Approved: March 28, 2007

Date

MINUTES OF THE HOUSE SOCIAL SERVICES BUDGET COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 P.M. on March 6, 2007 in Room 514-S of the Capitol.

All members were present.

Committee staff present:

Amy VanHouse, Kansas Legislative Research Department

Kay Dick, Committee Assistant

Conferees appearing before the committee:

Rep. Ballard

Dr. Howard Rodenberg, MD, MPH, Director of Health, KS Dept. of Health & Environment

Rep. Garcia

Rep. Watkins

Others attending:

See attached list.

Chairman Bethell called the meeting to order at 3:30.

Hearing on HB 2423 - Task force on obesity prevention and management.

Amy Van House, Legislative Research Department, presented an overview of <u>HB 2423</u>, stating that this bill would create a task force on obesity, prevention and management within the Department of Health & Environment. The task force would have the duty to conduct meetings with students from grades 4-12 to discuss obesity related disease and conditions. Following these meeting the task force would meet with school personnel to discuss how to better to assist children of school age who may have early indicators of obesity. And then meet with parents and civic leaders to discuss promotion activities for the management and prevention of obesity. At the conclusion of all those meetings the task force establishes recommendations for a education program that would be incorporated in to the school curriculum and also for community projects that would promote obesity awareness and education. There is fiscal impact from the legislation.

The Committee discussed the fiscal impact.

Chair Bethell recognized Representative Barbara Ballard who appeared in support of <u>HB 2423</u>. The main focus of Representative Ballard's testimony was on grades K-12. She pointed out that "As a state, it is important to look at the big picture", which is to review the effect of obesity in children. "As a State we can save lives, preserve human dignity, and decrease the cost of health care". (Attachment 1)

Dr. Howard Rodenberg, MD, MPH, Director of Heath at the Department of Health and Environment gave testimony as a proponent to <u>HB 2423.</u> Dr. Rodenberg alluded to the fact that overweight and obesity is the second leading cause of preventable death in Kansas and the nation. He goes on to say that an even more striking trend is observed in children and adolescents. (Attachment 2)

The Chair recognized Representative Delia Garcia, who spoke as a proponent on Representative Garcia supported Representative Ballard's testimony. Representative Garcia stated that if the state doesn't fund this bill now the cost of all the other problems that would occur would have a bigger impact, causing a ripple effect. (no written testimony)

Chairman Bethell recognized Representative Watkins, who appeared in support of <u>HB 2423</u>. He stated that "what we don't do a very good job of, is trying to keep you healthy, it's more of "sick care program" than it is a true "health care program". Rep. Watkins goes on to say that obesity one of those thing we can address early instead of later. (no written testimony).

The hearing on HB 2423 was closed.

Deliberation was opened on the Kansas Board of Nursing Budget.

Meeting was adjourned at 5:00.

SOCIAL SERVICE BUDGET COMMITTEE GUEST LIST DATE: MARCH 6, 7007

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HOUSE OF REPRESENTATIVES

STATE OF KANSAS



CAUCUS CHAIR

COMMITTEE ASSIGNMENTS

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BARBARA W. BALLARD

REPRESENTATIVE, FORTY-FOURTH DISTRICT
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Testimony before the House Social Services Committee on House Bill 2423

March 6, 2007

Dear Chairman Bethell and Members of the Committee:

Thank you for allowing me to speak in support of HB 2423, creating a Task Force on Obesity Prevention and Management.

In children, obesity is a major cause of high blood pressure. Additional medical risks include diabetes and sleep apnea (the interruption of normal breathing during sleep). Obesity also causes emotional and social disability. As a group, obese children perform less well academically than their normal weight peers, even when they are matched for intellectual ability. Overweight children are teased and psychologically abused by peers and adults, and they many eventually be subject to discrimination in college and job placement.

In the report, *Healthy Kansans 200*, Kansas Department of Health and Environment (KDHE) recognized obesity among the known risk factors contributing to serious health consequences. KDHE would oversee the Task Force.

Treating obesity as a disease goes beyond just losing weight. As a state, it is important to look at the big picture. If we focus on the big picture, which is to review thoroughly the effect of obesity in children, we can save lives, preserve human dignity, and decrease the cost of health care. The Task Force would make children, and others, more aware of obesity as a disease. A disease which can be treated, prevented, and managed.

I come before you today to ask that you pass HB 2423. I will be happy to stand for questions.

Singerely,

Barbara W. Ballard

Representative



DEPARTMENT OF HEALTH AND ENVIRONMENT

Kathleen Sebelius, Governor Roderick L. Bremby, Secretary

www.kdheks.gov

Division of Health

Testimony on House Bill 2423 Creating a Task Force on Obesity Prevention and Management

To House of Representatives **Social Services Budget Committee**

Presented by Howard Rodenberg, MD, MPH Director of Health

Kansas Department of Health and Environment

March 6, 2007

Chairman Bethell and members of the House Social Services Budget Committee, my name is Dr. Howard Rodenberg. I serve as the Director of the Division of Health for the Kansas Department of Health and Environment and Kansas State Health Officer. Thank you for the opportunity to appear before you today regarding House Bill 2423, which proposes to create a task force on obesity.

Overweight and obesity is the second leading cause of preventable death in Kansas and the nation. Obesity is a condition that significantly raises the risk of death from hypertension, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems and certain types of cancers.

In 2005, data from the Kansas Behavioral Risk Factor Surveillance System (BRFSS) indicated that over 60% of adults 18 years and older in Kansas were overweight or obese. This translates to an estimated nearly 1.2 million adults in our state. These estimates include the nearly one in four Kansas adults whose body weight qualifies as obese (body mass index $> 30 \text{ kg/m}^2$). The prevalence of obesity has increased by 83% since 1992, illustrating the dramatic emergence of this threat to health.

An even more striking trend is observed in children and adolescents, where nationally the rates of obesity have doubled and tripled respectively during the past two decades and continues to increase. The impact of obesity on health is especially alarming with respect to diabetes. It is estimated that if current trends continue, 1 in 3 children born today will develop diabetes in their lifetime; this projection increases to 1 in 2 Hispanic children. Kansas is not immune to the obesity epidemic. Surveys of students in grades 6-12 indicate that ¼ are overweight or at risk of

OFFICE OF THE DIRECTOR OF HEALTH CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 300, TOP Date: $3 \cdot 6 \cdot 07$

House Social Service Budget Committee

overweight (YRBS 2005, YTS 2002-3). These rates of overweight among Kansas youth are consistent with those of the nation.

In terms of disease, obesity alone costs the state more than \$657 in medical costs each year, second only to tobacco use which adds another \$927 million to medical costs paid by Kansans. Looking at costs borne directly by state government, Kansas spends over \$143 million per year in Medicaid expenditures for obesity related costs.

HB 2423 proposes to establish a task force for the purpose of developing a comprehensive state plan for implementation of services and programs in the state of Kansas to increase prevention and management of obesity in children. The approach outlined in the bill is highly consistent with the manner in which KDHE addresses chronic disease and, thus will enable us to capitalize upon current resources to meet the expectation of the bill. By fully utilizing the infrastructure that is currently in place, we estimate that this proposal could be implemented with about 1/3 of the \$225,000 budget initially projected in the department's fiscal note.

For example, the Obesity Task Force purpose described in HB 2423 is highly consistent with the work of the Governor's Council on Fitness, which could provide the infrastructure for implementing the proposed task force agenda. TASK is a statewide Kansas youth empowerment program that was initially funded by the American Legacy Program in 2000. By the end of 2005, 103 actively operating TASK groups sponsored teen rallies, teen summits and distributed promotional materials offers a potential infrastructure to begin to change the social norms related to obesity, physical activity and nutrition called for in HB 2423. With support from the Governor's Council on Fitness, TASK, and the advisory members of the state chronic disease plans, the Office of Health Promotion is prepared to facilitate the process to develop an obesity prevention plan.

The science leaves little doubt that prevention of obesity plays a crucial role in assuring our success in improving the overall health of Kansans. Thank you for your interest in this growing health threat. I'll be happy to stand for questions at this time.