



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

SENATE COMMITTEE ON WAYS AND MEANS

HB914 HD1 SD1, RELATING TO OBESITY PREVENTION

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health**

**March 22, 2013
9:05AM**

1 **Department's Position:** The Department of Health (DOH) strongly supports this measure with
2 recommended amendments.

3 **Fiscal Implications:** The Departments requests \$535,000 to be appropriated from general funds in Part
4 II, Section 2, so long as it does not replace or adversely impact priorities indicated in our Executive
5 Biennium request. The appropriation is requested to support the facilitation of the Obesity Prevention
6 Council, and child and adult obesity prevention programs in the Department as described in Section 2.
7 Part II, Section 2, (page 1, line 17) is missing a verb and should read, "There is appropriated out of the
8 general revenues . . . "

9 **Purpose and Justification:** The purpose of House Bill 914 HD1 SD1 is to establish a Hawaii
10 interagency obesity prevention council attached to the Department of Health for administrative
11 purposes. The council would be responsible for formulating and advising the governor on the
12 implementation of a unified ten-year statewide plan to address child and adult obesity in Hawaii.

13 The Department respectfully requests the following amendment to Part I, Section 1(e), (page 3,
14 line 10) to read, "(f) Council members shall serve without compensation but shall be reimbursed for

1 expenses necessary for the performance of their duties.” The Department also requests an effective date
2 of July 1, 2013 in Part III, Section 5 (page 4, line 8).

3 In Hawaii, adult obesity has more than doubled between 1995 and 2010 and childhood obesity
4 increased 29 percent from 1999 to 2011. Obesity-related medical expenditures in Hawaii were
5 calculated to be over \$470 million in 2009, and are continuing to rise. Efforts to change health
6 behaviors are most effective when they address the environments in which people make their daily
7 choices. In order to improve the health of the population and make policy, systems and environmental
8 changes, the Department must work collaboratively with the many government agencies, and
9 organizations that represent the various sectors of worksites, business and industry, education,
10 healthcare, and community design and access. Reversing the trajectory of Hawaii’s obesity epidemic,
11 and reducing risks for chronic disease is complex and requires collaboration to mount an aggressive
12 comprehensive multi-sectorial approach. The prevention of obesity and chronic diseases is a long-term
13 commitment where healthy choices and living becomes the societal expectation.

14 The Department and many partners have been working to address the problem of obesity. In
15 2012, Act 269 was signed into law, establishing the Childhood Obesity Prevention Task Force. The task
16 force met from July 2012 to December 2012 and developed obesity prevention policy recommendations
17 for the 2013 Legislature. Pursuant to Act 269 the task force officially sunset on December 31, 2012.
18 The Department is also working with partners, including those who served on the task force, to update
19 the statewide physical activity and nutrition plan, which will be released in May 2013. The council if
20 established will be able to build on the efforts of the Childhood Obesity Prevention Task Force and the
21 updated Hawaii State Physical Activity and Nutrition Plan as resources in the development of their plan.

22 The Department strongly supports passage of HB914 HD1 SD1. Thank you for the opportunity
23 to provide testimony.

HMSA



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LATE

March 22, 2013

The Honorable David Y. Ige, Chair
The Honorable Michelle N. Kidani, Vice Chair

Senate Committee on Ways and Means

Re: HB 914, HD1, SD1 – Relating to Obesity Prevention

Dear Chair Ige, Vice Chair Kidani and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 914, HD1, SD1, which would establish an interagency council to coordinate State government strategies and activities to prevent obesity. HMSA supports this Bill.

The Hawaii Childhood Obesity Task Force convened during the 2012 legislative Interim found that childhood obesity in Hawaii increased 38 percent from 1999 to 2009. The Hawaii Initiative for Childhood Obesity Research and Education, which our HMSA Foundation is a sponsor, reported that the consequences of childhood obesity are well known and include type 2 diabetes mellitus, hypertension, cardiovascular and liver disease as well as social and psychological consequences such as discrimination, stigmatization and low self-esteem. Concurrent with the rising prevalence and severity of childhood obesity have been reports of a rise in the prevalence of high blood pressure and type 2 diabetes mellitus in children, diseases once thought to be seen only in adults. These trends underscore the urgency of addressing the obesity epidemic.

One of the goals of the Affordable Care Act (ACA) was to ensure that individuals with health care coverage were able to access preventive services with no co-payments. The list of ACA mandated preventive services included screening and treatment for obesity, for children and adults. As of September 2010, the majority of HMSA's members who are children six years of age and older can receive screening and assessments for obesity.

Beyond this, the State must ensure programs and efforts to address obesity in the various agencies are coordinated. This would ensure there is a planned, targeted program to address the obesity epidemic, and also ensure that valuable resources are not misused or underutilized. Having an interagency council certainly will help to accomplish this.

Thank you for allowing us to testify in support of this measure.

Sincerely,

A handwritten signature in black ink, appearing to read "JDiesman".

Jennifer Diesman
Vice President
Government Relations