

CHAPTER 303

AN ACT establishing the New Jersey Obesity Prevention Task Force.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. The Legislature finds and declares that:
 - a. Obesity is a widespread and growing problem in the United States with significant medical, psychosocial and economic consequences; according to the federal Centers for Disease Control and Prevention, in 1999, an estimated 61% of adults in this country were either overweight or obese;
 - b. The prevalence of obesity has increased substantially over the past 20 years, and this trend is expected to continue;
 - c. The estimated one-third of all Americans who are overweight or obese are at increased risk of developing such conditions as high blood pressure, high blood cholesterol, type 2 diabetes, insulin resistance, hyperinsulinemia, coronary heart disease, angina pectoris, congestive heart failure, stroke, certain forms of cancer, gallstones, cholecystitis and cholelithiasis, gout, osteoarthritis, obstructive sleep apnea and respiratory problems, pregnancy complications, poor female reproductive health, bladder control problems and psychological disorders;
 - d. Excess weight is second only to smoking as a cause of death in this country; nationwide, some 200,000 deaths annually are attributable to a sedentary lifestyle;
 - e. The economic costs of obesity and its complications are estimated to exceed \$100 billion annually;
 - f. Obesity is a chronic disease with a complex and multi-factorial etiology, involving biochemical, neurological/psychological, genetic, environmental and cultural/psychosocial factors; and
 - g. It is in the interest of the public health for the State to establish a New Jersey Obesity Prevention Task Force to develop recommendations for specific actionable measures to support and enhance obesity prevention among New Jersey residents, particularly among children and adolescents.

2. a. There is established the New Jersey Obesity Prevention Task Force in the Department of Health and Senior Services. The purpose of the task force shall be to study and evaluate, and develop recommendations relating to, specific actionable measures to support and enhance obesity prevention among the residents of this State, with particular attention to children and adolescents. The recommendations shall comprise the basis for a New Jersey Obesity Action Plan, which the task force shall present to the Governor and the Legislature pursuant to section 4 of this act.
 - b. The task force may consider, but need not be limited to, the following measures as components of the New Jersey Obesity Action Plan, and the most effective means of their implementation:
 - (1) development of a media health promotion campaign targeted to children and adolescents and their parents and caregivers;
 - (2) establishment of school-based childhood obesity prevention nutrition education and physical activity programs;
 - (3) establishment of community-based childhood obesity prevention nutrition education and physical activity programs that involve parents and caregivers;
 - (4) coordination of State efforts with those of federal and local government agencies to incorporate strategies to prevent and reduce childhood obesity into food assistance, health, education and recreation programs;
 - (5) sponsorship of periodic conferences to bring together experts in nutrition, exercise, public health, mental health, education, parenting, media, food marketing, food security, agriculture, community planning and other disciplines to consider societal solutions to the problem of obesity in children and adolescents and issue guidelines and recommendations for public policy in this State;
 - (6) development of training programs for health care professionals; and
 - (7) development of, and support for, community-based projects targeted to high-risk populations.

3. a. The task force shall consist of 27 members as follows:

(1) the Commissioners of Health and Senior Services, Human Services and Education and the Secretary of Agriculture, or their designees, who shall serve ex officio; and

(2) 23 public members, who shall be appointed by the Governor no later than the 30th day after the effective date of this act, as follows: one person upon the recommendation of the New Jersey Public Health Association; one person upon the recommendation of the Medical Society of New Jersey; one person upon the recommendation of the American Academy of Pediatrics-New Jersey Chapter; one person upon the recommendation of the New Jersey Association of Osteopathic Physicians and Surgeons; one person upon the recommendation of the New Jersey Academy of Family Physicians; one person upon the recommendation of the University of Medicine and Dentistry of New Jersey; one person upon the recommendation of the New Jersey State Nurses Association; one person upon the recommendation of the New Jersey State School Nurses Association; one person upon the recommendation of the Mental Health Association in New Jersey; one person upon the recommendation of the American Heart Association; one person upon the recommendation of the American Diabetes Association; one person upon the recommendation of the Garden State Association of Diabetes Educators; one person upon the recommendation of the American Cancer Society, one person upon the recommendation of the New Jersey Dietetic Association; one person upon the recommendation of the New Jersey Health Officers Association; one person upon the recommendation of the New Jersey Association for Health, Physical Education, Recreation and Dance; one person upon the recommendation of the New Jersey Recreation and Park Association; one person upon the recommendation of the New Jersey Council on Physical Fitness and Sports; one person upon the recommendation of the YMCA; one person upon the recommendation of the New Jersey Education Association; one person upon the recommendation of the New Jersey Food Council; and two members of the public with a demonstrated expertise in issues relating to the work of the task force.

Vacancies in the membership of the task force shall be filled in the same manner provided for the original appointments.

b. The Commissioner of Health and Senior Services or the commissioner's designee shall serve as chairperson of the task force. The task force shall organize as soon as practicable following the appointment of its members and shall select a vice-chairperson from among the members. The chairperson shall appoint a secretary who need not be a member of the task force.

c. The public members shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties and within the limits of funds available to the task force.

d. The task force shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county or municipal department, board, bureau, commission or agency as it may require and as may be available to it for its purposes.

e. The task force may meet and hold hearings at the places it designates during the sessions or recesses of the Legislature.

f. The Department of Health and Senior Services shall provide staff support to the task force.

4. The task force shall report its findings and recommendations to the Governor and the Legislature, along with any legislative bills that it desires to recommend for adoption by the Legislature, no later than 18 months after the initial meeting of the task force. The report shall contain the New Jersey Obesity Action Plan provided for in section 2 of this act.

5. This act shall take effect immediately and shall expire upon the issuance of the task force report.

Approved January 14, 2004.