

108TH CONGRESS
2D SESSION

S. 2399

To provide for the improvement of physical activity and nutrition and the prevention of obesity for all Americans.

IN THE SENATE OF THE UNITED STATES

MAY 10, 2004

Mr. FITZGERALD (for himself and Mr. KENNEDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide for the improvement of physical activity and nutrition and the prevention of obesity for all Americans.

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 “Healthy Lifestyles Act
5 of 2004”.

6 **SEC. 2. ACTIVITIES RELATING PHYSICAL ACTIVITY.**

7 Part P of title III of the Public Health Service Act
8 (42 U.S.C. 280g et seq.) is amended by adding at the end
9 the following:

1 **“SEC. 3990. INCREASING PHYSICAL ACTIVITY.**

2 “(a) IN GENERAL.—The Secretary, in collaboration
3 with the Director of the Centers for Disease Control and
4 Prevention, the Secretary of Education, the Secretary of
5 Labor, and the Director of the Federal Highway Adminis-
6 tration, shall establish and implement activities for the
7 purpose of increasing physical activity in schools, work-
8 sites, and communities.

9 “(b) SCHOOLS.—The Director of the Centers for Dis-
10 ease Control and Prevention, in collaboration with the Sec-
11 retary of Education shall award grants to public elemen-
12 tary and secondary schools for programs that support—

13 “(1) the provision of daily physical education
14 for students in kindergarten through grade 12
15 through programs that are consistent with the
16 Guidelines for Physical Activity as reported by Cen-
17 ters for Disease Control and Prevention and the
18 American College of Sports Medicine and National
19 Physical Education Standards;

20 “(2) the implementation of comprehensive
21 school curricula and school-based physical activity
22 programs that provide education about lifelong phys-
23 ical activity;

24 “(3) training for school personnel that provides
25 the knowledge and skills needed to effectively teach
26 lifelong physical activity; and

1 “(4) evaluations of school physical education
2 programs and facilities at annual intervals to deter-
3 mine the extent to which national guidelines de-
4 scribed in paragraph (1) are met.

5 “(c) WORKSITES.—The Director of the Centers for
6 Disease Control and Prevention and the Secretary of
7 Labor, shall award grants to eligible entities as deter-
8 mined by the Director, which may include labor organiza-
9 tions, trade associations, trade groups, and businesses for
10 the establishment of projects that include—

11 “(1) the development of activity friendly work-
12 sites (which may include the provision of facilities
13 for physical activity, accessible and attractive stair-
14 wells, walking trails, and supportive management
15 practices) that encourage employee participation in
16 physical activity;

17 “(2) the development of worksite wellness pro-
18 grams that improve physical activity by increasing
19 the knowledge, attitudes, skills, and behaviors of em-
20 ployees; and

21 “(3) the development of employee incentive pro-
22 grams (such as cafeteria discounts, health club
23 memberships, small cash bonuses, and time off) to
24 increase the participation of employees in worksite

1 health promotion programs that increase physical
2 activity.

3 “(d) COMMUNITIES.—The Director of the Centers for
4 Disease Control and Prevention, the Secretary of Trans-
5 portation, and Secretary of the Interior shall award grants
6 for the implementation and evaluation of activities that
7 may include—

8 “(1) projects to design pedestrian zones and
9 construct safe walkways and cycling paths;

10 “(2) projects that create greenways and open-
11 space areas linking parks, nature preserves, and cul-
12 tural or historic sites with each other and with popu-
13 lated areas such as residential communities and
14 business locations;

15 “(3) initiatives to increase the use of walking
16 and bicycling as a transportation mode by creating
17 or enhancing informational outreach to parks or
18 community recreation centers; and

19 “(4) community-wide campaigns designed to in-
20 crease physical activity as part of multicomponent
21 efforts that include strategies such as support of self
22 help groups, physical activity counseling, risk factor
23 screening and education, and environmental or pol-
24 icy changes such as the creation of walking trails.

1 “(e) EVALUATION.—Not later than 2 years after the
2 date on which a grant is awarded under this section, the
3 grantee shall submit to the Director of the Centers for
4 Disease Control and Prevention a report that describes the
5 activities carried out with funds received under the grant
6 and the effectiveness of such activities in increasing phys-
7 ical activity.

8 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
9 is authorized to be appropriated to carry out this section,
10 such sums as may be necessary for each of fiscal years
11 2005 through 2009.”.

12 **SEC. 3. IMPROVING NUTRITIONAL INTAKE.**

13 Section 301 of the The National Nutrition Moni-
14 toring and Related Research Act of 1990 (7 U.S.C. 5341)
15 is amended to read as follows:

16 **“SEC. 301. DIETARY GUIDELINES.**

17 “(a) IN GENERAL.—Not later than 3 months after
18 the date of enactment of the Healthy Lifestyles Act of
19 2004, and at least every 5 years thereafter, the Secretary
20 of Health and Human Services shall enter into a contract
21 with the Institute of Medicine for the development and
22 publication of a report containing the ‘Dietary Guidelines
23 for Americans’.

24 “(b) GUIDELINES.—Each report under subsection (a)
25 shall—

1 “(1) be complete within 1 year of the date on
2 which the contract was entered into under such sub-
3 section for such report; and

4 “(2) contain—

5 “(A) an evaluation of scientific and med-
6 ical knowledge relating to healthy diets and nu-
7 trition;

8 “(B) dietary guidelines for Americans,
9 with specifications for different ages and other
10 segments of the population as determined ap-
11 propriate by the Institute of Medicine.

12 “(c) SUBMISSION.—The Institute of Medicine shall
13 submit a final report under each contract under subsection
14 (a) to the Secretary of Health and Human Services, ap-
15 propriate committees of Congress, and the general public.

16 “(d) USE.—The Secretary of Health and Human
17 Services shall ensure that dietary guidelines established
18 under this section serve as the basis of any food, nutrition
19 or health program conducted or operated by each Federal
20 health agency.

21 “(e) FOOD GUIDE PYRAMID.—In accordance with the
22 dietary guidelines published in the report under subsection
23 (b), the Secretary shall publish revisions to the guide com-
24 monly known as the ‘food guide pyramid’ or any successor
25 to such guide.”.

1 **SEC. 4. IMPROVING THE USE OF DIETARY INFORMATION**
2 **AND GUIDELINES.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services shall enter into a contract with the Insti-
5 tute of Medicine for the conduct of a study and the mak-
6 ing of recommendations concerning the implementation
7 and dissemination of dietary information and nutrition
8 guidelines.

9 (b) CONTENT.—The recommendations made under
10 subsection (a) shall address the following:

11 (1) The implementation of nutrition guidelines
12 and dietary information in Federal programs.

13 (2) The dissemination of nutrition guidelines
14 and dietary information to the public.

15 (3) The coordination, collaboration, and inte-
16 gration of nutrition activities within and across the
17 Federal agencies and programs.

18 (4) A means for ensuring scientific integrity in
19 the implementation and dissemination of dietary in-
20 formation and nutrition guidelines.

21 (5) A means for evaluating the impact of nutri-
22 tion guidelines and dietary information.

23 (6) Other issues determined appropriate by the
24 Institute of Medicine.

25 (c) SUBMISSION.—Not later than 1 year after the
26 date of enactment of this Act, the Institute of Medicine

1 shall submit to the Secretary of Health and Human Serv-
2 ices, the appropriate committees of Congress, and the pub-
3 lic, a report that contains the findings of the study and
4 recommendations under subsection (a).

5 (d) IMPLEMENTATION.—

6 (1) IN GENERAL.—Not later than 1 year after
7 the submission of the report under subsection (c),
8 the Secretary of Health and Human Services, in col-
9 laboration with the Secretary of Agriculture, shall
10 prepare and publish a plan relating to the strategy
11 of the Secretary to implement the recommendations
12 made pursuant to subsection (a).

13 (2) PUBLIC COMMENT.—The Secretary of
14 Health and Human Services shall request public re-
15 view and comment during the development of the
16 plan under paragraph (1). The final plan shall de-
17 scribe the comments received and how comments
18 were incorporated into the plan.

19 (3) IMPLEMENTATION REPORTS.—Not later
20 than 3 years after the date of enactment of this Act,
21 and biennially thereafter, the Secretary of Health
22 and Human Services shall evaluate and report to
23 Congress on the efforts of the Department of Health
24 and Human Services to implement the recommenda-
25 tions made pursuant to subsection (a).

1 **SEC. 5. INCREASING THE INTAKE OF NUTRITIONAL FOODS.**

2 Part P of title III of the Public Health Service Act
3 (42 U.S.C. 280g et seq.), as amended by section 2, is fur-
4 ther amended by adding at the end the following:

5 **“SEC. 399P. INCREASING THE INTAKE OF NUTRITIONAL**
6 **FOODS.**

7 “(a) IN GENERAL.—The Secretary, in collaboration
8 with the Director of the Centers for Disease Control and
9 Prevention, the Secretary of Education, and the Secretary
10 of Agriculture, shall establish and implement activities to
11 improve the consumption of nutritional foods (such as
12 fruits and vegetables, and foods that are low in fat, sugar,
13 and salt) in communities.

14 “(b) COMMUNITIES.—The Secretary, acting through
15 the Director of the Centers of Disease Control and Preven-
16 tion, shall award grants for projects that—

17 “(1) implement campaigns, in communities at
18 risk for poor nutrition, that are designed to promote
19 the intake of foods consistent with established die-
20 tary guidelines through the use of different types of
21 media including television, radio, newspapers, movie
22 theaters, billboards, and mailings;

23 “(2) implement campaigns, in communities at
24 risk for poor nutrition, that promote water as the
25 main daily drink choice through the use of different

1 types of media including television, radio, news-
2 papers, movie theaters, billboards, and mailings;

3 “(3) conduct outreach to commercial food es-
4 tablishments, grocery stores, and other food sup-
5 pliers, to increase the availability and accessibility of
6 healthy foods and beverages;

7 “(4) partner with national programs that pro-
8 vide parents and mentors with the skills to help
9 guide and influence healthy meals and snack selec-
10 tions for children and adolescents; and

11 “(5) partner with national afterschool and sum-
12 mer programs that provide children with the edu-
13 cation and skills needed to make healthy meal and
14 snack selections.

15 “(c) HEALTH PROFESSIONALS.—The Secretary, act-
16 ing through the Administrator of the Health Resources
17 and Services Administration, shall award grants to—

18 “(1) support the development, implementation,
19 and evaluation of curricula to educate and train
20 health professionals about effective nutrition edu-
21 cation and counseling strategies for obese individuals
22 and parents of overweight children, with emphasis
23 on the Dietary Guidelines for Americans or other
24 nationally accepted standards; and

1 research, investigations, demonstrations, training, and
2 studies relating to the prevention, control, and surveillance
3 of obesity.

4 “(b) DUTIES OF THE SECRETARY.—The activities of
5 the Secretary under subsection (a) shall include—

6 “(1) the collection, publication, and analysis of
7 data on the prevalence and incidence of obesity;

8 “(2) the development of uniform data sets for
9 public health surveillance and clinical quality im-
10 provement activities;

11 “(3) the identification of evidence-based and
12 cost-effective best practices for the prevention, diag-
13 nosis, management, and treatment of obesity;

14 “(4) research, including research on behavioral
15 interventions to prevent obesity and on other evi-
16 dence-based best practices relating to obesity preven-
17 tion, diagnosis, management, and care; and

18 “(5) demonstration projects, including commu-
19 nity-based programs of obesity prevention and con-
20 trol, and similar collaborations with academic insti-
21 tutions, hospitals, health insurers, researchers,
22 health professionals, and nonprofit organizations.

23 “(c) TRAINING AND TECHNICAL ASSISTANCE.—With
24 respect to the planning, development, and operation of any
25 activity carried out under subsection (a), the Secretary

1 may provide training, technical assistance, supplies, equip-
 2 ment, or services, and may assign any officer or employee
 3 of the Department of Health and Human Services to a
 4 State or local health agency, or to any public or nonprofit
 5 entity designated by a State health agency, in lieu of pro-
 6 viding grant funds under this section.

7 “(d) OBESITY PREVENTION AND CONTROL RE-
 8 SEARCH AT THE CENTERS FOR DISEASE CONTROL AND
 9 PREVENTION CENTERS.—The Secretary shall provide ad-
 10 ditional grant support under this section for research
 11 projects at the Centers for Prevention Research of the
 12 Centers for Disease Control and Prevention to encourage
 13 the expansion of research portfolios at the Centers for
 14 Prevention Research to include obesity specific research
 15 activities related to the prevention and control of obesity.

16 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
 17 are authorized to be appropriated to carry out this section,
 18 such sums as may be necessary for each of fiscal years
 19 2005 through 2009.”.

20 **SEC. 7. STATE OBESITY PREVENTION AND CONTROL AC-**
 21 **TIVITIES.**

22 Part P of title III of the Public Health Service Act
 23 (42 U.S.C. 280g et seq.), as amended by section 6, is fur-
 24 ther amended by adding at the end the following:

1 **“SEC. 399R. STATE OBESITY PREVENTION AND CONTROL**
2 **PROGRAMS.**

3 “(a) IN GENERAL.—The Secretary shall award
4 grants to eligible entities to provide support for com-
5 prehensive obesity prevention and control programs and
6 to enable such entities to provide public health surveil-
7 lance, prevention, and control activities related to obesity.

8 “(b) ELIGIBILITY.—To be eligible to receive a grant
9 under this section, an entity shall—

10 “(1) be a State or an Indian tribe; and

11 “(2) submit to the Secretary an application at
12 such time, in such manner, and containing such
13 agreements, assurances, and information as the Sec-
14 retary may require, including a comprehensive obe-
15 sity control and prevention plan that—

16 “(A) is developed with the advice of stake-
17 holders from the public, private, and nonprofit
18 sectors that have expertise relating to obesity
19 prevention, control, and treatment;

20 “(B) is intended to reduce the morbidity of
21 obesity, with priority on preventing and control-
22 ling obesity in at-risk populations and reducing
23 disparities in obesity prevention, diagnosis,
24 management, and quality of care in underserved
25 populations; and

1 **“SEC. 399S. COMPREHENSIVE OBESITY PREVENTION AC-**
2 **TION GRANTS.**

3 “(a) IN GENERAL.—The Secretary shall award
4 grants on a competitive basis to eligible entities to enable
5 such eligible entities to assist in the implementation of a
6 national strategy for obesity prevention and control.

7 “(b) ELIGIBILITY.—To be eligible to receive a grant
8 under this section, an entity shall—

9 “(1) be a national public or private nonprofit
10 entity; and

11 “(2) submit to the Secretary an application at
12 such time, in such manner, and containing such
13 agreements, assurances, and information as the Sec-
14 retary may require, including a description of how
15 funds received under a grant awarded under this
16 section will—

17 “(A) supplement or fulfill unmet needs
18 identified in the comprehensive obesity preven-
19 tion and control plan of a State or Indian tribe;
20 and

21 “(B) otherwise help achieve the goals of an
22 obesity prevention strategic plan designated by
23 the Secretary.

24 “(c) PRIORITY.—In awarding grants under this sec-
25 tion, the Secretary shall give priority to eligible entities
26 submitting applications proposing to carry out programs

1 for preventing and controlling obesity in at-risk popu-
2 lations or reducing disparities in underserved populations.

3 “(d) USE OF FUNDS.—An eligible entity shall use
4 amounts received under a grant awarded under subsection
5 (a) for 1 or more of the following purposes:

6 “(1) To expand the availability of physical ac-
7 tivity programs designed specifically for people with
8 obesity.

9 “(2) To provide awareness education to pa-
10 tients, family members, and health care providers, to
11 help such individuals recognize risk factors for obe-
12 sity, and to address the control and prevention of
13 obesity.

14 “(3) To decrease the long-term consequences of
15 obesity by making information available to individ-
16 uals with regard to obesity prevention.

17 “(4) To provide information on nutrition edu-
18 cation programs with regard to preventing or miti-
19 gating the impact of obesity.

20 “(e) EVALUATION.—An eligible entity that receives a
21 grant under this section shall submit to the Secretary an
22 evaluation of the operations and activities carried out
23 under such grant that includes an analysis of increased
24 utilization and benefit of public health programs relevant
25 to the activities described in subsection (d).

1 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section,
3 such sums as may be necessary for each of fiscal years
4 2005 through 2009.”.

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