

MISSISSIPPI LEGISLATURE

2003 Regular Session

To: Public Health and Welfare

By: Representative Whittington

House Bill 989

(As Sent to Governor)

AN ACT TO AMEND SECTION 41-101-1, MISSISSIPPI CODE OF 1972, TO EXTEND THE EXISTENCE OF THE MISSISSIPPI COUNCIL ON OBESITY PREVENTION AND MANAGEMENT UNTIL JULY 1, 2006; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Section 41-101-1, Mississippi Code of 1972, is amended as follows:

41-101-1. (1) There is * * * created the Mississippi Council on Obesity Prevention and Management, hereinafter referred to as the "council," within the State Department of Health to be in existence for the period from July 1, 2001, to July 1, 2006. The council may accept and expend grants and private donations from any source, including federal, state, public and private entities, to assist it to carry out its functions.

(2) The powers, functions and duties of the council shall include, but not be limited to, the following:

(a) The collection and analysis of data regarding the extent to which children and adults in Mississippi suffer from obesity, and the programs and services currently available to meet the needs of overweight children and adults, and the funds dedicated by the state to maintain those programs and services.

(b) The collection and analysis of data to demonstrate the economic impact on the state of treating obesity and the estimated cost savings of implementing a comprehensive statewide obesity prevention and management model.

(c) The establishment and maintenance of a resources data bank containing information about obesity and related subjects accessible to educational and research institutions, as well as members of the general public.

(d) Consideration of the feasibility of awarding tax incentives for work sites that promote

activities to reduce obesity in the work force.

(e) The establishment of recommendations to enhance funding for effective prevention and management programs and services, including Medicaid, private health insurance programs, and other state and federal funds.

(f) The establishment of recommendations designed to assure that children of school age who may have early indicators of obesity have access to affordable, effective prevention and management services.

(g) The establishment of recommendations for changes to statewide elementary and secondary education curricula to implement comprehensive, coordinated obesity awareness and education programs.

(h) Recommendations to enhance clinical education curricula in medical, nursing and other schools of higher education to implement comprehensive, coordinated obesity awareness and education courses.

(i) Recommendations to increase education and awareness among primary care physicians and other health professionals regarding the recognition, prevention and effective management of obesity.

(j) Consideration of a state prevention campaign to increase public awareness of the need for early prevention and management of obesity, possibly including:

(i) A broad-based public education campaign outlining health risks associated with failure to receive treatment for obesity.

(ii) A health professional training campaign.

(iii) A targeted public education campaign directed toward high risk populations.

(k) Coordination with the United States Department of Agriculture, the United States Department of Health and Human Services, the United States Department of Education, the United States Centers for Disease Control and the National Center for Chronic Disease Prevention to share resources and information in order to ensure a comprehensive approach to obesity and obesity-related conditions.

(l) Coordination with the State Departments of Education, Health, Human Services and the Division of Medicaid to share resources and information in order to ensure a comprehensive approach to obesity and obesity-related conditions.

(m) Identification of and recommendations to reduce cultural, environmental and socioeconomic barriers to prevention and management of obesity in Mississippi.

(3) The council shall be composed of the following members:

- (a) The Executive Director of the State Department of Health, or his designee;
 - (b) The Executive Director of the Department of Human Services, or his designee;
 - (c) The State Superintendent of Education, or his designee;
 - (d) The Executive Director of the State Department of Mental Health, or his designee;
 - (e) A representative of the Office of the Governor, to be appointed by the Governor;
 - (f) A member of the House of Representatives, appointed by the Speaker of the House of Representatives;
 - (g) A member of the Senate, appointed by the Lieutenant Governor;
 - (h) Two (2) representatives of the public-at-large, to be selected by the Governor;
 - (i) The President of either the Mississippi Medical Association or the African-American Obesity Research and Treatment Association (AAORTA), or his designee;
 - (j) The President of the Mississippi State Nurses Association, or his designee;
 - (k) The President of the Mississippi Pharmacists Association, or his designee;
 - (l) The President of the Mississippi Chapter of the American Academy of Pediatrics, or his designee;
 - (m) The Vice Chancellor of the University of Mississippi Medical Center, or his designee;
 - (n) A representative appointed from the Mississippi state office of the American Association of Retired Persons;
 - (o) A representative of the Mississippi Dietetic Association;
 - (p) A representative of the Mississippi Restaurant Association;
 - (q) The President of the Mississippi Physical Therapy Association, or his designee;
 - (r) A member appointed by the Mississippi Commissioner of Insurance;
 - (s) A representative from a food processor or food manufacturer; and
 - (t) A representative from the Mississippi Soft Drink Association.
- (4) The council shall meet upon call of the Governor not later than August 1, 2001, and shall organize for business by selecting a chairman who shall serve for a one-year term and may be

selected for subsequent terms. The council shall adopt internal organizational procedures necessary for efficient operation of the council. Council procedures shall include duties of officers, a process for selecting officers, quorum requirements for conducting business and policies for any council staff. Each member of the council shall designate necessary staff of their departments to assist the council in performing its duties and responsibilities. The council shall meet and conduct business at least quarterly. Meetings of the council shall be open to the public and opportunity for public comment shall be made available at each such meeting. The chairman of the council shall notify all persons who request that notice as to the date, time and place of each meeting.

(5) Members of the council shall receive no compensation for their services.

(6) The council shall submit a report, including proposed legislation if necessary, to the Governor and to the House and Senate Health and Welfare Committees before the convening of the 2004 legislative session. The report shall include a comprehensive state plan for implementation of services and programs in the State of Mississippi to increase prevention and management of obesity in adults and children and an estimate of the cost of implementation of such a plan.

(7) All departments, boards, agencies, officers and institutions of the state and all subdivisions thereof shall cooperate with the council in carrying out its purposes under this section.

SECTION 2. This act shall take effect and be in force from and after July 1, 2003.
