

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on January 24, 2000 in Room 423-S of the Capitol.

All members were present except: Representative Judy Showalter, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research Department  
Dr. William G. Wolff, Kansas Legislative Research Department  
Norman Furse, Revisor of Statute's Office  
June Evans, Secretary

Conferees appearing before the committee: Marcia L. McCoy, RN, MSN, Coordinator, Mid America Heart Institute, St Lukes, Shawnee Mission  
Dr. William Murphy, American Heart Institute  
Sally Finney, Executive Director, Kansas Public Health Association, Inc.  
Joseph Donnell, Professor, Kansas University

Others attending: See Attached Sheet

The Chairperson announced there would be tour by the Kansas Department On Aging on Tuesday, January 25. The members are to meet at the South door at 1:30.

Representative Toelkes moved Representative Storm seconded introduction of a bill to enable pharmacists to give immunizations to adults. The motion carried.

Representative Morrison moved and Representative Gerringe seconded introduction of a bill for registration of occupational therapists. The motioned carried.

The Chairperson opened the hearing on **SCR 1612 - Department of Health and Environment to study effects of obesity and to make recommendations for improvement.**

Marcia L. McCoy, RN, MSN, coordinator, Mid America Heart Institute, St Lukes, Shawnee Mission, presented a slide presentation on heart disease in women. This is not a gender disease. Heart disease is often misdiagnosed in women. 44% of women's deaths are from some sort of cardiovascular illness. Cardiovascular disease is the leading cause of death of women over the age of 35. One in two women will die from some type of cardiovascular disease and 1 in 27 from breast cancer. Cardiovascular disease needs to be brought to the forefront like breast disease, smoking, etc. from the media. Women are not aware cardiovascular disease is so prevalent. Heart disease is hereditary and affects the young as well as older women. Obesity is one of the risk factors of heart disease (See Attachment 1).

Dr. William Murphy, American Heart Association Public Advocacy Committee, Wichita, testified extensive clinical and statistical studies have identified several risk factors that increase the risk of heart attack and stroke.

As of June 1, 1998, obesity as well as diabetes was added to the list of contributing risk factors for cardiovascular disease. Some of the reasons for this higher risk are known but others are not. For example, obesity raises blood cholesterol and triglyceride levels, lowers HDL (good cholesterol linked with lower risk), raises blood pressure, can induce diabetes. In some people, diabetes has a strong adverse effect on these risk factors. In them the resulting danger of heart attack is especially high. Research has shown that modest weight reduction - 5-10% of body weight - can reduce high blood pressure and total cholesterol. Modest achievable weight loss can also help control diabetes.

Obesity creates an enormous psychological burden. In fact, in terms of suffering, this burden may be the greatest adverse effect of obesity. At present time, the strongest evidence that obesity has an adverse

## CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on January 24, 2000.

effect on physical health comes from population-based prevalence (cross-sectional) and cohort (follow-up) studies.

In a National Institutes of Health study there is evidence that an increasing number of children and adolescents are overweight. An article from the Journal of American Medical Association shows the findings of a study relating to aorta and coronary artery disease in 15 year old children. Even though all overweight children will not necessarily become overweight adults, the increasing prevalence of obesity in childhood is likely to be reflected in increasing obesity in adult years. This is a serious concern and needs to be addressed sooner than later as later may cost Kansans their lives (See Attachment 2)

Sally Finney, Executive Director, Kansas Public Health Association, Inc., testified as a proponent to **SCR 1612** stating obesity is a major health problem in the United States. It is a risk factor for several of our most serious medical conditions, including diabetes, heart disease and stroke. Obesity is a disease that, at best, leaves its victims with emotional and physical scars. A study done in 1998 and published in the Journal of Science found that 54% of the adult population is overweight up from 33% on a similar study that was conducted 20 years earlier. This is also a pediatric epidemic. 1 in 4 children in this country now suffers from being overweight or obese. This condition often starts in childhood. At worst, it leads to disability and death. Passage of this bill would send a message to the Kansas Department of health and Environment and to the public health community that you recognize the importance of dealing with this serious public health issue and see if there is a problem (See Attachment 3).

Joseph Donnelly, Professor, Kansas University, Department of Health and Exercise Sciences and direct the weight management programs, stated he had received 3 grants to study the prevention and treatment of obesity in children and adults since approximately 1984. There are now 35% of people obese and it is predicted that by 2015 50% will be obese. Already about 80% Type II diabetes is considered to be associated with obesity. There are medical complications, social and psychological consequences including job discrimination, withholding scholarships, entrance to college, job promotion and decrease rate of marriage. Obesity is a chronic disease and requires chronic treatment. There are emerging effective chronic treatments which include physical activity, behavior and lifestyle issues, and new medication which holds promise, not only for weight loss but in particular with the prevention of weight regain which everyone knows is common to subsequent weight loss. Because of the magnitude of this disease, the most prevalent disease I know of, because it is treatable and need public health effort to prevent and treat obesity which is at an epidemic proportion and would ask the Department of Public Health to lead this response.

The Chairperson closed the hearing on **SCR 1612**.

The Chairperson announced the Mental Health Community Development Disability Organizations subcommittee would meet immediately following this meeting

The meeting adjourned at 2:25 p.m. and the next meeting will be January 25.