

1 SJR107
2 213538-2
3 By Senators Stutts, Butler, McClendon, Roberts, Melson,
4 Waggoner, Albritton, Allen, Barfoot, Beasley, Chambliss,
5 Chesteen, Coleman-Madison, Dunn, Elliott, Figures, Givhan,
6 Gudger, Hatcher, Holley, Jones, Livingston, Marsh, Orr, Price,
7 Reed, Sanders-Fortier, Scofield, Sessions, Shelnut,tt,
8 Singleton, Smitherman, Whatley and Williams
9 RFD:
10 First Read: 22-APR-21

1 SJR107

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4 ENROLLED, SJR107,

5 CREATING THE CHRONIC WEIGHT MANAGEMENT AND TYPE 2
6 DIABETES TASK FORCE.

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8 WHEREAS, obesity and type 2 diabetes are significant
9 health challenges in Alabama, which has the seventh highest
10 adult obesity rate and the 12th highest childhood obesity rate
11 in the nation; Alabama also has the third highest prevalence
12 of diabetes in the nation, at 14 percent; the prevalence of
13 diabetes has increased steadily since 1990, when only 6.1
14 percent of Alabamians had diabetes; today, all but one of
15 Alabama's 67 counties have a rate of diabetes prevalence above
16 the national average of 10.5 percent; and

17 WHEREAS, according to the Alabama Department of
18 Public Health, many people in Alabama have diabetes but do not
19 know that they have it; diabetes may be treated with changes
20 in diet and exercise, if the condition is detected in its
21 early stages; diabetes takes an especially heavy toll on the
22 black American population and the elderly and is especially
23 prevalent in rural areas, which make up a large portion of
24 this state; and

1 WHEREAS, obesity and type 2 diabetes have been
2 identified as significant risk factors for severe disease and
3 mortality due to a variety of health issues, including
4 COVID-19; complications from obesity may lead to diabetes,
5 hypertension, cardiovascular disease, and many other
6 comorbidities; obesity is the leading risk factor for type 2
7 diabetes, which accounts for 90 to 95 percent of all diabetes
8 cases; and

9 WHEREAS, rural areas across the United States,
10 including in Alabama, have experienced deadly outbreaks of
11 COVID-19, fueled in part by the high rates of obesity and
12 diabetes found in these areas; of the six Alabama counties
13 designated as "very high risk" for COVID-19 mortality, four
14 were rural; these counties have an average obesity rate of 31
15 percent; and

16 WHEREAS, high rates of obesity and diabetes among
17 various demographics in Alabama reflect significant health
18 disparities that lead to increased vulnerability to COVID-19
19 and many other conditions; approximately 45 percent of black
20 Alabamians experience obesity, and 17.3 percent have diabetes
21 - the highest percentages of any racial or ethnic group in the
22 state for either disease; and

23 WHEREAS, addressing underlying conditions such as
24 obesity and diabetes may improve outcomes for those facing
25 COVID-19; a recently developed simulation model, using data

1 from peer-reviewed studies as well as real-time COVID-19
2 statistics, demonstrated that if the national prevalence of
3 obesity at the start of the COVID-19 pandemic had been reduced
4 by 25 percent from an overall rate of 40 percent to 30
5 percent, hospitalizations would have been reduced by 6.8
6 percent, admissions to intensive care units would have been
7 reduced by 10.7 percent, and mortality would have been reduced
8 by 11.4 percent across all demographic groups; these effects
9 would have been particularly pronounced among diverse
10 populations, including black Americans and Hispanic or Latino
11 Americans, who are disproportionately impacted by obesity,
12 diabetes, and COVID-19; and

13 WHEREAS, for the reasons described above, it would
14 be beneficial to understand and demonstrate the health
15 implications of chronic weight management and type 2 diabetes,
16 the costs associated with the diseases and the various health
17 treatments available to reduce this epidemic in Alabama, the
18 cost savings of prevention and reduction in rates of obesity
19 and type 2 diabetes, and to further promote the use of data to
20 influence decision making; now therefore,

21 BE IT RESOLVED BY THE LEGISLATURE OF ALABAMA, BOTH
22 HOUSES THEREOF CONCURRING, That there is created the Chronic
23 Weight Management and Type 2 Diabetes Task Force to study the
24 health implications of chronic weight management and type 2
25 diabetes.

1 (a) The task force shall be composed of the
2 following members:

3 (1) Two members of the House of Representatives
4 appointed by the Speaker of the House of Representatives.

5 (2) One member of the House of Representatives
6 appointed by the House Minority Leader.

7 (3) Two members of the Senate appointed by the
8 President Pro Tempore of the Senate.

9 (4) One member of the Senate appointed by the Senate
10 Minority Leader.

11 (5) One licensed certified endocrinologist appointed
12 by the Medical Association of the State of Alabama.

13 (6) One obesity expert certified by the American
14 Board of Obesity Medicine and appointed by the Board of
15 Medical Examiners.

16 (7) The Chief Executive Officer of the State
17 Employees' Insurance Board or his or her designee.

18 (8) The State Health Officer or his or her designee.

19 (b) All appointing authorities shall coordinate
20 their appointments so that diversity of gender, race, and
21 geographical areas is reflective of the makeup of this state..

22 (c) The task force shall have two co-chairs. One of
23 the co-chairs shall be one of the members appointed by the
24 Speaker of the House of Representatives, and the other shall
25 be one of the members appointed by the President Pro Tempore

1 of the Senate. The appointing authorities shall indicate which
2 member shall serve as co-chair at the time of appointment.

3 (d) The first meeting of the task force shall be
4 held at the unanimous call of the co-chairs and no later than
5 December 30, 2021. The task force may then meet as necessary
6 to conduct its business.

7 (e) The task force shall have both of the following
8 duties:

9 (1) To study the health implications of chronic
10 weight management and type 2 diabetes, the costs associated
11 with the diseases, and the various health treatments available
12 to reduce the epidemic in this state caused by those diseases.

13 (2) To study how to promote the use of the data to
14 influence decision making to better understand the cost
15 savings for prevention of obesity with chronic weight
16 management and type 2 diabetes.

17 (f) Each legislative member of the task force shall
18 be entitled to his or her regular legislative compensation,
19 per diem, and travel expenses for each day of attendance at a
20 meeting of the task force in accordance with Amendment 871 of
21 the Constitution of Alabama of 1901.

22 (g) No later than the fifteenth legislative day of
23 the 2022 Regular Session of the Legislature, the task force
24 shall report its findings and recommendations to the Speaker
25 of the House of Representatives, the President Pro Tempore of

1 the Senate, and the chairs of the appropriate legislative
2 committees, at which time the task force shall be dissolved.

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President and Presiding Officer of the Senate

Speaker of the House of Representatives

SJR107
Senate 22-APR-21
I hereby certify that the within Senate Joint Resolution
originated in and was adopted by the Senate.

Patrick Harris,
Secretary.

House of Representatives
Adopted: 29-APR-21

By: Senator Stutts