

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.

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

24           (18) The General Assembly has recognized the  
25 importance of studying obesity and passed the Obesity Study  
26 and Prevention Fund Act in 2004. The Illinois State Health

1 Improvement Plan (SHIP) identified obesity and physical  
2 activity as strategic priority health conditions that  
3 demand action, including without limitation the following:

4 (A) Increased efforts to educate the public on the  
5 health risks associated with obesity and poor  
6 nutrition, and resources to help individuals to adopt  
7 healthy lifestyles.

8 (B) Promoting changes in State and local policies  
9 designed to support healthy eating and physical  
10 activity.

11 Section 10. Obesity Prevention Initiative. Within 60 days  
12 after the effective date of this Act, the Department of Public  
13 Health shall organize at least 6 hearings on the health effects  
14 of obesity, the costs of obesity to the health care system and  
15 society, and the need to address the obesity epidemic with  
16 community, policy, and individual health behavior change. The  
17 Department shall work with public, private, and voluntary  
18 stakeholders to plan and publicize the hearings. The hearing  
19 officers shall include the Chair of the State Board of Health  
20 or her designee; up to 7 additional members of the State Board  
21 of Health; 2 members of the Illinois House of Representatives,  
22 one of whom shall be named by the Speaker of the House and one  
23 of whom shall be named by the Minority Leader of the House; and  
24 2 members of the Illinois Senate, one of whom shall be named by  
25 the President of the Senate and one of whom shall be named by

1 the Minority Leader of the Senate.

2 No later than February 1, 2010, the hearing officers shall  
3 provide a report on the hearings to the members of the Illinois  
4 General Assembly, State Board of Health, and, pursuant to  
5 Public Act 93-0975, members of the State Health Improvement  
6 Planning Team to inform and support action on implementing the  
7 2009 State Health Improvement Plan. Pursuant to Public Act  
8 95-0900, the Chronic Disease Task Force shall also use the  
9 report to inform the Plan that is due July 1, 2010 to the  
10 General Assembly. The Department shall provide logistical and  
11 support staff for hearings.

12 Within 60 days after the completion of the report on the  
13 hearings, but no later than April 1, 2010, and subject to  
14 appropriation for that purpose, the Department of Public Health  
15 shall grant funds to one or more non-profit organizations or  
16 local public health departments to conduct a statewide  
17 education campaign focusing on the health effects of obesity,  
18 the costs of obesity to the health care system and society, and  
19 the need to address the obesity epidemic with community,  
20 policy, and individual health behavior change.

21 Section 99. Effective date. This Act takes effect upon  
22 becoming law.