

SENATE CONCURRENT RESOLUTION NO. 13—SENATORS WIENER,  
CEGAVSKE, TITUS, RAWSON, CARE, MATHEWS, RAGGIO  
AND WASHINGTON

MARCH 4, 2003

Referred to Committee on Legislative Affairs and Operations

SUMMARY—Directs Legislative Committee on Health Care to  
conduct interim study concerning medical and  
societal costs and impacts of obesity in Nevada.  
(BDR R-25)

~

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

SENATE CONCURRENT RESOLUTION—Directing the  
Legislative Committee on Health Care to conduct an  
interim study concerning the medical and societal costs  
and impacts of obesity in Nevada.

- 1 WHEREAS, Obesity manifests itself as one of our nation’s most  
2 significant public health concerns as proven by recent statistics from  
3 the Centers for Disease Control and Prevention which reveal that in  
4 the United States, approximately 38.8 million adults, 19.8 percent of  
5 adults in the United States, are classified as obese, and an estimated  
6 9 million children and adolescents between the ages of 6 and 19  
7 years, 15 percent of that age group, are categorized as overweight;  
8 and  
9 WHEREAS, These statistics represent such an extremely rapid  
10 rise of obesity in our society over the last decade that members of  
11 the medical profession attach the word “epidemic” to the problem, a  
12 word usually reserved for massive outbreaks of infectious disease;  
13 and  
14 WHEREAS, Obesity is a chronic disease, and studies show that  
15 about one half of children who are overweight by the time they are 6  
16 or 7 years of age remain overweight as adults and 75 percent of  
17 adolescents who are overweight will remain overweight as adults;  
18 and  
19 WHEREAS, Research has established that there is a direct causal  
20 relationship between obesity and heart disease, hypertension, stroke,



\* S C R 1 3 R 1 \*

1 elevated cholesterol, type 2 diabetes, gallbladder disease, arthritis,  
2 breathing problems, gout, and forms of cancer such as uterine,  
3 cervical, ovarian, breast, gallbladder, colorectal and prostate; and

4 WHEREAS, Statistics for the year 2000 from the Centers for  
5 Disease Control and Prevention disclose that 4,089 deaths in  
6 Nevada were the result of heart disease and that 3,763 deaths were  
7 caused by cancer, and obesity almost assuredly played a role in  
8 many of these deaths; and

9 WHEREAS, Not only does obesity affect physical health, but  
10 obese persons may also experience low self-esteem, social  
11 stigmatism, discrimination, poor body image and increased risk of  
12 emotional problems, and disorders such as chronic depression,  
13 anxiety and obsessive compulsive disorder have commonly been  
14 linked to obesity; and

15 WHEREAS, According to *The Surgeon General's Call to Action*  
16 *to Prevent and Decrease Overweight and Obesity*, issued in 2001,  
17 an estimated 300,000 people die each year from illnesses directly  
18 caused or worsened by being overweight, a fact that prompted  
19 former Surgeon General David Satcher to warn that obesity may  
20 soon overtake tobacco as the leading cause of preventable death in  
21 America; and

22 WHEREAS, In 2000, the total costs of this epidemic in the United  
23 States rose to an estimated \$117 billion per year, consisting of \$61  
24 billion in direct costs for preventive, diagnostic and treatment  
25 services for medical care and \$56 billion in losses relating to  
26 productivity in the workforce and the value of future earnings lost  
27 by premature death; and

28 WHEREAS, There is a compelling need for an aggressive  
29 program of prevention and treatment because the direct and indirect  
30 costs resulting from obesity are expected to increase rapidly as the  
31 problem worsens and because the prevention and amelioration of  
32 obesity could have a significantly positive impact on health care  
33 costs in this state; and

34 WHEREAS, Conquering the problem of obesity must begin with  
35 the process of accumulating sound scientific data as a foundation for  
36 fostering awareness of the role that genetics, behavior and  
37 environment play in obesity and finding solutions to improve the  
38 quality of life; now, therefore, be it

39 RESOLVED BY THE SENATE OF THE STATE OF NEVADA, THE  
40 ASSEMBLY CONCURRING, That the Legislative Committee on  
41 Health Care is hereby directed to conduct a study of the medical and  
42 societal costs and impacts of obesity on the State of Nevada; and be  
43 it further

44 RESOLVED, That a subcommittee must be appointed for the  
45 study consisting of one Legislator appointed by the Majority Leader



1 of the Senate, one Legislator appointed by the Minority Leader of  
2 the Senate, one Legislator appointed by the Speaker of the  
3 Assembly and one Legislator appointed by the Minority Leader of  
4 the Assembly, all of whom must have served on the Senate Standing  
5 Committee on Human Resources and Facilities or the Assembly  
6 Standing Committee on Health and Human Services during the  
7 2003 Legislative Session; and be it further

8 RESOLVED, That one person assigned by the Health Division of  
9 the Department of Human Resources and one person assigned by  
10 the Department of Education shall also serve as voting members of  
11 the subcommittee; and be it further

12 RESOLVED, That the Legislative Commission shall appoint a  
13 chairman of the subcommittee from among the members of the  
14 subcommittee; and be it further

15 RESOLVED, That the study must include, without limitation:

16 1. An analysis of available information relating to the medical  
17 and societal costs and impacts of obesity on Nevadans;

18 2. An analysis of the fiscal impact of obesity on health care  
19 costs and productivity in Nevada and a determination of possible  
20 savings in health care costs resulting from the prevention and proper  
21 treatment of obesity;

22 3. The identification of existing resources in Nevada that may  
23 be available for use in programs relating to obesity;

24 4. Recommendations for specific programs aimed at the  
25 prevention of and intervention in obesity;

26 5. The identification of programs and practices that have been  
27 established in Nevada and other states which are cost-effective and  
28 could be implemented throughout Nevada;

29 6. Recommendations for coalitions between the public and  
30 private sectors that could be instituted in communities;

31 7. Recommendations for programs to increase public  
32 awareness regarding the causes, prevention, risks and treatment of  
33 obesity;

34 8. An examination of the particular effects of the 24-hour  
35 lifestyle and transient nature of some of the population of this state  
36 on obesity;

37 9. An evaluation of the current health standards in Nevada that  
38 may have an influence on obesity and an assessment of the progress  
39 toward treating obesity in states that establish and monitor such  
40 standards;

41 10. Recommendations for programs and practices that  
42 encourage healthy and balanced fitness and nutritional choices; and

43 11. Any other proposals for legislation relating to health care  
44 for obesity that the committee may receive or develop; and be it  
45 further



1 RESOLVED, That any recommended legislation proposed by the  
2 subcommittee must be approved by a majority of the members of  
3 the Senate and a majority of the members of the Assembly  
4 appointed to the subcommittee; and be it further

5 RESOLVED, That the Legislative Committee on Health Care  
6 shall submit a report of the results of the study and any  
7 recommendations for legislation to the 73rd Session of the Nevada  
8 Legislature.

⑩



\* S C R 1 3 R 1 \*