

1 AN ACT concerning public health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the
5 Obesity Prevention Initiative Act.

6 Section 5. Legislative findings. The General Assembly
7 makes all of the following findings:

8 (1) Nearly 25% of Illinois adults are obese and 37% are
9 overweight, 62% of Illinois adults in total.

10 (2) The percentage of normal-weight Illinois adults
11 has steadily decreased as the percentage who are overweight
12 or obese has steadily increased.

13 (3) More than 31% of Illinois children ages 10 through
14 17 years are considered overweight or obese.

15 (4) A majority (56%) of publicly insured children are
16 overweight or obese (the highest state prevalence in the
17 nation) and nearly 2 in 5 (39%) black, non-Hispanic
18 children are overweight or obese (the third highest state
19 prevalence).

20 (5) Today's overweight and obese children are likely to
21 become tomorrow's overweight and health-impaired adults,
22 at risk for premature death.

23 (6) Being overweight and obese puts people at increased

1 risk for coronary heart disease, type 2 diabetes, certain
2 cancers, hypertension, dyslipidemia (high cholesterol or
3 triglycerides or both), stroke, liver and gallbladder
4 disease, sleep apnea and respiratory problems,
5 osteoarthritis, and gynecological problems.

6 (7) Overweight and obesity-related diseases cause
7 premature death.

8 (8) The economic costs associated with treating these
9 diseases is substantial and increasing, accounting for
10 more than 9% of total health care costs, approximately half
11 of which are born by public resources via Medicare and
12 Medicaid and the majority of the remainder born by
13 employers.

14 (9) Obese people suffer more injuries and disabilities
15 and have more non-productive work days in total, creating
16 loss of earnings for Illinois employees and loss of
17 productivity for Illinois employers.

18 (10) Research has shown that 27% of health care charges
19 for adults over age 40 are associated with people being
20 physically inactive, overweight, or obese.

21 (11) From 1987 to 2001, obesity-related spending
22 accounted for an estimated 27% of the increase in
23 inflation-adjusted per capita health spending.

24 (12) Research has shown that each additional day of
25 physical activity per week can reduce medical charges by
26 4.7%.

1 (13) The non-economic costs of being overweight or
2 obese that is experienced by Illinois citizens are
3 immeasurable in terms of pain, mobility, self-esteem, bias
4 and stigma, the grief associated with the premature death
5 of loved ones, and other quality of life issues.

6 (14) Food and exercise habits are strongly linked to
7 the food and exercise habits of the communities in which
8 the individuals live, work, attend school, and socialize.

9 (15) Individual and community food and exercise habits
10 are strongly linked to environmental factors, such as
11 access to healthy food and safe opportunities for physical
12 activity.

13 (16) Public health interventions focusing on healthy
14 eating, physical activity, and environmental change to
15 facilitate these behaviors have been shown to be successful
16 in reducing obesity and promoting healthy weight and
17 physical activity among children and adults. Communities
18 in Illinois are developing and implementing promising
19 models that should be evaluated and supported.

20 (17) Obesity is a significant contributing factor to
21 many chronic diseases faced by Illinois residents and that
22 obesity and its effects on human health are best addressed
23 in an evidence-based, holistic manner, including policy
24 change, environmental change, and community public health
25 and wellness efforts.

26 (18) The General Assembly has recognized the

1 importance of studying obesity and passed the Obesity Study
2 and Prevention Fund Act in 2004. The Illinois State Health
3 Improvement Plan (SHIP) identified obesity and physical
4 activity as strategic priority health conditions that
5 demand action, including without limitation the following:

6 (A) Increased efforts to educate the public on the
7 health risks associated with obesity and poor
8 nutrition, effective methods for improving nutrition
9 and physical activity, and resources to help
10 individuals to adopt healthy lifestyles.

11 (B) Promoting changes in State and local policies
12 designed to support healthy eating and physical
13 activity, including improving community access to
14 healthy food and safe opportunities for physical
15 activity.

16 Section 10. Obesity Prevention Initiative. Within 60 days
17 after the effective date of this Act, and subject to the
18 availability of public, private, and contributed in-kind
19 resources, the Department of Public Health shall work with the
20 Department of Human Services and other public, private, and
21 voluntary stakeholders to plan, organize, and publicize at
22 least 3 hearings on the health and social costs of obesity and
23 the need to address the obesity epidemic with community,
24 policy, and individual health behavior change. The purpose of
25 these hearings shall be to (1) highlight existing State and

1 community level initiatives, (2) identify existing plans and
2 opportunities for action and the expansion of initiatives, (3)
3 inform policy makers and the public about effective solutions
4 to the problem, and (4) identify and engage stakeholders to
5 promote action to reduce obesity, improve nutrition, and
6 increase physical activity. The hearing officers shall
7 include: the Chair of the State Board of Health or her designee
8 and up to 3 additional members of the State Board of Health;
9 the Chair of the Chronic Disease Task Force, if appointed, and
10 up to 3 additional members of the Chronic Disease Task Force,
11 if appointed; 2 members of the House of Representatives, one of
12 whom shall be named by the Speaker of the House and one of whom
13 shall be named by the Minority Leader of the House; and 2
14 members of the Senate, one of whom shall be named by the
15 President of the Senate and one of whom shall be named by the
16 Minority Leader of the Senate. The Department shall provide or
17 work with stakeholders to provide logistical and support staff
18 for hearings.

19 No later than February 1, 2010, and subject to the
20 availability of public, private, and contributed in-kind
21 resources, a report on these hearings shall be provided to the
22 members of the General Assembly and the State Board of Health
23 to inform and support action on implementing the 2009 State
24 Health Improvement Plan. Pursuant to Public Act 95-0900, the
25 Chronic Disease Task Force shall also use the report to inform
26 the Plan that is due July 1, 2010 to the General Assembly.

1 Within 60 days after the completion of the report on the
2 hearings, but no later than April 1, 2010, and subject to
3 appropriation for that purpose, the Department of Public Health
4 shall grant funds to one or more non-profit organizations or
5 local public health departments to conduct a statewide
6 education and engagement campaign focusing on the health
7 effects of obesity, the social costs of obesity, and the need
8 to address the obesity epidemic with community, policy, and
9 individual health behavior change.

10 Section 99. Effective date. This Act takes effect upon
11 becoming law.