

*****Adopted*****
AMENDMENT No. 1 PROPOSED TO

House Bill NO. 989

By Senator(s) Committee

**Amend by striking all after the enacting clause and inserting
in lieu thereof the following:**

6 **SECTION 1.** Section 41-101-1, Mississippi Code of 1972, is
7 amended as follows:

8 41-101-1. (1) There is * * * created the Mississippi
9 Council on Obesity Prevention and Management, hereinafter referred
10 to as the "council," within the State Department of Health to be
11 in existence for the period from July 1, 2001, to July 1, 2006.
12 The council may accept and expend grants and private donations
13 from any source, including federal, state, public and private
14 entities, to assist it to carry out its functions.

15 (2) The powers, functions and duties of the council shall
16 include, but not be limited to, the following:

17 (a) The collection and analysis of data regarding the
18 extent to which children and adults in Mississippi suffer from
19 obesity, and the programs and services currently available to meet
20 the needs of overweight children and adults, and the funds
21 dedicated by the state to maintain those programs and services.

22 (b) The collection and analysis of data to demonstrate
23 the economic impact on the state of treating obesity and the
24 estimated cost savings of implementing a comprehensive statewide
25 obesity prevention and management model.

26 (c) The establishment and maintenance of a resources
27 data bank containing information about obesity and related
28 subjects accessible to educational and research institutions, as
29 well as members of the general public.

30 (d) Consideration of the feasibility of awarding tax
31 incentives for work sites that promote activities to reduce
32 obesity in the work force.

33 (e) The establishment of recommendations to enhance
34 funding for effective prevention and management programs and
35 services, including Medicaid, private health insurance programs,
36 and other state and federal funds.

37 (f) The establishment of recommendations designed to
38 assure that children of school age who may have early indicators
39 of obesity have access to affordable, effective prevention and
40 management services.

41 (g) The establishment of recommendations for changes to
42 statewide elementary and secondary education curricula to
43 implement comprehensive, coordinated obesity awareness and
44 education programs.

45 (h) Recommendations to enhance clinical education
46 curricula in medical, nursing and other schools of higher
47 education to implement comprehensive, coordinated obesity
48 awareness and education courses.

49 (i) Recommendations to increase education and awareness
50 among primary care physicians and other health professionals
51 regarding the recognition, prevention and effective management of
52 obesity.

53 (j) Consideration of a state prevention campaign to
54 increase public awareness of the need for early prevention and
55 management of obesity, possibly including:

56 (i) A broad-based public education campaign
57 outlining health risks associated with failure to receive
58 treatment for obesity.

59 (ii) A health professional training campaign.

60 (iii) A targeted public education campaign

61 directed toward high risk populations.

62 (k) Coordination with the United States Department of
63 Agriculture, the United States Department of Health and Human
64 Services, the United States Department of Education, the United
65 States Centers for Disease Control and the National Center for
66 Chronic Disease Prevention to share resources and information in
67 order to ensure a comprehensive approach to obesity and
68 obesity-related conditions.

69 (l) Coordination with the State Departments of
70 Education, Health, Human Services and the Division of Medicaid to
71 share resources and information in order to ensure a comprehensive
72 approach to obesity and obesity-related conditions.

73 (m) Identification of and recommendations to reduce
74 cultural, environmental and socioeconomic barriers to prevention
75 and management of obesity in Mississippi.

76 (3) The council shall be composed of the following members:

77 (a) The Executive Director of the State Department of
78 Health, or his designee;

79 (b) The Executive Director of the Department of Human
80 Services, or his designee;

81 (c) The State Superintendent of Education, or his
82 designee;

83 (d) The Executive Director of the State Department of
84 Mental Health, or his designee;

85 (e) A representative of the Office of the Governor, to
86 be appointed by the Governor;

87 (f) A member of the House of Representatives, appointed
88 by the Speaker of the House of Representatives;

89 (g) A member of the Senate, appointed by the Lieutenant
90 Governor;

91 (h) Two (2) representatives of the public-at-large, to
92 be selected by the Governor;

93 (i) The President of either the Mississippi Medical
94 Association or the African-American Obesity Research and Treatment
95 Association (AAORTA), or his designee;

(j) The President of the Mississippi State Nurses Association, or his designee;

(k) The President of the Mississippi Pharmacists Association, or his designee;

(l) The President of the Mississippi Chapter of the American Academy of Pediatrics, or his designee;

(m) The Vice Chancellor of the University of Mississippi Medical Center, or his designee;

(n) A representative appointed from the Mississippi state office of the American Association of Retired Persons;

(o) A representative of the Mississippi Dietetic Association;

(p) A representative of the Mississippi Restaurant Association;

(q) The President of the Mississippi Physical Therapy Association, or his designee;

(r) A member appointed by the Mississippi Commissioner of Insurance;

(s) A representative from a food processor or food manufacturer; and

(t) A representative from the Mississippi Soft Drink Association.

(4) The council shall meet upon call of the Governor not later than August 1, 2001, and shall organize for business by selecting a chairman who shall serve for a one-year term and may be selected for subsequent terms. The council shall adopt internal organizational procedures necessary for efficient operation of the council. Council procedures shall include duties of officers, a process for selecting officers, quorum requirements for conducting business and policies for any council staff. Each member of the council shall designate necessary staff of their departments to assist the council in performing its duties and responsibilities. The council shall meet and conduct business at least quarterly. Meetings of the council shall be open to the public and opportunity for public comment shall be made available

131 at each such meeting. The chairman of the council shall notify
132 all persons who request that notice as to the date, time and place
133 of each meeting.

134 (5) Members of the council shall receive no compensation for
135 their services.

136 (6) The council shall submit a report, including proposed
137 legislation if necessary, to the Governor and to the House and
138 Senate Health and Welfare Committees before the convening of the
139 2004 legislative session. The report shall include a
140 comprehensive state plan for implementation of services and
141 programs in the State of Mississippi to increase prevention and
142 management of obesity in adults and children and an estimate of
143 the cost of implementation of such a plan.

144 (7) All departments, boards, agencies, officers and
145 institutions of the state and all subdivisions thereof shall
146 cooperate with the council in carrying out its purposes under this
147 section.

148 **SECTION 2.** This act shall take effect and be in force from
149 and after July 1, 2003.

**Further, amend by striking the title in its entirety and
inserting in lieu thereof the following:**

1 AN ACT TO AMEND SECTION 41-101-1, MISSISSIPPI CODE OF 1972,
2 TO EXTEND THE EXISTENCE OF THE MISSISSIPPI COUNCIL ON OBESITY
3 PREVENTION AND MANAGEMENT UNTIL JULY 1, 2006; AND FOR RELATED
4 PURPOSES.