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3 Title: Incentives for Regular Physical Exercise
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5 Introduced by: Sam Schuiteman for the Medical Student Section
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7 Original Authors: Yilin Feng and Melinda Song
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9 Referred to: Reference Committee D
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11 House Action: **APPROVED AS AMENDED**
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14 Whereas, low-income adults who qualify for Medicaid bear the greatest burden of chronic
15 diseases, including diabetes mellitus, cardiovascular disease, and obesity¹, and

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17 Whereas, major risk factors for chronic diseases, including physical inactivity, are
18 disproportionately associated with low socioeconomic status^{2,3}, and

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20 Whereas, forty-two percent of Americans today live with multiple chronic conditions,
21 constituting over 70 percent of all healthcare spending in the United States^{4,5,6}, and

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23 Whereas, for every dollar spent on Medicaid, 83 cents go towards the treatment of chronic
24 diseases⁷, and

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26 Whereas, the frequency of fitness center visits has been shown to be directly correlated with
27 monthly healthcare savings⁸, and

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29 Whereas, existing American Medical Association and MSMS policies call upon physicians to
30 promote physical fitness to the public and encourage funding of community exercise venues to
31 reduce incidence of chronic illness (H-470.990, H-470.991, H-470.997, 440.021MSS, D-470.993,
32 440.018MSS, Res36-93A, Res34-14, Res64-92A), and

33
34 Whereas, in contrast to private fitness facilities, community-based recreational exercise spaces
35 are often pedestrian-unfriendly, unsafe, or inaccessible, leading to their underutilization⁹, and

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37 Whereas, cost is a major barrier to attaining fitness facility memberships, particularly for
38 families eligible for Medicaid^{10,11}, and

39
40 Whereas, in a survey of low-income adults at risk for chronic disease, fitness facility
41 memberships were rated as the most helpful amongst insurance-provided wellness benefits¹², and

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43 Whereas, fitness facility memberships alone yielded similarly effective improvements in
44 chronic illness-related risk factors, in comparison to costlier comprehensive wellness programs that
45 added nutritional education and personal fitness trainers¹³; therefore be it

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47 **RESOLVED:** That MSMS encourages initiatives by the Michigan Legislature and the Michigan
48 Department of Health and Human Services that positively incentivize regular physical exercise as a
49 means of improving health.

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WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy:

Support of Healthy Lifestyle

MSMS supports a healthy lifestyle related to nutrition and exercise and the avoidance of alcohol and tobacco. (Res36-93A) – Reaffirmed (Res34-14)

Physical Fitness Programs

MSMS, through public relations, will cooperate with recognized health and physical fitness programs. (Prior to 1990) MSMS supports the provision of traffic lanes and trails open to public use for the purposes of biking, hiking and jogging. In addition, MSMS encourages the appropriate state and local governmental agencies to convert unused railroad beds for such uses. (Res64-92A) – Amended 1993 – Edited 1998

¹ Gallup I. With Poverty Comes Depression, More Than Other Illnesses. Gallup.com. http://www.gallup.com/poll/158417/poverty-comes-depression-illness.aspx?utm_. Published October 30, 2012. Accessed September 4, 2017.

² Mendoza-Vasconez AS, Linke S, Munoz M, Pekmezi D, Ainsworth C, Cano M, Williams V, Marcus BH, Larsen BA. Promoting physical activity among underserved populations. *Current Sports Medicine Reports*. Published July 1, 2017. Accessed September 18, 2017.

³ Booth FW, Roberts CK, Laye MJ. Lack of Exercise Is a Major Cause of Chronic Diseases. *Comprehensive Physiology*. 2012. doi:10.1002/cphy.c110025.

⁴ Buttorff C, Ruder T, Bauman M. Multiple Chronic Conditions in the United States. Published 2017 by the Partnership to Fight Chronic Disease. Accessed September 18, 2017. http://www.fightchronicdisease.org/sites/default/files/TL221_final.pdf

⁵ US Department of Health and Human Services. (2010). Multiple chronic conditions—a strategic framework: optimum health and quality of life for individuals with multiple chronic conditions. Washington, DC: US Department of Health and Human Services.

⁶ Erdem, E., Prada, S. I., & Haffer, S. C. (2013). Medicare payments: How much do chronic conditions matter?. *Medicare & medicaid research review*, 3(2).

⁷ Almanac of Chronic Disease 2009. Partnership to Fight Chronic Disease. http://www.fightchronicdisease.org/sites/default/files/docs/2009AlmanacofChronicDisease_updated81009.pdf. Published 2009. Accessed September 6, 2017.

⁸ Navratil-Strawn, J, Hartley S, Ozminkowski, R. Frequency of Participation in an Employee Fitness Program and Health Care Expenditures. *Population Health Manage*. 2016; 19(5):315-323. doi: 10.1089/pop.2015.0102.

⁹ Jilcott SB, Laraia BA, Evenson KR, Lowenstein LM, Ammerman AS. A Guide for Developing Intervention Tools Addressing Environmental Factors to Improve Diet and Physical Activity. *Health Promotion Practice*. 2007;8(2):192-204. doi:10.1177/1524839906293189.

¹⁰ What we need to get by: A basic standard of living costs \$48,778, and nearly a third of families fall short. Economic Policy Institute. <http://www.epi.org/publication/bp224/>. Accessed September 4, 2017.

¹¹ Medicaid and CHIP Eligibility Levels. <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>. Accessed September 4, 2017.

¹² Jarlenski MP, Gudzone KA, Bennett WL, Cooper LA, Bleich SN. Insurance Coverage for Weight Loss. *American Journal of Preventive Medicine*. 2013;44(5):453-458. doi:10.1016/j.amepre.2013.01.021.

¹³ Naslund JA, Aschbrenner KA, Pratt SI, et al. Association Between Cardiovascular Risk and Depressive Symptoms Among People With Serious Mental Illness. *Journal of Nervous and Mental Disease*. 2017; 205(8):634-640.