

By: Representatives Summers, Hulum

To: Rules

HOUSE CONCURRENT RESOLUTION NO. 17

1 A CONCURRENT RESOLUTION RECOGNIZING THE NEED IN MISSISSIPPI
2 FOR CARDIOVASCULAR RISK REDUCTION THROUGH SCREENING FOR AND
3 TREATMENT OF METABOLIC SYNDROME.

4 WHEREAS, the severity of the prevalence of metabolic syndrome
5 in Mississippi and the rapid deterioration of health of
6 Mississippians due to metabolic syndrome represents a substantial
7 threat to the public, especially Mississippians; and

8 WHEREAS, data from NHANES 2009 to 2016 suggests that only
9 around 20% of United States adults have "optimal" metabolic
10 metrics defined as meeting all the following including waist
11 circumference of 40/35 inches for men/women respectively, fasting
12 glucose <100 mg/dL and hemoglobin A1c <5.7%, systolic blood
13 pressure <120 and diastolic blood pressure <80 mmHg, triglycerides
14 <150 mg/dL, high-density lipoprotein cholesterol ≥40/50 mg/dL for
15 men/women respectively and not taking any related medications for
16 applicable metabolic diseases; and

17 WHEREAS, Mississippi's obesity rate is currently over 40% and
18 projected to reach up to 66.7% by 2030, with 93% of those who live



19 with obesity having unmet medical needs and the risk of adult
20 obesity is greater among adults who had obesity as children, and
21 racial and ethnic disparities tied to obesity exist by the age of
22 2; and

23 WHEREAS, in 2008, Mississippi spent \$925 million in health
24 care costs directly related to obesity, over 200 medical
25 conditions are associated with obesity including 13 different
26 types of cancer; and

27 WHEREAS, type 2 diabetes complications include lower
28 extremity amputations, end stage renal disease, blindness, loss of
29 protective sensation, heart disease, and premature death and also
30 has related substantial, detrimental health consequences which are
31 often preventable with early intervention; and

32 WHEREAS, in 2012 alone, the American Diabetes Association
33 estimated the economic burden of diabetes in Mississippi to have
34 exceeded \$2.74 billion, or \$10,402 per Mississippian with diabetes
35 as per the Mississippi Department of Health and in 2016, diabetes
36 accounted for 1,083 deaths in Mississippi; and

37 WHEREAS, the National Diabetes Prevention Program (NDPP) from
38 the Centers for Disease Control and Prevention (CDC) found that a
39 five to seven percent weight loss can delay and possibly prevent
40 type 2 diabetes; and

41 WHEREAS, hypertension increases risk for heart disease and
42 stroke, which are the leading causes of death in the United States



43 and hypertension can also lead to kidney disease, blindness, and
44 mental impairment; and

45 WHEREAS, nearly half of adults in the United States have
46 hypertension which is equivalent to 116 million people, with high
47 blood pressure serving as a primary or contributing cause of death
48 for 516,955 people in the United States in 2019, and by 2035, is
49 projected to reach \$220.9 billion; and

50 WHEREAS, men, people over age 65, lower socioeconomic status,
51 and black adults are more likely to be affected; and

52 WHEREAS, dyslipidemia is a major contributor to
53 cardiovascular risk and 1 in 6 Mississippians have high
54 cholesterol as per the Mississippi State Department of Health; and

55 WHEREAS, over the next 20 years, Mississippi's obesity rate
56 could contribute to 415,353 new cases of type 2 diabetes and
57 814,504 new cases of coronary heart disease and stroke; and

58 WHEREAS, if Mississippi's average body mass index (BMI) were
59 lowered by 5%, Mississippi residents would be spared from
60 developing new cases of major obesity-related diseases with a
61 reduction of 86,347 spared from type 2 diabetes, 66,897 spared
62 from coronary heart disease and stroke, 56,741 spared from
63 hypertension, and 4,795 spared from obesity-related cancer; and

64 WHEREAS, weight loss in child-bearing women with overweight
65 or obesity may help mitigate epigenetically transmitted increased
66 risk of obesity and metabolic disease in future generations; and



67 WHEREAS, the Mississippi Obesity Action Plan includes
68 educating healthcare professionals on etiology and the physiology
69 of obesity in order to recognize, prevent and treat obesity,
70 encouraging healthcare professionals to adopt standards of
71 practice for prevention, screening, diagnosis, and treatment of
72 overweight and/or obese children, adolescents and adults that will
73 help them to achieve and maintain a healthy weight, avoid
74 obesity-related complications, and reduce the psychosocial
75 consequences of obesity; and

76 WHEREAS, the lack of treatment options due to poor insurance
77 coverage confounds a significant barrier to reducing the
78 cardiometabolic risk that uncontrolled and/or untreated obesity,
79 hypertension, hyperglycemia, and dyslipidemia poses to about 40%
80 of Mississippians; and

81 WHEREAS, the current standard of care is that concurrent
82 initiation of lifestyle therapy and pharmacotherapy should be
83 considered in patients with weight-related complications that can
84 be ameliorated by weight loss; and

85 WHEREAS, the Mississippi Board of Medical Licensure has
86 additional regulations regarding prescribing anti-obesity
87 medications to ensure safety; and

88 WHEREAS, obesity is a chronic, progressive, relapsing, and
89 treatable multi-factorial, neurobehavioral disease, wherein an
90 increase in body fat promotes adipose tissue dysfunction and



91 abnormal fat mass physical forces, resulting in adverse metabolic,
92 biomechanical, and psychosocial health consequences; and

93 WHEREAS, barriers to screening and treatment options of the
94 individual components and cumulative effect of metabolic syndrome
95 is a direct threat to Mississippians; and

96 WHEREAS, we support the practice of following current
97 clinical practice guidelines for patients affected by obesity and
98 related chronic diseases for aggressive cardiovascular risk
99 reduction; and

100 WHEREAS, we support efforts to remove barriers to treatment
101 including lack of access to care especially for those with racial,
102 ethnic, socioeconomic disparities, lack of insurance coverage for
103 treatment options for obesity, stigma associated with obesity,
104 food deserts and lack of access to dietary education, lack of safe
105 access to exercise, lack of appropriate training and educational
106 opportunities for providers seeking to improve access to quality
107 care; and

108 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF
109 REPRESENTATIVES OF THE STATE OF MISSISSIPPI, THE SENATE CONCURRING
110 THEREIN, That we do hereby recognize the need for cardiovascular
111 risk reduction through screening for and treatment of metabolic
112 syndrome.

