WHEREAS, more than one-third of US adults (35.7%), or approximately 93 million Americans are obese and nearly 15% of this population (or 8-10 million Americans) is affected with severe obesity (a disease characterized by an individual being 100 pounds or more over their ideal body weight); and

WHEREAS, in 2010, more than one third of children and adolescents were overweight or obese (approximately 24.5 million children and adolescents). The percentage of children aged 6–11 years in the United States who were obese increased from 7% in 1980 to nearly 18% in 2010. Similarly, the percentage of adolescents aged 12–19 years who were obese increased from 5% to 18% over the same period; and

WHEREAS, children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. A report published in the Journal of Pediatrics showed that children who became obese as early as age 2 were more likely to be obese as adults; and

WHEREAS, minorities are disproportionately affected by obesity including 49.5% of African-Americans and 39.5% of Hispanics; and

WHEREAS, the rates of obesity and type 2 diabetes in the United States follow a socioeconomic gradient, and the burden of disease falls disproportionately on people with limited resources, racial-ethnic minorities, and the poor; and

WHEREAS, among women, higher obesity rates tend to be associated with low incomes and low education levels. The association of obesity with low socioeconomic status (SES) has been less consistent among men; and

WHEREAS, American Cancer Society guidelines indicate that being overweight or obese is also associated with increased risk for many types of cancer, including cancer of the breast, colon, endometrium, esophagus, kidney, pancreas, gall bladder, thyroid, ovary, cervix, and prostate, as well as multiple myeloma and Hodgkin’s lymphoma; and

WHEREAS, obesity has been linked to a number of comorbidities and disorders including cardiovascular disease, hypertension, stroke, Type 2 diabetes, certain types of cancers, and arthritis; and

WHEREAS, weight-related conditions are associated with 115,000 deaths in the United States annually; and

WHEREAS, the American Medical Association has now recognized obesity as a disease requiring a range of medical interventions to advance obesity treatment and prevention; and

WHEREAS, health professionals from the American Association of Clinical Endocrinologists, American College of Cardiology, The Endocrine Society, American Society for Reproductive Medicine, The Society for Cardiovascular Angiography and Interventions, American Urological Association, American College of Surgeons, American Society of Metabolic and Bariatric Surgery, and the American College of Surgeons have signaled their support for AMA’s decision to recognize obesity as a disease; and

WHEREAS, obesity is one of the largest drivers of health care costs with estimates ranging from $147 to $210 billion in annual medically related costs as of 2012, and the estimated medically related costs of adult obesity are expected to rise to $620 billion annually by 2030; and
WHEREAS, screening for and treating obesity to reduce BMI by 5% will result in significant cost savings of approximately $29.8 billion in five years for states, employers, and the health care community as a whole; and

WHEREAS, significant innovations in treatment and medical interventions have been approved for the medical community in recent years; and

WHEREAS, obesity is a preventable and treatable disease that has reached epidemic proportions and that education, prevention efforts, diagnosis and treatment will not only improve the quality of life for a significant number of adults and children in the United States, but also will reduce overall public and private health care costs.

NOW, THEREFORE BE IT RESOLVED, that The Council of State Governments urges the 50 state and provincial legislatures, health departments, and other state agencies and institutions to make the prevention and treatment of obesity a top priority and to work to reduce obesity, as well as medically-related costs, while improving the health and wellness of all persons through the following measures:

1. Working collaboratively with federal agencies, such as the US Centers for Disease Control and Prevention, national non-governmental organizations (AMA, OAC, Endocrine Society, The Obesity Society), and with other states to promote guidelines and best practices in the prevention and treatment of obesity;

2. Encouraging the availability and reimbursement of obesity-related treatments in state Medicaid and state employee/retiree health benefits;

3. Encouraging the availability of BMI screening for all publicly funded health benefits (Medicaid and state employee/retiree health plans) and the collection of pertinent information to further the analysis/recommendations for public health purposes;

4. Encouraging the inclusion of obesity in all chronic disease management programs to offer and promote all medically necessary and appropriate obesity treatments in public plans, as well as those offered within the public health insurance exchange;

5. Encouraging the formalization of “State Obesity Plans” and policies via the creation of Legislative Task Forces or Caucuses to centrally study and implement plans/policies that eliminate barriers to access for obesity treatment.

6. Encouraging schools, Departments of Education and other agencies serving children to implement plans/policies to improve nutrition, increase physical activity and increase quality health and physical education among children as fundamental and foundational aspects of education policy.

Adopted this 22nd Day of September, 2013 at CSG’s 2013 National Conference in Kansas City, Missouri.