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ROLL NUMBER

DESCRIPTION

3049

2001 HOUSE HUMAN SERVICES

HCR 3049

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3049

House Human Services Committee

Conference Committee

Hearing Date February 21, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		325 to 1305
Tape 2	X		4830 to 5460
Committee Clerk Signature			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Doseh, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: Open hearing on HCR 3049.

Rep. Sandvig: Presented bill. (See written testimony.) I am here today in support of HB 3049.

This resolution would study the effect of obesity of health care costs, methods to improve awareness and improve treatment in order to curb this epidemic. Nationwide, treating obesity related conditions cost around \$238.3 billion a year and affect nearly 58 million people. It is second only to cigarette smoking in the causes of preventable death in the nation, even killing around 300,000 Americans every year from related diseases. A disproportional 31% of each health care dollar is spent on obesity related costs. Employers are hit with a double whammy as they lose productivity and face increasing health care costs. North Dakota cannot afford to sit on

on this issue with over 33.5% of our population considered obese. We need to be proactive in our effort to combat this problem that has reached epidemic proportions. This resolution is the first step on that path, and I hope you will support it. (Passed out charts relating to obesity.)

Chairman Price: The majority of this is directed to the problem with adults. Some of the things that I have read is that our biggest problem coming up is the children. Everything from the snack vending machines in the school cafeterias. Did you give any thought to adding something on the children into this, or is there something else coming?

Rep. Sandvig: I guess I thought the children were included in this. That is a problem and it was brought up in our meetings that we need to look at what the kids are eating in school, and what the fast food places are offering, what people are buying. We need to get Physical Education back in schools, because a lot of them don't even require it anymore. I think it is important to have children in there too.

Rep. Galvin: We spend millions of dollars on all of these hungry people and our biggest nutritional problem is obesity. Where are we doing here? We are over feeding our people then we are spending millions of dollars on food stamps and everything else.

Rep. Sandvig: I don't think there is a good answer to that one.

Chairman Price: If you take a look at what is in the grocery carts regardless whether someone is on food stamps or not, the biggest issue is education. Particularly if people did not have a lot of family skills, or that learned to cook. There is too much fast foods. You might see a higher incidence of that in younger families, because they didn't grow up that way.

Rep. Sandvig: Yes, sometimes when you don't have a lot of money and you go to the store you buy what is the cheapest, which is sometimes not the healthiest food in the world. Even when you go to group pantries, they don't have things that are really nutritional.

Rep. Galvin: I worked in a grocery store at one time, and I think the opposite is true that watching people go through the grocery line they are putting things in their cart such as cereals with sugar on them, frozen foods, everything else that is fattening and more expensive than the cheaper foods. So I don't think that is a factor at all.

Rep. Weisz: Do you have any idea what our obesity rate is compared to the national rate?

Rep. Sandvig: I don't. I will get this to you later.

Rep. Weller: Do you have any idea where we rank in the nation?

Rep. Sandvig: I will provide that chart for you.

Rep. Cleary: Madam Chairman, just a comment - I think that television has a lot to do with it. They are not getting physical exercise and also when you sit in front of the television people tend to eat. Also, our population is aging.

Chairman Price: I have heard from people how much time their kids are sitting in front of the computer.

Rep. Devlin: We used to figure 18.7%, but in your written testimony you say North Dakota has 33.5% of the population considered obese. I was just wondering why the difference, and if it was really 33.5% then the 31% isn't disproportionate at all. In fact it is lower than it should be.

Rep. Sandvig: I need to find out why the discrepancies.

Chairman Price: Rep. Sandvig, would you like to have some time to find your charts, and the other thing is the children part of it. Personally, I think the children should be a major issue.

Chairman Price: Close hearing on HCR 3049.

COMMITTEE WORK:

Chairman Price: Rep. Sandvig, have you come up with any language for children on 3049?

Page 4
House Human Services Committee
Bill/Resolution Number HCR 3049
Hearing Date February 21, 2001

Rep. Sandvig: I couldn't figure out where you would put in children there. I was trying to find statistics, but the ones found were not what we would want to use.

Chairman Price: If you want to do that, we can wait.

Rep. Cleary: What we could do is put "among North Dakota adults and children has increased" and don't put the percentages in. Make it generic because we're going to study it anyway.

Rep. Sandvig: I will move the amendment.

Rep. Niemeier: Second.

Chairman Price: All those in favor signify by saying Aye (14 Yes). We have a resolution in front of us. What are your wishes?

Rep. Cleary: I move a Do PASS as amended.

Rep. Niemeier: Second.

Chairman Price: The clerk will read the roll for a **DO PASS as amended**.

9 YES 5 NO 0 ABSENT CARRIED BY REP. NIEMEIER

13022.0101
Title.0200

Adopted by the Human Services Committee
February 21, 2001

VK
2/21/01

HOUSE AMENDMENTS TO HCR 3049

HOUSE HS

2-21-01

Page 1, line 6, after "adults" insert "and children" and remove "from 12.9 percent in 1991 to 18.7"

Page 1, line 7, remove "percent in 1998"

Renumber accordingly

Date: 2-21-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3049

House Human Services Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Moved Amendment

Motion Made By Rep. Sandvig Seconded By Rep. Tieman

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier	✓	
Rep. Pat Galvin	✓		Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2-21-01
 Roll Call Vote #: 2

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HC R 3049

House Human Services Committee

Subcommittee on _____
 or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS as amended

Motion Made By Rep. Cleary Seconded By Rep. Niemeier

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman		✓	Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier	✓	
Rep. Pat Galvin	✓		Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert		✓			
Rep. Todd Porter		✓			
Rep. Wayne Tieman	✓				
Rep. Dave Weiler		✓			
Rep. Robin Weisz		✓			

Total (Yes) 9 No 5

Absent _____

Floor Assignment Rep. Niemeier

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 21, 2001 2:33 p.m.

Module No: HR-32-4242
Carrier: Niemeier
Insert LC: 13022.0101 Title: .0200

REPORT OF STANDING COMMITTEE

HCR 3049: Human Services Committee (Rep. Price, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS and BE PLACED ON THE CONSENT CALENDAR (9 YEAS, 5 NAYS, 0 ABSENT AND NOT VOTING). HCR 3049 was placed on the Sixth order on the calendar.

Page 1, line 6, after "adults" insert "and children" and remove "from 12.9 percent in 1991 to 18.7"

Page 1, line 7, remove "percent in 1998"

Renumber accordingly

2001 SENATE HUMAN SERVICES

HCR 3049

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3049

Senate Human Services Committee

Conference Committee

Hearing Date March 13 2001

Tape Number	Side A	Side B	Meter #
1		X	14.2
Committee Clerk Signature <i>Carol Kolodziejchuk</i>			

Minutes:

The hearing was opened on HCR 3049

REPRESENTATIVE SALLY SANDVIG, Sponsor, introduced the bill. (Written testimony)

KAREN ERINS, ND Dietetic Assoc., supports study. It is a growing problem. Much easier to prevent than to treat. Dietitians are people who would be involved in helping them. There is a state wide summit in May for ND. SENATOR KILZER: What is the definition of obesity? MS.

ERINS: A body mass index greater than 30. 60% are overweight; 18% obese. The desirable BMI is 25. Over 30 is obese. SENATOR ERBELE: Do anything have to do with bone structure or frame? MS. ERINS: Yes, frame/structure is taken into consideration.

No more testimony.

Discussion. SENATOR MATHERN moved a DO PASS. SENATOR ERBELE seconded the motion. Roll call vote carried 5-0-1. SENATOR ERBELE will carry the bill.

Date: 3/13/01

Roll Call Vote #: 1

**2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 3049**

Senate HUMAN SERVICES Committee

Subcommittee on _____

or

Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Sen Mathern Seconded By Sen Erbele

Senators	Yes	No	Senators	Yes	No
Senator Lee, Chairperson		✓	Senator Polovitz	✓	
Senator Kilzer, Vice-Chairperson	✓		Senator Mathern	✓	
Senator Erbele	✓				
Senator Fischer	✓				

Total (Yes) 5 No 1

Absent 0

Floor Assignment Sen Erbele

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 16, 2001 3:15 p.m.

Module No: SR-46-5948
Carrier: Erbele
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3049, as engrossed: Human Services Committee (Sen. Lee, Chairman)
recommends **DO PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). Engrossed
HCR 3049 was placed on the Fourteenth order on the calendar.

2001 TESTIMONY

HCR 3049

Testimony on HB3049

Representative Sally Sandvig

I am here today in support of HB3049. This resolution would study the effect of obesity on health care costs, methods to improve awareness and improve treatment in order to curb this epidemic.

Nationwide, treating obesity related conditions cost around \$238.3 billion a year and affect nearly 58 million people.

It is second only to cigarette smoking in the causes of preventable death in the nation even killing around 300,000 Americans every year from related diseases.

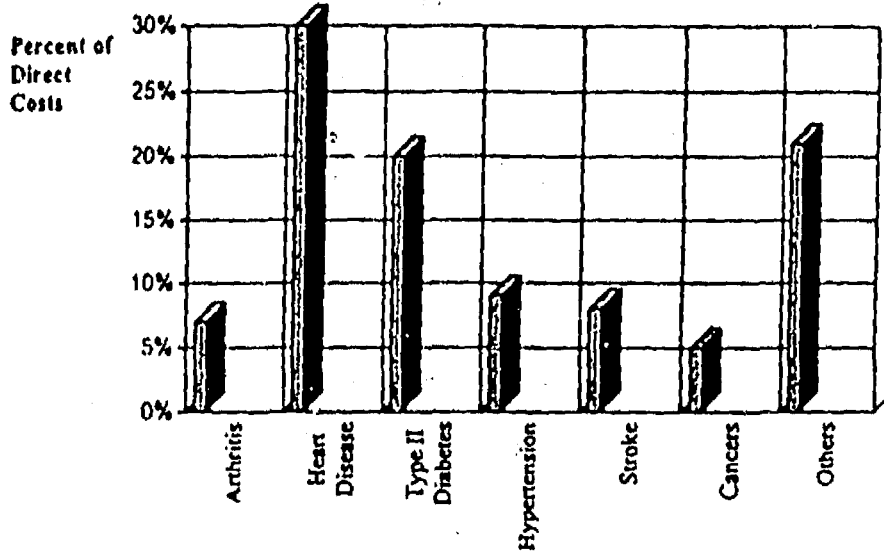
A disproportional thirty one percent of each healthcare dollar is spent on obesity related costs.

Employers are hit with a double whammy as they loose productivity and face increasing healthcare costs.

North Dakota cannot afford to sit on this issue with over 33.5% of our population considered obese. We need to be proactive in our effort to combat this problem that has reached epidemic proportions. This resolution is the first step on that path, and I hope you will support it.

Rep Jansdaig

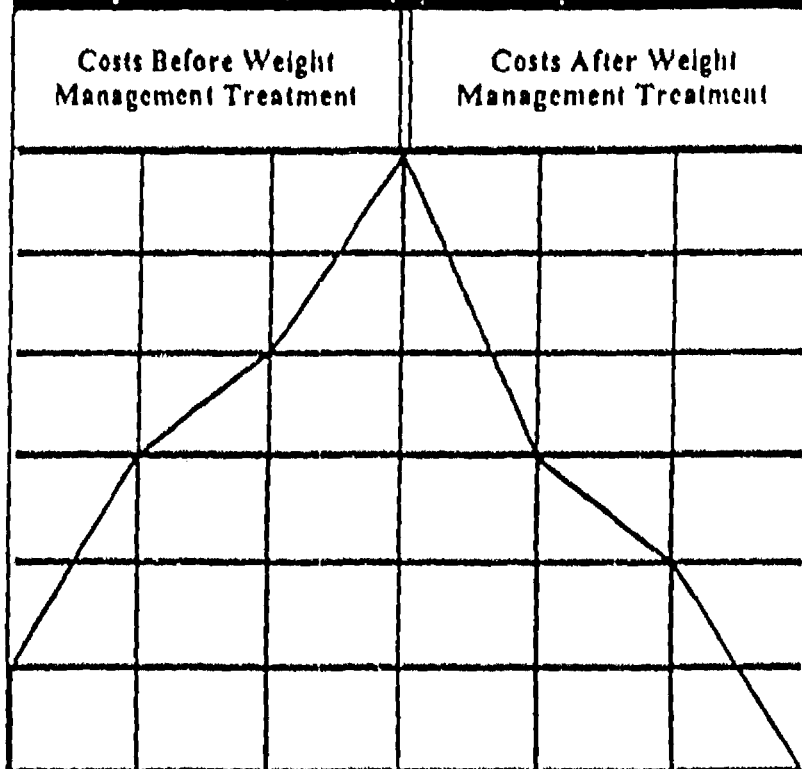
Obesity-Related Allocation of Direct Healthcare Costs



Source: The Lewin Group, September 15, 1999

Cancer types include: Breast, Colorectal, Emdometrial, and Renal Cell.
 Other includes: End Stage Renal Disease, Gallstones, Liver Disease, Low Back Pain, Obstructive Sleep Apnea, and Urinary Incontinence.

Corporate Overweight & Obesity-Related Healthcare and Lost Productivity Costs



Exercise time is play time

By JULIE SEVRENS LYONS
Knight Ridder Newspapers

Dhruv Walia is a fitness club regular. A swimmer. An active member of a challenging exercise class. A likely gymnast. Not bad considering he's only 4 years old.

His mother, Vibha Walia, considers her son's passion for exercise a blessing. He hasn't become a statistic — one of the more than 63 million American youths now considered clinically overweight. And she hopes it stays that way.

"If they get a good habit of exercising early in life, it's going to help out in the long run," the Cupertino, Calif., homemaker says. "As long as he's liking it, I'm going to continue it."

It might seem a bit backward signing junior up for a fitness class before he has even started kindergarten. But a growing number of exercise programs have been introduced that are aimed at providing kids with a safe and fun environment in which they can burn off unwanted calories.

Having watched weight-related health problems plague the youngest members of our society for years, some fitness experts believe such an approach isn't extreme. It's necessary, they say, to help introduce an increasingly sedentary generation to the joys of physical activity.

"Obesity is already showing up at 4 or 5 years of age," says Robert M. Malina, professor of kinesiology and anthropology at Michigan State University. "It's a crisis."

Indeed, about 14 percent of American children are now carrying too many pounds, double the number of kids with weight problems in 1980, according to the Centers for Disease Control and Prevention in Atlanta.

Yet many efforts to reverse the trend have involved attempting to reach children at an early age, before they pick Sony PlayStations over unstructured play. There are exercise centers, such as

Gymboree and My Gym, which cater to young kids. Traditional fitness clubs such as the YMCA now offer programs such as "Infant Gym" and "Toddler Gym."

Public health officials hope the trend catches on.

"It is more likely that a child who is habitually active is more likely to be an active adult," says Dr. Oded Bar-Or, director of the Children's Exercise and Nutrition Centre at McMaster University in Hamilton, Ontario, Canada. Similarly, "A child who is obese is more likely to become an obese adult," he says.

Nutrition, of course, is an important contributor to health. But Bar-Or says scientific evidence suggests that inactivity — and not poor diet or genetics — is mostly to blame for the fast rise of childhood weight problems.

"The days of going out into the street and playing a pickup game of stick ball are over," says Kathie Davis, executive director of IDEA, a San Diego-based organization for fitness professionals.

Baby boomers enjoyed relatively unbridled freedom outdoors while growing up, but children now are increasingly shuttered up inside because of safety concerns. And with both parents in many homes carrying full-time jobs, family play time has become virtually nonexistent.

School-based physical fitness has also fallen by the wayside. As a result of lean school budgets, only 17 percent of middle schools and 2 percent of high schools require daily physical activity for all students, according to the U.S. Department of Health and Human Services.

At the elementary school level, PE often consists of little more than free play, denying young kids the opportunity to learn new physical skills.

Technology has also been a double-edged sword. Although computers and the Internet have allowed some kids to boost their mental muscles, they've done little to boost the body. One

What parents should know about kids and exercise

■ When it comes to exercise, the more the better. Elementary school-aged children should spend at least 30 to 60 minutes every day running, jumping and playing, according to the National Association for Sport and Physical Education.

■ A child is never too young to play. Unstructured play can provide just as many benefits.

■ Organized athletics also have their merits. Children can polish their motor skills, meet new friends and benefit from coaching. But they aren't for every child, especially if the focus is more on winning than enjoyment. And it is generally recommended that parents wait until their child is 6 or older before signing them in team sports, since many children do not understand the concept of teamwork until this age.

■ For kids, not all physical activities are considered equal. Power weightlifting is not recommended for young children. Cross-country jogging may not be appropriate, either.

■ Parents can try a number of strategies to ensure their children are active. Television and computer time should be limited. Active play time with schoolmates or neighborhood kids should be encouraged. Children should be allowed to try a variety of sports and athletic classes — and if they don't enjoy a sport, they shouldn't have to continue with it.

— Knight Ridder Newspapers

national survey found kids ages 2 to 18 now spend more than four hours a day using a computer, watching television or playing video games.

"Our society now is encouraging a more and more sedentary lifestyle," says Bar-Or.

So it shouldn't be surprising that kid-die gyms are popping up in many parts of the country.

But they aren't a perfect solution.

"I wouldn't waste my money," says Dr. Jorge Gomez, a member of the American Academy of Pediatrics' Committee on Sports Medicine and Fitness.

The classes are well-intentioned, Gomez says. And they're certainly better than no physical activity at all. But infant-based classes, in particular, won't turn kids into superior athletes. Many parents have unrealistic expectations, he says.

Kids tend to pattern their behavior after their parents. If a child is dropped off at a gym so a guardian can go shopping, he or she might conclude that fitness is unimportant.

Yet it is important. Inactive adults — and children — are at an increased risk for developing many chronic diseases, including heart ailments, diabetes and osteoporosis.

Vibha Walia understands this. She already plans to introduce her son Dhruv to soccer, and when he's older, possibly tennis.

But for now, she takes him to his YMCA gym class twice a week, where he runs through an obstacle course, walks a balance beam and jumps in place. He gets to sing songs during many of the activities and enjoys interacting with other kids his age.

For many of the young kids, the class, albeit structured, is 45 minutes of unadulterated fun. For them, the term "workout" has not yet replaced the word "play."

Which is why at the Southwest YMCA in Saratoga, Calif., the Gym Ventures class for children is full.

It's because of children like Dhruv who, says his mother, "keeps asking me every morning, 'Do we get to go to the gym today?'"

Obesity has become a national problem

DEAR DR. GOTT: I'm a 42-year-old man who takes medication for high blood pressure. I am also overweight (230 lbs.). What should I do?

DEAR READER: First of all, continue the medication your doctor has prescribed. Second, lose weight.

Obesity is a common cause of hypertension and other diseases, including diabetes. There has been significant media attention about the fact that Americans (both children and adults) have become heavier over the last decade. This increase in obesity has resulted in what some authorities term an "epidemic" of diabetes and weight-related disorders. Therefore, I urge you — and other overweight readers — to shed pounds. To a large degree, our national obesity is the direct result of improper eating habits:

We eat too much of the wrong things, such as sweets, carbohydrates and high-fat meals. Television ads bombard us with encouragement to consume fast foods, soda and so forth. Americans' love affair with fattening foods is becoming a reality, not just a legend. Unquestionably, if overweight people lost even a very modest amount (8 to 10 pounds, for instance), their risk of serious health consequences would be substantially reduced.

Obesity is a common cause of hypertension. I'll bet that if you trimmed down, your blood pressure would plummet. Perhaps you might be able to give up your medications altogether. Try this approach under your physician's supervision and let me know the results.

To give you related information, I am sending you a copy of my Health Report "Hyperten-



**Dr. Peter
Gott**

sion." Other readers who would like a copy should send \$2 plus a long, self-addressed, stamped envelope to P.O. Box 2017, Murray Hill Station, New York, N.Y. 10156. Be sure to mention the title.

Forms of exercise

DEAR DR. GOTT: I am now 69 years old and for most of my adult life I worked for a food service. My job was to unload trucks, carry the boxes up a flight of stairs and deliver the

food. I always thought that this was a pretty good workout, but my friend insists that the only healthful exercise is the result of walking and weight lifting. Is this correct?

DEAR READER: Exercise comes in many forms and in variable degrees. As a general rule, any physical activity that increases your heart rate and causes some breathlessness will be beneficial. I don't understand your friend's objection; after all, your job required both walking and lifting. What's the problem? My concern is that now, at 69, you have either retired or cut back on your duties. This may mean that your activity level has declined. As you know, for exercise to be healthful it has to be continued. So I recommend that you walk regularly (at least) and consider supplemental activity (such as weight training, swim-

ming or gardening) to keep yourself in shape.

Itch mites

DEAR DR. GOTT: My grandson brought itch mites home from school. Now I think I have got them through washing his clothes. I itch uncontrollably. Can you help me?

DEAR READER: Scabies, an itchy rash caused by the itch mite as it burrows into the skin and lays eggs, is spread by physical contact and by touching contaminated clothing or bedding. The mite is killed and the rash is easily treated by the prescription cream (or lotion) Eurax. Because the itch mite does not survive long off the human body, fumigation is not necessary; clothing and bedding can simply be machine laundered.

Testimony
HCR 3049

By Representative Sally Sandvig
Before Senate Human Services Committee

Chairwoman Lee & Committee Members:

For the record I'm Representative Sally Sandvig from District 21 in Fargo.

I'm here to introduce HCR 3049 to you.

HCR 3049 would direct the Legislative Council to study the effects of obesity on health care costs, explore methods to expand awareness and improve treatment in order to curb this epidemic.

Nationwide, treating obesity related conditions costs around 258 billion a year. An estimated 9.7 million American adults are overweight or obese. Of these 58 million or 33% are overweight and 39 million 22% are obese.

Obesity is second only to cigarette smoking in the causes of preventable death in the nation, killing around 300,000 Americans every year from related diseases. One in every five children and adolescents ages 6-17 are overweight. This figure has doubled over the last 3 decades.

A disproportional 31% of every health care dollar is spent on obesity related costs.

Employers lose productivity and face increased health care costs as a result of obesity.

North Dakota cannot afford to wait and do nothing on this issue with over 18.7% or 79,666 people considered obese.

This is based on 1999 census projections for 18-74 year olds of 426,021 people. We need to be proactive in our effort to combat this problem that has reached epidemic proportions. This resolution is the first step on that path, and I hope that you will support it

This concludes my testimony and I'll try to answer any questions that you may have.

Thank you.