physical activity has increased. The most recent estimates available from the Behavioral Risk Factor survey, a random-digit-dial statewide telephone survey of Kansas adults indicate that in 1998, one-third (32%) of adult Kansans were overweight and one out of every six (17%) were obese (BMI ≥ 30 kg/m²). More recent Kansas surveys also indicate a high percentage of overweight in at-risk populations. A 1996 statewide survey shows that 56% of people with diabetes were overweight.

The Kansas Department of Health and Environment supports the intent of SCR1608 to better understand the significance of the epidemic of obesity in terms of its undeniable impact on the health status of Kansans. Bureau staff are currently facilitating a state planning process to identify priorities for reversing the trend of increased obesity and decreased physical activity of Kansans.

*Identifying
where cover*

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More than 40 participants representing public and private agencies and organizations from across the state are engaged in the process. SCR1608 will not only complement the purpose of this initiative, but will elevate awareness of the obesity epidemic in Kansas.

While the Department supports the intent of the resolution, we respectfully recommend some flexibility in the time line and consideration of the fiscal impact to the agency. Current resources and staff capabilities will preclude us from producing more than a very basic literature review of the impact of obesity or to do more than continue to facilitate the discussions of the state planning group described above. Unless additional funds are made available, a thorough review of the health and economic costs of obesity and an assessment of treatment options, based upon Kansas data, could only be undertaken by halting other important public health activities. To adequately address the recommendations contained in the proposed resolution, it is estimated that a supplemental allocation of \$120,000.00 for SFY2002 would be necessary. Such an allocation would provide the minimum dollars necessary to purchase data, provide staff with the expertise to analyze the data, and to collect baseline information regarding the current availability of treatment options. Even with the additional resources, it is questionable that staff with the necessary expertise could be identified and retained in a time frame that would enable us to meet the January 2002 deadline to deliver a completed report with recommendations.

With this cautionary statement on what is possible to accomplish with existing resources, the Department applauds your recognition of the serious health impacts of obesity and welcomes your assistance in developing a response to this epidemic in our state. Thank you again for your attention to this important public health issue and the opportunity to speak in support of SCR1608.

3/12/01