

108TH CONGRESS  
1ST SESSION

# H. R. 716

To establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 12, 2003

Mrs. BONO (for herself, Ms. GRANGER, Mrs. LOWEY, Mr. WAMP, Mr. LAHOOD, Mr. PAYNE, Mr. KENNEDY of Rhode Island, Mr. BLUMENAUER, Mr. CASTLE, Mr. JOHNSON of Illinois, and Mrs. MCCARTHY of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Agriculture, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

### 3   **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Improved Nutrition  
5   and Physical Activity Act” or the “IMPACT Act”.

### 6   **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

1           (1) An estimated 61 percent of United States  
2 adults and 13 percent of children and adolescents  
3 are overweight or obese.

4           (2) The prevalence of obesity and being over-  
5 weight is increasing among all age groups. There are  
6 twice the number of overweight children and 3 times  
7 the number of overweight adolescents as there were  
8 29 years ago.

9           (3) An estimated 300,000 deaths a year are as-  
10 sociated with being overweight or obese.

11           (4) Obesity and being overweight are associated  
12 with increased risk for heart disease (the leading  
13 cause of death), cancer (the second leading cause of  
14 death), diabetes (the 6th leading cause of death),  
15 and musculoskeletal disorders.

16           (5) Individuals who are obese have a 50 to 100  
17 percent increased risk of premature death.

18           (6) The Healthy People 2010 goals identify  
19 obesity and being overweight as one of the Nation's  
20 leading health problems and include objectives of in-  
21 creasing the proportion of adults who are at a  
22 healthy weight, reducing the proportion of adults  
23 who are obese, and reducing the proportion of chil-  
24 dren and adolescents who are overweight or obese.

1           (7) Another goal of Healthy People 2010 is to  
2       eliminate health disparities among different seg-  
3       ments of the population. Obesity is a health problem  
4       that disproportionally impacts medically underserved  
5       populations.

6           (8) The United States Surgeon General’s report  
7       “A Call To Action” lists the treatment and preven-  
8       tion of obesity as a top national priority.

9           (9) The estimated direct and indirect annual  
10      cost of obesity in the United States is  
11      \$117,000,000,000, which exceeds the cost of to-  
12      bacco-related illnesses and appears to be rising dra-  
13      matically.

14          (10) Weight control programs should promote a  
15      healthy lifestyle including regular physical activity  
16      and healthy eating, as consistently discussed and  
17      identified in a variety of public and private con-  
18      sensus documents, including “A Call to Action” and  
19      other documents prepared by the Department of  
20      Health and Human Services and other agencies.

21 **SEC. 3. DEFINITIONS.**

22      In this Act:

23          (1) OBESE.—The term “obese” means an adult  
24      with a Body Mass Index (BMI) of 30 kg/m<sup>2</sup> or  
25      greater.

1           (2) OVERWEIGHT.—The term “overweight”  
 2       means an adult with a Body Mass Index (BMI) of  
 3       25 to 29.9 kg/m<sup>2</sup> and a child or adolescent with a  
 4       BMI at or above the 95th percentile on the revised  
 5       Centers for Disease Control and Prevention growth  
 6       charts or another appropriate childhood definition as  
 7       defined by the Secretary.

8           (3) SECRETARY.—Unless otherwise indicated,  
 9       term “Secretary” means the Secretary of Health  
 10      and Human Services.

## 11       **TITLE I—TRAINING GRANTS**

### 12   **SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH** 13                           **PROFESSION STUDENTS.**

14       Section 747(c)(3) of title VII of the Public Health  
 15   Service Act (42 U.S.C. 293k(c)(3)) is amended by striking  
 16   “and victims of domestic violence” and inserting “victims  
 17   of domestic violence, and individuals (including children)  
 18   who are overweight or obese (as such terms are defined  
 19   in section 3 of the Improved Nutrition and Physical Activ-  
 20   ity Act) and at risk for related, serious and chronic med-  
 21   ical conditions”.

### 22   **SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH** 23                           **PROFESSIONALS.**

24       Section 399Z of the Public Health Service Act (42  
 25   U.S.C. 280h–3) is amended—

1           (1) in subsection (b), by striking “2005” and  
2           inserting “2008”;

3           (2) by redesignating subsection (b) as (c); and

4           (3) by inserting after subsection (a) the fol-  
5           lowing:

6           “(b) GRANTS.—

7                 “(1) IN GENERAL.—The Secretary may award  
8           grants to qualified entities to train primary care  
9           physicians and other licensed or certified health pro-  
10          fessionals on how to identify, treat, and prevent obe-  
11          sity and aid individuals who are overweight (as such  
12          term is defined in section 3 of the Improved Nutri-  
13          tion and Physical Activity Act).

14                “(2) APPLICATION.—An entity that desires a  
15          grant under this subsection shall submit an applica-  
16          tion at such time, in such form, and containing such  
17          information as the Secretary may require, including  
18          a plan for the use of funds that may be awarded and  
19          an evaluation of the training that will be provided.

20                “(3) USE OF FUNDS.—An entity that receives  
21          a grant under this subsection shall use the funds  
22          made available through such grant to—

23                         “(A) conduct educational conferences, in-  
24                         cluding Internet-based courses and telecon-  
25                         ferences, on—

1 “(i) how to treat and prevent obesity  
2 and being overweight using nutritional  
3 counseling, methods to increase physical  
4 activity, pharmacological therapies, motiva-  
5 tional counseling to promote positive  
6 changes in health behaviors and to assist  
7 patients in identifying potential barriers to  
8 adhering to medical recommendations, and  
9 other proven interventions;

10 “(ii) how to discuss varied strategies  
11 to promote positive behavior change and  
12 healthy lifestyles to avoid obesity, being  
13 overweight, and other eating disorders;

14 “(iii) how to identify overweight and  
15 obese patients and those who are at risk  
16 for obesity and being overweight and there-  
17 fore at risk for related serious and chronic  
18 medical conditions;

19 “(iv) how to conduct a comprehensive  
20 assessment of individual and familial  
21 health risk factors, such as poor nutri-  
22 tional status, physical inactivity, and per-  
23 sonal and family history of obesity and re-  
24 lated serious and chronic medical condi-  
25 tions; and

1 “(v) how to educate patients and their  
2 families about effective strategies to im-  
3 prove dietary habits and establish appro-  
4 priate levels of physical activity;

5 “(B) conduct training to enhance cultural  
6 and linguistic competency and communication  
7 skills needed to effectively interact with patients  
8 from diverse populations regarding weight,  
9 health, and nutritional status, including raising  
10 awareness of issues regarding stigma and preju-  
11 dice about obesity or being overweight;

12 “(C) evaluate the effectiveness of the train-  
13 ing provided by such entity in increasing knowl-  
14 edge and changing attitudes and behaviors of  
15 trainees;

16 “(D) develop training materials and course  
17 content using evidence-based findings or rec-  
18 ommendations that pertain to obesity and over-  
19 weight treatment and prevention ; and

20 “(E) collaborate with other training pro-  
21 grams related to overweight and obesity preven-  
22 tion and treatment.

23 “(4) EVALUATION.—

24 “(A) IN GENERAL.—An entity that re-  
25 ceives a grant under this subsection shall sub-

mit to the Secretary an evaluation that describes the activities carried out by such entity with funds received under this section.

“(B) CONTENTS.—Such evaluation shall include an assessment of the effectiveness of the activities in increasing physical activity, improving nutrition, and preventing individuals from becoming overweight or obese, treating individuals who are overweight or obese, and any other information that the Secretary may require.”.

## **TITLE II—LOCAL GRANTS**

### **SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION.**

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

#### **“SEC. 399AA. GRANTS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION.**

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with Administrator of the Health Resources and Services Administration, the Director of the Indian Health Service, and the heads of other appropriate agencies, shall award competitive grants to cities, counties, tribes, and States to plan, implement, and



1 evaluate culturally and linguistically appropriate and com-  
2 petent community-based programs and promote good nu-  
3 trition and physical activity to prevent overweight, obesity  
4 (as such terms are defined in section 3 of the Improved  
5 Nutrition and Physical Activity Act), and related serious  
6 and chronic medical conditions that may result from being  
7 overweight or obese (as such terms are defined in section  
8 3 of the Improved Nutrition and Physical Activity Act).

9       “(b) AWARD OF GRANTS.—A city, county, tribe, or  
10 State desiring a grant under this section shall submit an  
11 application to the Secretary at such time, in such form,  
12 and containing such information as the Secretary may re-  
13 quire, including a plan describing how funds received  
14 through a grant under this section will be used and an  
15 evaluation of the programs that will be provided. In  
16 awarding grants under this section, the Secretary shall en-  
17 sure that the proposed programs are coordinated in sub-  
18 stance and format with programs currently funded  
19 through other Federal agencies and operating within the  
20 community.

21       “(c) USE OF FUNDS.—A city, county, tribe, or State  
22 that receives a grant under this section shall use the funds  
23 made available through the grant to carry out 3 or more  
24 of the following activities:

1           “(1) Planning for and promotion of bike paths,  
2           walking paths, or other similar or related environ-  
3           mental changes that promote physical activity.

4           “(2) Forming partnerships and activities with  
5           businesses and other entities to increase activity lev-  
6           els at the workplace and while traveling to and from  
7           the workplace, develop wellness programs that relate  
8           to overweight and obesity, and to enhance nutri-  
9           tional status by improving food options.

10          “(3) Establishing tax and other incentives for  
11          businesses to increase the activity levels and improve  
12          the nutrition of their employees by encouraging such  
13          employees to—

14               “(A) walk or bike to work;

15               “(B) engage in other physical activity dur-  
16               ing working hours; and

17               “(C) improve available food options.

18          “(4) Forming partnerships with public and pri-  
19          vate entities including schools, faith-based entities,  
20          and other facilities providing recreational services to  
21          establish programs that use their facilities for after-  
22          school and weekend activities for the community.

23          “(5) Establishing incentives for retail food  
24          stores, farmer’s markets, food coops, grocery stores,  
25          and other retail food outlets that offer nutritious

1 foods, to encourage such stores and outlets to locate  
2 in economically depressed areas to improve the nu-  
3 tritional status of the community.

4 “(6) Forming partnerships with senior centers  
5 and nursing homes to establish programs for older  
6 people to foster physical activity and improved nutri-  
7 tion, including strength, flexibility, and aerobic class-  
8 es.

9 “(7) Providing educational activities targeting  
10 healthier eating, such as cooking and shopping dem-  
11 onstrations, onsite consultation by nutrition profes-  
12 sionals at restaurants, and community educational  
13 outreach using evidence-based nutrition rec-  
14 ommendations.

15 “(8) Forming partnerships with day care facili-  
16 ties to establish programs that promote improved  
17 nutritional status and physical activity.

18 “(9) Providing training and supervision of com-  
19 munity health workers by health professionals to—

20 “(A) educate families regarding the rela-  
21 tionship between nutrition, eating habits, phys-  
22 ical activity, and obesity;

23 “(B) educate families about effective strat-  
24 egies to improve nutrition, establish healthy

1 eating patterns, and establish appropriate levels  
2 of physical activity;

3 “(C) educate and guide parents regarding  
4 the ability to model and communicate positive  
5 health behaviors; and

6 “(D) educate and refer individuals to ap-  
7 propriate health care agencies and community-  
8 based programs and organizations in order to  
9 increase access to quality health care services,  
10 including preventive health services.

11 “(10) Other activities as deemed appropriate by  
12 the Secretary.

13 “(d) EVALUATION.—A city, county, tribe, or State  
14 that receives a grant under this section shall submit to  
15 the Secretary an evaluation, in collaboration with an aca-  
16 demic health center or other qualified community-based  
17 entity, that describes activities carried out with funds re-  
18 ceived under this section, the long-term effectiveness of  
19 such activities in increasing physical activity, improving  
20 nutrition, and preventing individuals from becoming over-  
21 weight or obese, and such other information as the Sec-  
22 retary may require.

23 “(e) MATCHING FUNDS.—In awarding grants under  
24 subsection (a), the Secretary may give priority to appli-  
25 cants who provide matching funds.

1       “(f) TECHNICAL ASSISTANCE.—The Secretary may  
 2 set aside an amount not to exceed 15 percent of the total  
 3 amount appropriated for a fiscal year under subsection (g)  
 4 to permit the Director of the Centers for Disease Control  
 5 and Prevention to—

6               “(1) provide grantees with technical support in  
 7 the development, implementation, and evaluation of  
 8 programs under this section; and

9               “(2) disseminate culturally and linguistically  
 10 appropriate and competent information about strate-  
 11 gies and interventions in preventing and treating  
 12 obesity through the promotion of good nutrition and  
 13 physical activity.

14       “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
 15 is authorized to be appropriated to carry out this section  
 16 \$40,000,000 for fiscal year 2004, and such sums as may  
 17 be necessary for each of fiscal years 2005 through 2008.”.

## 18       **TITLE III—SCHOOL HEALTH** 19               **PROGRAM**

### 20       **SEC. 301. ESTABLISHMENT OF A COORDINATED SCHOOL** 21               **HEALTH PROGRAM.**

22       Part Q of title III of the Public Health Service Act  
 23 (42 U.S.C. 280h et seq.) is amended by striking section  
 24 399W and inserting the following:

1 **“SEC. 399W. GRANTS.**

2       “(a) STATE EDUCATIONAL GRANTS.—The Secretary,  
3 acting through the Director of the Centers for Disease  
4 Control and Prevention and in consultation with the Ad-  
5 ministrator of the Health Resources and Services Admin-  
6 istration, the Secretary of Education, the Secretary of Ag-  
7 riculture, and the Secretary of the Interior, shall, as part  
8 of the Centers for Disease Control and Prevention’s co-  
9 ordinated school health program currently operated pursu-  
10 ant to the Director’s general authority, award competitive  
11 grants to State, tribal, and local educational agencies  
12 (where applicable) to—

13               “(1) develop and disseminate school-based cur-  
14 rricula or programs that focus on a healthy lifestyle  
15 that includes promotion of balanced dietary patterns  
16 and physical activity to prevent becoming overweight  
17 or obese and related, serious, and chronic medical  
18 conditions that are associated with being overweight  
19 or obese (as such terms are defined in section 3 of  
20 the Improved Nutrition and Physical Activity Act);

21               “(2) provide education and training to edu-  
22 cation professionals, including health education,  
23 physical education, and food service professionals;

24               “(3) develop and implement policies that create  
25 a healthy school environment in relation to nutrition  
26 and physical activity; and

1           “(4) evaluate activities conducted under para-  
2       graphs (1) through (3).

3       “(b) LOCAL EDUCATIONAL GRANTS.—

4           “(1) IN GENERAL.—The Secretary, acting  
5       through the Director of the Centers for Disease  
6       Control and Prevention and in consultation with the  
7       Secretary of Education, the Secretary of Agriculture,  
8       and the Secretary of the Interior, shall award com-  
9       petitive grants to local educational agencies to plan,  
10      implement, and evaluate culturally and linguistically  
11      appropriate and competent programs to promote a  
12      healthy lifestyle, including programs that, in collabo-  
13      ration with statewide coordinated school health pro-  
14      grams, when applicable, increase physical activity  
15      and improve the nutritional status of the students at  
16      elementary and secondary schools.

17           “(2) AWARD OF GRANTS.—A local educational  
18      agency desiring a grant under this subsection shall  
19      submit an application to the Secretary at such time,  
20      in such manner, and containing such information as  
21      the Secretary may require, including a plan describ-  
22      ing how funds received under this section will be  
23      used and an evaluation of the program.

24           “(3) USE OF FUNDS.—A local educational  
25      agency that receives a grant under this subsection

1 shall use the funds made available through the grant  
2 to carry out 4 or more of the following activities:

3 “(A) Planning and implementing a healthy  
4 lifestyle curriculum or program with an empha-  
5 sis on nutrition and physical activity for each  
6 grade level.

7 “(B) Planning and implementing a phys-  
8 ical education and activity curriculum or pro-  
9 gram for each grade level and purchasing ap-  
10 propriate equipment, with no more than 15 per-  
11 cent of a grant award used for purchasing such  
12 equipment.

13 “(C) Planning and implementing healthy  
14 lifestyle classes or programs for parents and  
15 guardians, with an emphasis on nutrition and  
16 physical activity.

17 “(D) Planning and implementing after-  
18 hours physical activity programs.

19 “(E) Creating opportunities for students to  
20 choose foods to improve nutritional status.

21 “(F) Training teachers and staff, including  
22 food service workers, on how to teach good nu-  
23 trition and physical activity practices.

24 “(G) Other activities as deemed appro-  
25 priate by the Secretary.



1           “(4) EVALUATION.—An agency that receives a  
2           grant under this subsection shall submit to the Sec-  
3           retary an evaluation, in collaboration with an aca-  
4           demic department or other qualified community-  
5           based entity, describing the activities carried out  
6           under the grant, the effectiveness of the activities in  
7           increasing physical activity, improving nutrition, and  
8           preventing individuals from becoming overweight  
9           and obese, and such other information as the Sec-  
10          retary may require.

11          “(c) COMMUNITY EDUCATIONAL GRANTS.—

12                 “(1) IN GENERAL.—The Secretary, acting  
13                 through the Centers for Disease Control and Preven-  
14                 tion, shall award competitive grants to universities,  
15                 colleges, or community-based nonprofit organizations  
16                 to develop, implement, and evaluate programs to  
17                 promote healthy eating and physical activity in  
18                 youth and to conduct effectiveness reports to iden-  
19                 tify programs that have demonstrated effectiveness  
20                 in improving nutritional status and physical activity  
21                 in youth.

22                 “(2) AWARD OF GRANTS.—A university, college,  
23                 or community-based nonprofit organization desiring  
24                 a grant under this subsection shall submit an appli-  
25                 cation to the Secretary at such time, in such man-

1 ner, and containing such information as the Sec-  
2 retary may require.

3 “(3) GEOGRAPHIC DIVERSITY AND FOOD-BASED  
4 RESEARCH.—In awarding grants under this section,  
5 the Secretary shall take into consideration whether  
6 grantees are geographically dispersed to ensure re-  
7 gional balance, including proposal submissions with  
8 multiple institutions, and ensure that the set of  
9 grants awarded under this section focus on physical  
10 activity and food-based research, realizing that land-  
11 grant colleges historically have been known to have  
12 strength in food-based research.

13 “(4) INFORMATION AVAILABILITY.—Informa-  
14 tion about programs funded with grants authorized  
15 under this subsection shall be made available to  
16 State, tribal, and local educational agencies and may  
17 be used in planning and implementing programs de-  
18 scribed in subsections (a) and (b).

19 “(d) TECHNICAL ASSISTANCE.—The Secretary may  
20 set aside an amount not to exceed 15 percent of the total  
21 amount appropriated for a fiscal year under subsection (e)  
22 to permit the Director of the Centers for Disease Control  
23 and Prevention to—

1           “(1) provide grantees with technical support in  
 2           the development, implementation, and evaluation of  
 3           programs under this section; and

4           “(2) disseminate culturally and linguistically  
 5           appropriate and competent information about strate-  
 6           gies and interventions in preventing and treating  
 7           obesity through the promotion of good nutrition and  
 8           physical activity.

9           “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
 10          is authorized to be appropriated to carry out this section  
 11          \$40,000,000 for fiscal year 2004, and such sums as may  
 12          be necessary for each of fiscal years 2005 through 2008.”.

13       **SEC. 302. NATIONAL CENTER FOR HEALTH STATISTICS.**

14          Section 306 of the Public Health Service Act (42  
 15          U.S.C. 242k) is amended by striking subsection (n) and  
 16          inserting the following:

17          “(n)(1) The Secretary, acting through the Center,  
 18          may provide for the—

19               “(A) collection of data for determining the fit-  
 20               ness levels of children and youth; and

21               “(B) analysis of data collected as part of the  
 22               National Health and Nutrition Examination Survey  
 23               and other data sources.

1 “(2) In carrying out paragraph (1), the Secretary,  
 2 acting through the Center, may make grants to states,  
 3 public and nonprofit entities.

4 “(3) The Secretary, acting through the Center, may  
 5 provide technical assistance, standards, and methodologies  
 6 to grantees supported by this subsection in order to maxi-  
 7 mize the data quality and comparability with other stud-  
 8 ies.”.

## 9 **TITLE IV—INSTITUTE OF** 10 **MEDICINE STUDY**

### 11 **SEC. 401. STUDY OF THE FOOD SUPPLEMENT AND NUTRI-** 12 **TION PROGRAMS OF THE DEPARTMENT OF** 13 **AGRICULTURE.**

14 (a) IN GENERAL.—The Secretary of Agriculture shall  
 15 request that the Institute of Medicine conduct, or contract  
 16 with another entity to conduct, a study on the food and  
 17 nutrition assistance programs run by the Department of  
 18 Agriculture.

19 (b) CONTENT.—Such study shall—

20 (1) investigate whether the nutrition programs  
 21 and nutrition recommendations are based on the lat-  
 22 est scientific evidence;

23 (2) investigate whether the food assistance pro-  
 24 grams contribute to either preventing or enhancing

1 obesity and being overweight in children, adoles-  
 2 cents, and adults;

3 (3) investigate whether the food assistance pro-  
 4 grams can be improved or altered to contribute to  
 5 the prevention of obesity and becoming overweight;  
 6 and

7 (4) identify obstacles that prevent or hinder the  
 8 programs from achieving their objectives.

9 (c) REPORT.—Not later than 24 months after the  
 10 date of enactment of this Act, the Secretary of Agriculture  
 11 shall submit to the appropriate committees of Congress  
 12 a report containing the results of the Institute of Medicine  
 13 study authorized under this section.

14 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
 15 authorized to be appropriated to carry out this section  
 16 \$750,000 for fiscal years 2004 and 2005.

17 **TITLE V—AGENCY FOR**  
 18 **HEALTHCARE RESEARCH**  
 19 **AND QUALITY STUDIES**

20 **SEC. 501. EVIDENCE REPORT ON WEIGHT REDUCTION PRO-**  
 21 **GRAMS.**

22 (a) IN GENERAL.—The Secretary, acting through the  
 23 Director of the Agency for Healthcare Research and Qual-  
 24 ity, shall conduct or support an evidence report on the ef-  
 25 fectiveness of weight reduction programs.

1 (b) CONTENT.—The study described in subsection (a)  
2 shall evaluate the available scientific evidence regarding  
3 the safety and effectiveness of the programs, including  
4 programs that use dietary supplements, behavior modifica-  
5 tion, and other weight loss methods, and how successful  
6 the programs are in helping individuals achieve short-term  
7 weight loss and sustain long-term weight maintenance.

8 (c) REPORT.—The Secretary shall, not later than 18  
9 months after the date of enactment of this Act, prepare  
10 and submit to the relevant committees of Congress a re-  
11 port that describes the results of the evidence report de-  
12 scribed in this section. Such report shall be made available  
13 on the web site of the Agency for Healthcare Research  
14 and Quality.

15 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
16 authorized to be appropriated to carry out this section,  
17 \$500,000 for fiscal year 2004.

18 **SEC. 502. HEALTH DISPARITIES REPORT.**

19 Not later than 18 months after the date of enactment  
20 of this Act, and annually thereafter, the Director of the  
21 Agency for Healthcare Research and Quality shall review  
22 all research that results from the activities outlined in this  
23 Act and determine if particular information may be impor-  
24 tant to the report on health disparities required by section

1 903(c)(3) of the Public Health Service Act (42 U.S.C.  
2 299a-1(c)(3)).

3 **TITLE VI—PREVENTIVE HEALTH**  
4 **AND HEALTH SERVICES**  
5 **BLOCK GRANT**

6 **SEC. 601. USE OF ALLOTMENTS.**

7 Section 1904(a)(1) of title XIX of the Public Health  
8 Service Act (42 U.S.C. 300w-3(a)(1)) is amended by add-  
9 ing at the end the following:

10 “(H) Activities and community education pro-  
11 grams designed to address and prevent overweight,  
12 obesity, and eating disorders through effective pro-  
13 grams to promote healthy eating, and exercise habits  
14 and behaviors.”.

15 **TITLE VII—MEDICARE NUTRI-**  
16 **TION THERAPY DEMONSTRA-**  
17 **TION PROJECT**

18 **SEC. 701. DEMONSTRATION PROJECT TO REDUCE OBESITY**  
19 **AND OTHER CHRONIC DISEASE RISKS.**

20 (a) DEMONSTRATION.—The Secretary, in consulta-  
21 tion with the Administrator of the Centers for Medicare  
22 & Medicaid Services, shall conduct a demonstration  
23 project to develop a comprehensive and systematic model  
24 for improving the health of older Americans.

1 (b) CONTENT.—The demonstration project described  
2 in subsection (a) shall—

3 (1) identify, through self-assessment, behavioral  
4 risk factors, such as obesity and overweight, poor  
5 nutrition, physical inactivity, alcohol use, tobacco  
6 use, and mental health problems among those target  
7 individuals;

8 (2) identify, through self-assessment, needed  
9 medicare clinical preventive and screening benefits  
10 among those target individuals;

11 (3) identify, through self-assessment, functional  
12 and self-management information the Secretary de-  
13 termines to be appropriate;

14 (4) provide ongoing support to reduce risk fac-  
15 tors and promote the appropriate use of preventive  
16 and screening benefits; and

17 (5) improve health outcomes, satisfaction, qual-  
18 ity of life, and appropriate use of medicare-covered  
19 services among those target individuals.

20 (c) DEFINITIONS.—In this section:

21 (1) TARGET INDIVIDUALS.—The term “target  
22 individuals” means individuals who are medicare  
23 beneficiaries under title XVIII of the Social Security  
24 Act (42 U.S.C. 1395 et seq.) who shall include dif-  
25 ferent segments of the population including racial



1 and ethnic minority groups and persons of lower so-  
2 cioeconomic status. The demonstration is completely  
3 voluntary on the part of target individuals.

4 (2) SELF-ASSESSMENT.—The term “self-assess-  
5 ment” means a form delivered by the Secretary to  
6 each target individual that—

7 (A) includes questions regarding—

8 (i) behavioral risk factors;

9 (ii) needed preventive and screening  
10 services; and

11 (iii) target individuals’ preferences for  
12 receiving followup information; and

13 (B) is then assessed using such computer  
14 generated assessment programs and provides  
15 ongoing support to the individual as the Sec-  
16 retary determines appropriate.

17 (3) ONGOING SUPPORT.—The term “ongoing  
18 support” means—

19 (A) to provide target individuals with in-  
20 formation, feedback, health coaching, and rec-  
21 ommendations regarding—

22 (i) the results of the self-assessment;

23 (ii) behavior modification based on the  
24 self-assessment; and

1 (iii) any need for clinical preventive  
2 and screening services or treatment includ-  
3 ing medical nutrition therapy;

4 (B) to provide target individuals with re-  
5 ferrals to community resources and programs  
6 (such as senior centers) available to assist the  
7 target individual in reducing health risks;

8 (C) information on available volunteer op-  
9 portunities to promote active engagement in the  
10 community; and

11 (D) to provide the information described in  
12 subparagraph (A) to a health care provider, if  
13 designated by the target individual to receive  
14 such information.

15 (d) PROGRAM DESIGN.—

16 (1) INITIAL DESIGN.—Not later than 1 year  
17 after the date of enactment of this Act, the Sec-  
18 retary shall design the demonstration project. The  
19 demonstration should draw upon promising, innova-  
20 tive models and incentives to reduce behavioral risk  
21 factors. The Administrator of the Centers for Medi-  
22 care & Medicaid Services shall consult with the Di-  
23 rector of the Centers for Disease Control and Pre-  
24 vention, the Director of the Office of Minority  
25 Health, and the heads of other agencies in the De-

1       partment of Health and Human Services, and pro-  
2       fessional organizations, as the Secretary determines  
3       to be appropriate on the design, conduct, and eval-  
4       uation of the demonstration.

5           (2) NUMBER AND PROJECT AREAS.—Not later  
6       than 2 years after the date of enactment of this Act,  
7       the Secretary shall implement 1 demonstration  
8       project designed to determine whether similar pro-  
9       grams should be implemented for the general medi-  
10      care population.

11       (e) REPORT TO CONGRESS.—Not later than 3 years  
12      after the date the Secretary implements the demonstration  
13      project under this section, the Secretary shall submit to  
14      Congress a report that describes the project, evaluates the  
15      effectiveness and cost effectiveness of the project, evalu-  
16      ates the beneficiary satisfaction under the project, and in-  
17      cludes any other information the Secretary determines to  
18      be appropriate.

19       (f) WAIVER AUTHORITY.—The Secretary shall waive  
20      compliance with the requirements of title XVIII of the So-  
21      cial Security Act (42 U.S.C. 1395 et seq.) to such extent  
22      and for such period as the Secretary determines is nec-  
23      essary to conduct the demonstration project under this  
24      section.

(g) FUNDING.—The Secretary shall provide for the transfer from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Insurance Trust Fund under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) an amount not to exceed \$25,000,000 for the costs of designing, implementing, and evaluating the demonstration project under this section.

## **TITLE VIII—OVERWEIGHT AND OBESITY TREATMENT AND PREVENTION DEMONSTRATION PROJECTS**

### **SEC. 801. GRANTS TO LOCAL HEALTHCARE DELIVERY SYSTEMS.**

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) as amended in section 201, is further amended by adding at the end the following:

#### **“SEC. 399BB. GRANTS TO LOCAL HEALTHCARE DELIVERY SYSTEMS.**

“(a) IN GENERAL.—The Secretary shall award grants to eligible entities to implement demonstration overweight and obesity (as such terms are defined in section 3 of the Improved Nutrition and Physical Activity Act) treatment and prevention programs using evidence-based recommendations.

1       “(b) ELIGIBLE ENTITY.—In this section, the term  
2 ‘eligible entity’ means a federally qualified health center  
3 (as defined in section 1861(aa)(4) of the Social Security  
4 Act (42 U.S.C. 1395x(aa)(4)), rural health clinic, health  
5 department, Indian Health Service hospital or clinic, In-  
6 dian tribal health facility, urban Indian facility, or other  
7 health care service provider, as determined appropriate by  
8 the Secretary.

9       “(c) AWARD OF GRANTS.—An eligible entity desiring  
10 a grant under this section shall submit an application to  
11 the Secretary at such time, in such manner, and con-  
12 taining such information as the Secretary may require, in-  
13 cluding a plan for the use of funds awarded under the  
14 grant and an evaluation of the program.

15       “(d) USE OF FUNDS.—An eligible entity that receives  
16 a grant under this section shall use the funds made avail-  
17 able through the grant to carry out 3 or more of the fol-  
18 lowing activities in a culturally and linguistically appro-  
19 priate and competent manner:

20               “(1) Providing nutrition and physical activity  
21 services by a health professional to treat or prevent  
22 overweight and obesity.

23               “(2) Providing patient education and counseling  
24 to increase physical activity and improve nutrition.

1           “(3) Providing community education on nutri-  
2           tion and physical activity by a health professional to  
3           provide better understanding of the relationship be-  
4           tween diet, physical activity, and obesity.

5           “(4) Training health professionals on how to  
6           identify and treat obese and overweight individuals  
7           which may include nutrition and physical activity  
8           counseling.

9           “(5) Providing education and referring individ-  
10          uals to appropriate health care agencies and commu-  
11          nity-based programs and organizations in order to  
12          increase access to quality health care services, in-  
13          cluding preventive health services.

14          “(6) Training and supervising community  
15          health workers by qualified health professionals to—

16               “(A) educate families regarding the rela-  
17               tionship between nutrition, eating habits, phys-  
18               ical activity, and obesity;

19               “(B) educate families about effective strat-  
20               egies to improve nutrition, establish healthy  
21               eating patterns and establish appropriate levels  
22               of physical activity; and

23               “(C) educate and guide parents regarding  
24               the ability to model and communicate positive  
25               health behaviors.

1           “(7) Other activities that are deemed appro-  
2           priate by the Secretary.

3           “(e) EVALUATION.—An eligible entity that receives a  
4           grant under this section shall, in collaboration with an  
5           academic health center or other qualified community-  
6           based entity, submit to the Secretary a report describing  
7           the activities carried out under the grant, the effectiveness  
8           of the activities in increasing physical activity, improving  
9           nutrition, and preventing overweight and obesity, and such  
10          other information as the Secretary may require.

11          “(f) TECHNICAL ASSISTANCE.—The Secretary may  
12          set aside an amount not to exceed 15 percent of the total  
13          amount appropriated for a fiscal year under subsection (g)  
14          to—

15               “(1) provide grantees with technical support in  
16               the development, implementation, and evaluation of  
17               programs under this section; and

18               “(2) disseminate culturally and linguistically  
19               appropriate and competent information about strate-  
20               gies and interventions in preventing and treating  
21               obesity through the promotion of good nutrition and  
22               physical activity.

23          “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
24          is authorized to be appropriated to carry out this section,

1 \$40,000,000 for fiscal year 2004, and such sums as may  
2 be necessary for each of fiscal years 2005 through 2008.”.

## 3 **TITLE IX—RESEARCH ON** 4 **OBESITY**

### 5 **SEC. 901. REPORT ON OBESITY RESEARCH.**

6 (a) IN GENERAL.—Not later than 1 year after the  
7 date of enactment of this Act, the Secretary shall submit  
8 to the Committee on Health, Education, Labor, and Pen-  
9 sions of the Senate and the Committee on Energy and  
10 Commerce of the House of Representatives a report on  
11 research on causes and health implications of obesity and  
12 being overweight.

13 (b) CONTENT.—The report described in subsection  
14 (a) shall contain—

15 (1) descriptions on the status of relevant, cur-  
16 rent, ongoing research being conducted in the de-  
17 partment including—

18 (A) the types and numbers of studies com-  
19 pleted or being conducted by the National Insti-  
20 tutes of Health on—

21 (i) mechanisms responsible for obesity  
22 (including nutrition, physical activity, ge-  
23 netic causes such as syndrome X), the pre-  
24 vention of and the treatment for obesity  
25 and related, serious, and chronic medical



1 conditions (including diabetes and cardio-  
2 vascular disease); and

3 (ii) psychosocial aspects of obesity;

4 (B) the types and number of studies com-  
5 pleted or being conducted by the Centers for  
6 Disease Control and Prevention on individual  
7 and community interventions to prevent individ-  
8 uals from becoming overweight or obese;

9 (C) the types of studies completed or being  
10 conducted by the Agency for Healthcare Re-  
11 search and Quality on the treatment and pre-  
12 vention of overweight and obesity;

13 (D) the types of studies being conducted  
14 by the Health Resources and Services Adminis-  
15 tration on the prevention of overweight and obe-  
16 sity; and

17 (E) what these studies have shown about  
18 the causes of, prevention of, and treatment of  
19 overweight and obesity; and

20 (2) recommendations on further research that  
21 is needed, including research among diverse popu-  
22 lations, the department's plan for conducting such  
23 research, and how current knowledge can be dissemi-  
24 nated.

# **TITLE X—YOUTH MEDIA CAMPAIGN**

## **SEC. 1001. GRANTS AND CONTRACTS FOR A NATIONAL CAM- PAIGN TO CHANGE CHILDREN'S HEALTH BE- HAVIORS.**

Section 399Y of the Public Health Service Act (42 U.S.C. 280h–2) is amended—

(1) in subsection (b), by striking “2005” and inserting “2008”;

(2) by redesignating subsection (b) as subsection (c); and

(3) by inserting after subsection (a) the following:

“(b) GRANTS.—

“(1) IN GENERAL.—As part of the campaign described in subsection (a), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award grants or contracts to eligible entities to design and implement culturally and linguistically appropriate and competent campaigns to change children’s health behaviors.

“(2) ELIGIBLE ENTITY.—In this subsection, the term ‘eligible entity’ means a marketing, public relations, advertising, or other appropriate entity.

1           “(3) CONTENT.—An eligible entity that receives  
2           a grant under this subsection shall use funds re-  
3           ceived through such grant or contract to utilize mar-  
4           keting and communication strategies to—

5                   “(A) communicate messages to help young  
6           people develop habits that will foster good  
7           health over a lifetime;

8                   “(B) provide young people with motivation  
9           to engage in sports and other physical activi-  
10          ties;

11                  “(C) influence youth to develop good  
12          health habits such as regular physical activity  
13          and good nutrition;

14                  “(D) educate parents of young people on  
15          the importance of physical activity and improv-  
16          ing nutrition, how to maintain healthy behav-  
17          iors for the entire family, and how to encourage  
18          children to develop good nutrition and physical  
19          activity habits; and

20                  “(E) discourage stigmatization and dis-  
21          crimination based on body size or shape.

22           “(4) REPORT.—The Secretary shall evaluate  
23          the effectiveness of the campaign described in para-  
24          graph (1) in changing children’s behaviors and re-  
25          port such results to the Committee on Health, Edu-

1 cation, Labor, and Pensions of the Senate and the  
2 Committee on Energy and Commerce of the House  
3 of Representatives.”.

## 4 **TITLE XI—EATING DISORDERS**

### 5 **SEC. 1101. SHORT TITLE.**

6 This title may be cited as the “Promoting Healthy  
7 Eating Behaviors in Youth Act”.

### 8 **SEC. 1102. FINDINGS.**

9 Congress makes the following findings:

10 (1) Anorexia Nervosa is an eating disorder  
11 characterized by self-starvation and excessive weight  
12 loss.

13 (2) Anorexia Nervosa is common: an estimated  
14 .5 to 3.7 percent of American women will suffer  
15 from this disorder in their lifetime.

16 (3) Anorexia Nervosa is associated with serious  
17 health consequences including heart failure, kidney  
18 failure, osteoporosis, and death.

19 (4) Anorexia Nervosa has the highest mortality  
20 rate of all psychiatric disorders. A young woman is  
21 12 times more likely to die than other women her  
22 age without Anorexia.

23 (5) Anorexia Nervosa usually appears in adoles-  
24 cence.

1           (6) Bulimia Nervosa is an eating disorder char-  
2           acterized by excessive food consumption followed by  
3           inappropriate compensatory behaviors, such as self-  
4           induced vomiting, misuse of laxatives, fasting, or ex-  
5           cessive exercise.

6           (7) Bulimia Nervosa is common: an estimated  
7           1.1 to 4.2 percent of American women will suffer  
8           from this disorder in their lifetime.

9           (8) Bulimia Nervosa is associated with cardiac,  
10          gastrointestinal, and dental problems including ir-  
11          regular heartbeats, gastric rupture, peptic ulcer, and  
12          tooth decay.

13          (9) Bulimia Nervosa usually appears in adoles-  
14          cence.

15          (10) On the 1999 Youth Risk Behavior Survey,  
16          7.5 percent of high school girls reported recent use  
17          of laxatives or vomiting to control their weight.

18          (11) Binge Eating Disorder is characterized by  
19          frequent episodes of uncontrolled overeating.

20          (12) Binge Eating Disorder is common: an esti-  
21          mated 2 to 5 percent of Americans experience this  
22          disorder in a 6-month period.

23          (13) Binge Eating is associated with obesity,  
24          heart disease, gall bladder disease, and diabetes.

1           (14) Eating disorders are commonly associated  
2           with substantial psychological problems, including  
3           depression, substance abuse, and suicide.

4           (15) Obesity is reaching epidemic proportions:  
5           27 percent of United States adults are obese and 13  
6           percent of children and 14 percent of adolescents are  
7           seriously overweight.

8           (16) Poor eating habits have led to a “calcium  
9           crisis” among American youth: only 13.5 percent of  
10          adolescent girls get the recommended daily amount  
11          of calcium, placing them at serious risk for  
12          osteoporosis and other bone diseases. Because nearly  
13          90 percent of adult bone mass is established by the  
14          end of this age range, the Nation’s youth’s insuffi-  
15          cient calcium intake is truly a calcium crisis.

16          (17) Eating disorders of all types are more  
17          common in women than men.

18          (18) Eating preferences and habits are estab-  
19          lished in childhood.

20          (19) Poor eating habits are a risk factor for the  
21          development of eating disorders, obesity and  
22          osteoporosis.

23          (20) However, simply urging overweight youth  
24          to be thin has not reduced the prevalence of obesity

1 and may result in other problems including body dis-  
2 satisfaction, low self-esteem, and eating disorders.

3 (21) Therefore, effective interventions for pro-  
4 moting healthy eating behaviors in youth should pro-  
5 mote healthy lifestyle and not inadvertently promote  
6 unhealthy weight management techniques.

7 **SEC. 1103. PURPOSES.**

8 The purposes of this title are as follows:

9 (1) To increase preventive health activities de-  
10 signed to promote the development of healthy eating  
11 habits and behaviors in youth.

12 (2) To support research to develop and test  
13 educational curricula and intervention programs  
14 aimed at promoting healthy eating habits and behav-  
15 iors in youth.

16 (3) To identify and disseminate effective inter-  
17 vention programs aimed at promoting healthy eating  
18 habits and behaviors in youth.

19 **SEC. 1104. AMENDMENTS.**

20 Title III of the of the Public Health Service Act (42  
21 U.S.C. 241 et seq.), as amended in section 801, is further  
22 amended by adding at the end the following:

1   **“SEC. 399CC. GRANTS TO PROMOTE CHILDHOOD NUTRI-**  
2                   **TION AND PHYSICAL ACTIVITY.**

3           “(a) PROGRAM AUTHORIZED.—The Secretary, acting  
4 through the Director of the Centers for Disease Control  
5 and Prevention (hereafter the ‘Director’) and in coordina-  
6 tion with the Office of Women’s Health and the National  
7 Institutes of Health, shall award competitive grants to  
8 States, political subdivisions of States, accredited univer-  
9 sities, colleges, or nonprofit organizations, for the imple-  
10 mentation of State and community-based intervention pro-  
11 grams to promote good nutrition, including promoting  
12 health eating behaviors and physical activity in children  
13 and adolescents. Such grants may be awarded to target  
14 youth or specific at-risk populations, such as adolescent  
15 girls.

16          “(b) ELIGIBILITY.—To be eligible to receive a grant  
17 under this section a State, political subdivision of a State,  
18 university, college, or nonprofit organization shall prepare  
19 and submit to the Secretary an application at such time,  
20 in such manner, and containing such information as the  
21 Secretary may require, including a plan that describes—

22               “(1) how the applicant proposes to develop a  
23               comprehensive program of school- and community-  
24               based approaches to encourage and promote good  
25               nutrition and appropriate levels of physical activity



1 with respect to children or adolescents in local com-  
2 munities;

3 “(2) the manner in which the applicant shall  
4 coordinate with appropriate State and local authori-  
5 ties, such as State and local school departments,  
6 State departments of health, chronic disease direc-  
7 tors, State directors of programs under section 17 of  
8 the Child Nutrition Act of 1966, 5-a-day coordina-  
9 tors, governors councils for physical activity and  
10 good nutrition, and State and local parks and recre-  
11 ation departments; and

12 “(3) the manner in which the applicant will  
13 evaluate the effectiveness of the program carried out  
14 under this section.

15 “(c) USE OF FUNDS.—A State, political subdivision  
16 of a State, university, college, or nonprofit organization  
17 that receives a grant under this section shall use funds  
18 received—

19 “(1) develop and test educational curricula and  
20 intervention programs designed to promote healthy  
21 eating behaviors and habits in youth, including  
22 science-based interventions with multiple components  
23 such as—

24 “(A) nutritional content;

1           “(B) understanding and responding to  
2           hunger and satiety;

3           “(C) positive body image development;

4           “(D) positive self-esteem development; and

5           “(E) learning life skills, such as stress  
6           management, communication skills, problem  
7           solving and decision making skills, as well as  
8           consideration of cultural and developmental  
9           issues, and the role of family, school, and com-  
10          munity;

11          “(2) develop, implement, disseminate, and  
12          evaluate school and community-based strategies to  
13          reduce inactivity and improve nutrition among chil-  
14          dren and adolescents;

15          “(3) expand opportunities for physical activity  
16          programs in school- and community-based settings;  
17          and

18          “(4) develop, implement, and evaluate programs  
19          that promote good eating habits and physical activ-  
20          ity including opportunities for children and adoles-  
21          cents with cognitive and physical disabilities.

22          “(d) TECHNICAL ASSISTANCE.—The Secretary may  
23          set-aside an amount not to exceed 10 percent of the  
24          amount appropriated for a fiscal year under subsection (h)

1 to permit the Director of the Centers for Disease Control  
2 and Prevention to—

3 “(1) provide States and political subdivisions of  
4 States with technical support in the development  
5 and implementation of programs under this section;  
6 and

7 “(2) disseminate information about effective  
8 strategies and interventions in preventing and treat-  
9 ing obesity through the promotion of good nutrition  
10 and physical activity.

11 “(e) LIMITATION ON ADMINISTRATIVE COSTS.—Not  
12 to exceed 10 percent of the amount of a grant awarded  
13 to the State or political subdivision under subsection (a)  
14 for a fiscal year may be used by the State or political sub-  
15 division for administrative expenses.

16 “(f) TERM.—A grant awarded under subsection (a)  
17 shall be for a term of not to exceed 4 years.

18 “(g) DEFINITIONS.—In this section:

19 “(1) CHILDREN AND ADOLESCENTS.—The term  
20 ‘children and adolescents’ means individuals who do  
21 not exceed 18 years of age.

22 “(2) HEALTHY EATING.—The term ‘healthy  
23 eating’ means having regular eating habits, such as  
24 eating 3 meals a day to satisfy hunger, eating for  
25 nourishment, health, and energy, eating in such a

1 manner as to acknowledge internal signals of appe-  
2 tite and satiety, and eating in a healthy manner in  
3 ordinary social environments to promote healthy so-  
4 cial relationships with family, peers, and community.

5 “(h) REPORT.—The Director shall review the results  
6 of the grants awarded under this section and other related  
7 research and identify programs that have demonstrated ef-  
8 fectiveness in promoting healthy eating behaviors and hab-  
9 its in youth. Such programs shall be referred to as “Pro-  
10 grams that Work”. Information about Programs that  
11 Work, including program curricula, shall be made readily  
12 available to the public.

13 “(i) SUNSET.—The provisions of this section shall be  
14 effective for 5 years after the date of enactment of this  
15 section.

16 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
17 is authorized to be appropriated to carry out this section,  
18 \$5,000,000 for fiscal year 2004, \$5,500,000 for fiscal year  
19 2005, \$6,000,000 for fiscal year 2006, \$6,500,000 for  
20 year 2007, and \$1,000,000 for year 2008.”.

○