HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 7203 PCB HCR 06-07 Obesity
SPONSOR(S): Health Care Regulation Committee
TIED BILLS: **IDEN./SIM. BILLS:** 1324

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
Orig. Comm.: Health Care Regulation Committee	9 Y, 0 N	Bell	Mitchell
1) PreK-12 Committee		Mizereck	Mizereck
2)			
3)			
4)			
5)			

SUMMARY ANALYSIS

HB 7203 addresses the issue of obesity in Florida. In 2000, more than six and a half million Florida adults were overweight or obese based on self-reported height and weight; and of those, approximately 2.5 million adults were obese. Its implications include serious health consequences such as diabetes, coronary heart disease, high blood pressure, high cholesterol, osteoarthritis, sleep disturbances and breathing problems, and certain cancers.

The bill requires the Department of Health (DOH or department), in addition to its current health promotion and prevention activities, to:

- Collaborate with other state agencies to develop policies and strategies for preventing obesity, which must be incorporated into programs administered by each agency and which must include promoting healthy lifestyles of employees of each agency; and
- Advise Florida-licensed health care practitioners regarding the morbidity, mortality, and costs associated with the conditions of being overweight or obese, inform such practitioners of clinical best practices for preventing obesity, and encourage practitioners to counsel their patients regarding the adoption of healthy lifestyles.

The bill requires DOH in partnership with the Department of Education to award grants to local school districts to implement a pilot program to promote healthy eating habits, increase physical activity, and improve fitness. The Office of Program Policy Analysis and Government Accountability must conduct a performance evaluation to determine the program's effectiveness and submit certain reports. School districts that participate in the pilot program must collect certain information to be used in the evaluation.

The initial review by the Department of Health estimated that the fiscal impact of the bill will be $31,800 in year one and $30,800 in year two.

The fiscal impact of the bill is indeterminate. Full implementation of the bill is dependent on an appropriation by the Legislature. See FISCAL ANALYSIS AND ECONOMIC IMPACT STATEMENT.

The effective date of the bill is July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Promote limited government – The bill directs the Department of Health to work with all the state agencies to offer wellness programming to employees, advises health care practitioners to provide healthy lifestyle recommendations to their patients, and creates a 3-year school-based pilot program to promote healthy eating habits and increased physical activity. According to the Department of Health the fiscal impact of the bill is $31,800 in year one and $30,800 in year two plus $375,00 for support of the ten-county public school pilot program

Empower Families – Obesity is a serious risk factor for diabetes, heart disease, stroke, asthma, and many other chronic diseases. Early obesity interventions improve quality and quantity of life.

B. EFFECT OF PROPOSED CHANGES:

CURRENT SITUATION

The Prevalence of Obesity

The prevalence of obesity doubled in the past few decades. Today, approximately 129 million U.S. adults are considered obese. The number of overweight and obese persons in the country surpasses the number of people who smoke, live in poverty, or drink heavily. The U.S. Surgeon General recognized in 2001 that overweight and obesity have reached epidemic proportions in America.[1] An "epidemic" is defined as any disease occurring at a greater frequency than usually expected. Although historically the term "epidemic" referred to occurrences of infectious diseases, the definition has evolved to include chronic diseases and conditions such as obesity.

Defining & Measuring Overweight and Obesity

Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). The BMI is calculated by dividing weight in pounds by height in inches squared, then multiplying the quotient by 703. An adult who has a BMI between 24 and 29.9 is considered overweight. An adult who has a BMI of 30 or higher is considered obese. For children and teens, BMI ranges above a normal weight have different labels (at risk of overweight and overweight). Additionally, BMI ranges for children and teens are defined so that they take into account normal differences in body fat between boys and girls and differences in body fat at various ages.

Florida Statistics on Obesity and Overweight

In 2000, more than six and a half million Florida adults[2] were overweight or obese based on self-reported height and weight; and of those, approximately 2.5 million adults were obese. Since 1986,

[1] U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001].

[2] Most of FL data comes from the Behavioral Risk Factor Surveillance System (BRFSS). This is an on-going, state-based, random-digit dialed telephone survey of the general civilian population aged 18 and over. Youth Physical Activity and Nutrition Survey (YPANS) are used for data on physical activity, nutrition, and sedentary lifestyles among public middle school students, and the Florida Youth Behavior Survey (YRBS) is used to collect similar data among high school students.

when height and weight were first monitored in Florida's adult population, overweight increased from 35.3% of the adult population in 1986 to 57.4% in 2002 to 60% in 2004[3]. The prevalence of obesity has increased dramatically among both men and women between 1990 and 2002; for men the prevalence of obesity has increased 61%, and among women, the prevalence has increased 27%.

The BMI is also used to identify children who are overweight or who are at risk of becoming overweight.[4] In 2004, approximately 12.4% of Florida's high school students were considered overweight, with the rates for boys (16.5%) nearly doubling that of girls (8.1%). An additional 14% of Florida's high school students were considered at risk of overweight, with similar trends between boys (14.6%) and girls (13.4%). In 2002, nearly one-third of students in kindergarten, third, sixth, and ninth grades were significantly above their ideal weights.

Health Costs of Obesity & Overweight

Obesity is second only to tobacco use as a threat to public health. Its implications include serious health consequences such as diabetes, coronary heart disease, high blood pressure, high cholesterol, osteoarthritis, sleep disturbances and breathing problems, and certain cancers. Further studies conclude that obesity is linked to higher rates of chronic health conditions than smoking, drinking or poverty.[5] The U.S. Surgeon General reports that 300,000 deaths per year are attributed to obesity. The problem of obesity is especially dangerous for children. The adverse health conditions that typically occur in adults are becoming more prevalent in adolescents, and these conditions in childhood lead to chronic illness. One out of four children, who are overweight, show early signs of type 2 diabetes.[6] Overweight children are far more likely to become overweight adults than children who maintain normal weight through adolescence.[7]

Economic Cost of Obesity & Overweight

The U.S. Surgeon General announced that obesity and overweight cost US taxpayers $117 billion per year in direct health care costs and indirect costs such as lost wages. Of this, the Centers for Disease Control (CDC) estimates that direct health care costs alone reached $75 billion in 2003. In Florida, obesity-related medical expenditures for adults total over $3.9 billion in that year, with over half of the costs financed by Medicare and Medicaid. Because of this, Florida's Agency for Health Care Administration (AHCA) reported that obesity and overweight have caused increased statewide healthcare expenditures for hospitalizations and treatments, including disability costs, related to chronic conditions.

Numerous studies have found a correlation between obesity and increased claims costs on insurance. A Kaiser-Oakland study found that individuals with a BMI of 30-30.49 had increased claims cost 25%; those with a BMI of more than 35% increased claims 44%. A Medstat Group study found that claims from individuals with a BMI of more than 27.5% cost 25% more than claims from those with an ideal body weight. Finally, a Bank One Study found that 24% of health care costs were due to overweight.

Causes of the Obesity Epidemic

In simple terms, obesity has reached epidemic proportions because our energy input through food exceeds our energy output through physical activity. Some contributors to this include: larger meal portions, diets higher in fat, frequency of meals away from home, higher calorie and high fat drinks, sedentary lifestyles. According to a recent study by the National Center for Health Statistics (NCHS),

[3] CDC BRFSS 2004 data. http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/florida.htm
[4] These terms are defined based on a comparison of BMI to all other youth of the same age and sex. A child is considered at risk for overweight if his or her BMI is higher than the 85th percentile, and lower than the 95% percentile, of his or her peers. A child is considered overweight if his or her BMI is greater than or equal to the BMI of the 95th percentile of peers.
[5] RAND Corporation
[6] NEJM.
[7] National Library of Medicine

less than a third of US adults engage in regular leisure-time physical activity. One study looked at adults who were trying to lose or not gain weight and found that less than 20 % of them were following recommendations about increasing physical activity and reducing calories.[8] Another notable finding is that only 42.8% of obese people, who had routine checkups in past months, had been urged during those visits to lose weight.[9]

In 2002, only 25.7% of Floridian adults consumed five or more servings of fruit and vegetables a day. Also in this year, 26.4% of Floridian adults were physically inactive, with women and Hispanics the most likely to be sedentary. Even among those who reported being physically active, the level of intensity of physical activity has decreased since 1992.

Childhood learning has a significant role in establishing lasting habits for physical activity and nutrition throughout life. In 2003, more than 50% of Florida high school and 40% of middle school students reported that they did not participate in any physical education at school. Additionally, 42.7% of high school and 45.3% of middle school students reported watching television for more than three hours on an average school day; 23.1% of high school and 33% of middle school students reported playing video games or using the computer for fun three to six hours on average school day. And only 20.7% of high school and 11.3% of middle school students reported eating the recommended five or more servings of fruit or vegetables each day in the past week.

Solutions for Handling the Obesity Epidemic

Changing people's habits related to physical activity is challenging. Individuals who want to be more active often find it difficult to do so because of daily demands and other constraints associated with work and family. The U.S. Surgeon General reported, in his 2001 "Call to Action to Prevent and Decrease Overweight and Obesity", that individual behavior can only change in a supportive environment, by giving people access to affordable and healthy food choices, and by giving people the opportunity for regular physical activity. A number of initiatives have been developed in both the private and public sectors, to encourage individuals to adopt healthy nutrition and fitness behaviors. Research indicates that educational nutrition programming correlates positively with increased servings of fruit and vegetables in the school setting. In other words, the more activities that are done in the classroom in nutrition education and program promotion, the higher the rates of fruit and vegetable consumption there are in the schools.[10]

Obesity Prevention in Florida

In October 2003, the Governor of Florida created a task force to address the rising rates of overweight and obesity among adults and youth in Florida, to evaluate data and testimony to determine the extent of the problem in Florida, and to make recommendations on how to address obesity in Florida.[11] The Governor's Task Force on the Obesity Epidemic issued a final report in February 2004, with 22 comprehensive recommendations.[12]

Section 381.0054, F.S., requires DOH to promote healthy lifestyles to reduce the prevalence of overweight and obesity in Florida by implementing appropriate physical activity and nutrition programs that target all Floridians. These activities include:

- Using all appropriate media to promote maximum public awareness of the latest research on healthy lifestyles and chronic diseases and disseminating relevant information through a

[8] Mokdad AH, Bowman, BA, Ford ES, Vinicor F, Marks JS, Koplan JP. The continuing epidemics of obesity and diabetes in the United States. *JAMA* 2001; 286(10): 1195-1200.
[9] Ibid.
[10] Shelly Terry, M.S., Ed., School Food Service Consultant, Produce for Better Health.
[11] See Executive Order No. 2003-196.
[12] See http://www.doh.state.fl.us/Family/GTFOE/report.pdf (last visited on March 10, 2006).

statewide clearinghouse relating to wellness, physical activity, and nutrition and their impact on chronic diseases and disabling conditions;
- Providing technical assistance, training, and resources on healthy lifestyles and chronic diseases to the public, county health departments, health care providers, school districts, and other persons or entities, including faith-based organizations, that request such assistance to promote physical activity, nutrition, and healthy lifestyle programs;
- Developing, implementing, and using all available research methods to collect data, including, but not limited to, population-specific data, and track the incidence and effects of weight gain, obesity, and related chronic diseases. The department must include an evaluation and data collection component in all programs as appropriate;
- Partnering with the Department of Education, local communities, school districts, and other entities to encourage Florida schools to promote activities during and after school to help students meet a minimum goal of 60 minutes of activity per day;
- Partnering with the Department of Education, school districts, and the Florida Sports Foundation to develop a program that recognizes schools whose students demonstrate excellent physical fitness or fitness improvement; and
- Maximizing all local, state, and federal funding sources, including grants, public-private partnerships, and other mechanisms, to strengthen the department's current physical activity and nutrition programs and to enhance similar county health department programs.

The department implements s. 381.0054, F.S., contingent on an appropriation in the General Appropriations Act. The department reports that the implementation of this section is not currently funded with an appropriation.

The Obesity Prevention Program within DOH is funded through a cooperative agreement with a planning grant of $450,000 from the United States Centers for Disease Control and Prevention (CDC). This funding must be used to develop infrastructure within the program in an effort to reduce the burden of obesity among adults and youth in Florida, develop partnerships to combat obesity, and develop a five-year work plan which focuses on increased physical activity, healthy nutrition, initiation and duration of breastfeeding, and decreased TV, video, or computer screen time.

During fiscal year 2004-05, DOH used media for public awareness through limited partner funds to conduct a direct hit marketing campaign to affect physical activity in an identified five-county area, and a billboard campaign and bus placard campaign in Miami-Dade County to affect fruit and vegetable consumption. Due to the lack of funding, DOH has no plans for a public awareness media campaign for fiscal year 2005-06.

The department has launched an obesity prevention website that serves as a clearinghouse where limited resources can be downloaded and weblinks are available to other resources that may be purchased by the public. Limited resources are provided by DOH to county health departments, public or private agencies, schools, and community groups, as funding allows. Local media events are conducted by the Bureau of Chronic Disease Prevention and Health Promotion that cover all 67 Florida counties.

The Bureau of Chronic Disease Prevention and Health Promotion provides technical assistance to the public, county health departments, health care providers, school districts, and others who request assistance to promote physical activity, nutrition, and healthy lifestyle programs. The department uses the Behavior Risk Factor Surveillance System developed by CDC for state surveillance and data collection to assess overweight, obesity, physical activity levels, and fruit and vegetable consumption for adults. The department also surveys middle and high school students and conducts body-mass-index surveys on all full service school students enrolled in kindergarten, third, sixth, and ninth grades.

The department collaborates with the Department of Education through the school health program to: promote the CDC School Health Index Assessment; conduct seven regional trainings for the school health advisory committee regarding the development of school wellness policies, which include

increased opportunities for physical activity during and after school; and the Step Up Florida physical activity campaign. On the local level, education coordinators for the Bureau of Chronic Disease Prevention and Health Promotion work with local schools to implement policy and environmental changes, as well as programs for during- and after-school physical activity. According to DOH staff, no state standards have been developed for measuring school physical fitness levels or methods to assess physical fitness or fitness improvement among students.

The department collaborates with several state agencies on specific projects and programs to address increasing physical activity and healthy nutrition, such as the school health program with the Department of Education and the safe ways to schools program with the Department of Transportation. The department maximizes local, state and federal funding to strengthen the Obesity Prevention Program and other chronic disease prevention programs, through partnerships with state, local and federal organizations related to obesity prevention and related chronic diseases.

At the local level, the Bureau of Chronic Disease Prevention and Health Promotion emphasizes community-specific needs and planning, and establishes partnerships with local businesses, health care organizations, community organizations, schools, and faith-based organizations, requiring a 25 percent match in local resources, to address the leading preventable risk factors for all chronic diseases through community-based programs.

EFFECTS OF THE BILL

The bill amends s. 381.0054, F.S., to require DOH, in addition to its current health promotion and prevention activities aimed at reducing the prevalence of excess weight gain and obesity, to:

- Collaborate with other state agencies to develop policies and strategies for preventing obesity, which must be incorporated into programs administered by each agency and which must include promoting healthy lifestyles of employees of each agency; and
- Advise, in accordance with s. 456.081, F.S., Florida-licensed health care practitioners regarding the morbidity, mortality, and costs associated with the conditions of being overweight or obese, inform such practitioners of clinical best practices for preventing obesity, and encourage practitioners to counsel their patients regarding the adoption of healthy lifestyles.

The bill requires the Department of Health in partnership with the Department of Education to award grants to local school districts to implement a 3-year pilot program to promote healthy eating habits, increase physical activity, and improve fitness. The pilot program must target students in fourth and fifth grades and be located in 10 geographically and demographically diverse counties. The pilot program must have a program provider and the bill specifies the duties of the program provider. In addition to working with the Department of Education and local school districts, the department, working together with the pilot program provider, must seek partnerships with local businesses, industries, and other organizations that may assist in providing funding or resources to schools.

The bill requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to conduct a performance evaluation to determine the pilot program's effectiveness and submit reports to the Legislature. To be eligible for the grant, the school districts must agree to collect information that OPPAGA needs to conduct its evaluation. The bill requires OPPAGA to supply a form for participating school districts to record the information and identify the information that must be collected for the evaluation. The school district must collect baseline and school-year-end information on the participating students.

The bill provides an appropriation of an unspecified amount from the General Revenue Fund to DOH to implement s. 381.0054, F.S.

The effective date of the bill is July 1, 2006.

BACKGROUND

Wellness Initiatives for State Employees

State governments have been increasingly active in encouraging healthy habits. A sample of programs is highlighted below.

Oklahoma: State employees are eligible to receive two wellness incentives in the OK Health Program. The first incentive offers employees an initial visit to a primary care physician along with lab work at no out-of-pocket cost. The second incentive is a discount at a participating fitness center. Agency directors are also given the authority to offer financial incentives to their employees who participate in the OK Health Program. The pay incentive program consist of three separate lump sum payable to an employee upon completion of specified steps and is available during the first year participation. The three levels of pay incentive are: $100 (Bronze), for enrolling in the program and completing the initial visit; $300 (Silver) for completing a twelve-week follow up visit; and $500 (Gold) for achieving goals at the twelve-month follow up.[13]

Arkansas: Offers nutrition counseling and smoking cessation aids, including the nicotine patch, to Medicaid recipients and state employees. Workers in the governor's office are offered "walking breaks" instead of smoking breaks.[14]

Wisconsin: The governor created, through an executive order, the Wisconsin Encourages Healthy Lifestyles (WEHL) initiative and council to promote healthy lifestyles for state employees. The WEHL Council encourages each state agency to create its own council; designs a plan to promote the overall health and well being of state employees; and is to identify incentives to promote participation by state employees in WEHL activities. The goals of WELH are to encourage physical activity for at least 30 minutes per day and to encourage healthy eating habits among state employees.[15]

Licensed Health Care Practitioners

Chapter 456, F.S., specifies the general provisions for licensed health care practitioners in DOH's Division of Medical Quality Assurance. In addition to ch. 456, F.S., each health care profession has its own practice act with specific regulatory provisions. Section 456.081, F.S., grants authority to DOH and the boards to advise licensees periodically, through the publication of a newsletter on the department's website, about information that the department or the board determines is of interest to the industry.

C. SECTION DIRECTORY:

Section 1. – Amends s. 381.0054, F.S., to direct the Department of Health to collaborate with other state agencies to develop workplace wellness programs and advise health care practitioners of the morbidity, mortality, and costs associated with obesity or overweight.

Section 2. – Creates an undesignated section of law to establish a 3-year pilot program to promote healthy eating and exercise habits in fourth and fifth grades. The program will be administered by the Department of Health and Department of Education. The Office of Program Policy Analysis and Government Accountability will evaluate the pilot project.

Section 3. – Provides an appropriation.

Section 4. – Provides the bill will take effect July 1, 2006.

[13] Oklahoma's OK Health Program: http://www.ebc.state.ok.us/en/OkHealth/Finance_Incentives/FinancialIncentives.htm
[14] Kiely, Kathy. "Governor's healthy state." *USA Today.* July 7, 2004. http://www.usatoday.com/news/health/2004-07-11-arkansas-governor_x.htm
[15] State of Wisconsin, Executive Order on WEHL Council. http://oci.wi.gov/special/wehlcoun.htm

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   Department of Health Fiscal Impact

	1st Year	**2nd Year**
Estimated Expenditures		(Annualized/Recurr.)
Salaries and Fringe	**0**	**0**
Expense		
State Agency Obesity Prevention Workgroup	*$ 1,800*	*$ 800*
Funding for DCF, DOEA, ADP, AHCA, DJJ, DOA to Implement Obesity Prevention in current programs @ $5,000 each	*$ 30,000*	*$ 30,000*
Compliance with s.456.081 – Providing information to Healthcare Practitioners	*0*	*0*
Total:	**$31,800**	**$30,800**

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

   None.

D. FISCAL COMMENTS:

   Section 381.0054, F.S., Healthy Lifestyle Promotion, is currently unfunded. The Obesity Prevention program is funded by the Centers for Disease Control (CDC) and can only be used on CDC approved projects. The appropriation section of the bill does not specify if the funding only supports the changes made in the bill or the entire s. 381.0054, F.S.

   Full implementation of s. 381.0054, F.S., is estimated as $3,310,674 in year one and $2,341,319 in year two.

   The Department of Health estimated it would cost $375,500 to hold a conference, purchase curricula and train teachers, and provide resources to teachers in order to implement the proposed public school

pilot program in ten counties. At the time this bill analysis was published, the Department of Education was working on developing an estimate. It is unclear, however, what the total cost for the pilot program would be since there is confusion about costs for the "program provider" and costs for schools to implement the required activities and curricula.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   This bill does not require counties or municipalities to spend funds or take action requiring the expenditure of funds. This bill does not reduce the percentage of state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

The Department of Health has the necessary rulemaking authority to carry out the provisions in the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

[See D. FISCAL COMMENTS]

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES