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# H. R. 2677

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

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IN THE HOUSE OF REPRESENTATIVES

JUNE 12, 2007

Mrs. BONO (for herself, Mrs. LOWEY, Ms. GRANGER, and Mr. RAMSTAD) introduced the following bill; which was referred to the Committee on Energy and Commerce

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# A BILL

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

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the ''Improved Nutrition and Physical Activity Act'' or the ''IMPACT Act''.

**SEC. 2. FINDINGS.**

Congress makes the following findings:

(1) In July 2004, the Secretary of Health and Human Service recognized ''obesity is a critical pub-

lic health problem in our country'' and under the medicare program language was removed from the coverage manual stating that obesity is not an illness.

(2) The National Health and Nutrition Examination Survey for 2002 found that an estimated 65 percent of adults are overweight and 31 percent of adults are obese and 16 percent of children and adolescents in the United States are overweight or obese.

(3) The Institute of Medicine reported in ''Preventing Childhood Obesity'' (2004) that approximately 60 percent of obese children between 5 and 10 years of age have at least one cardiovascular disease risk factor and 25 percent have two or more such risk factors.

(4) The Institute of Medicine reports that the prevalence of overweight and obesity is increasing among all age groups. There is twice the number of overweight children between 2 and 5 years of age and adolescents between 12 and 19 years of age, and 3 times the number of children between 6 and 11 years of age as there were 30 years ago.

(5) According to the 2004 Institute of Medicine report, obesity-associated annual hospital costs for

children and youth more than tripled over 2 decades, rising from $35,000,000 in the period 1979 through 1981 to $127,000,000 in the period 1997 through 1999.

(6) The Centers for Disease Control and Prevention reports have estimated that as many as 365,000 deaths a year are associated with being overweight or obese. Overweight and obesity are associated with an increased risk for heart disease (the leading cause of death), cancer (the second leading cause of death), diabetes (the 6th leading cause of death), and musculoskeletal disorders.

(7) According to the National Institute of Diabetes and Digestive and Kidney Diseases, individuals who are obese have a 50 to 100 percent increased risk of premature death.

(8) The Healthy People 2010 goals identify overweight and obesity as one of the Nation's leading health problems and include objectives for increasing the proportion of adults who are at a healthy weight, reducing the proportion of adults who are obese, and reducing the proportion of children and adolescents who are overweight or obese.

(9) Another goal of Healthy People 2010 is to eliminate health disparities among different seg-

ments of the population. Obesity is a health problem that disproportionally impacts medically underserved populations.

(10) The 2005 Surgeon General's report ''The Year of the Healthy Child'' lists the treatment and prevention of obesity as a national priority.

(11) The Institute of Medicine report ''Preventing Childhood Obesity'' (2004) finds that ''childhood obesity is a serious nationwide health problem requiring urgent attention and a population-based prevention approach . . .''.

(12) The Centers for Disease Control and Prevention estimates the annual expenditures related to overweight and obesity in adults in the United States to be $264,000,000,000 (exceeding the cost of tobacco-related illnesses) and appears to be rising dramatically. This cost can potentially escalate markedly as obesity rates continue to rise and the medical complications of obesity are emerging at even younger ages. Therefore, the total disease burden will most likely increase, as well as the attendant health-related costs.

(13) Weight control programs should promote a healthy lifestyle including regular physical activity and healthy eating, as consistently discussed and

identified in a variety of public and private consensus documents, including the 2001 U.S. Surgeon General's report ''A Call To Action'' and other documents prepared by the Department of Health and Human Services and other agencies.

(14) The Institute of Medicine reports that poor eating habits are a risk factor for the development of eating disorders and obesity. In 2002, more than 35,000,000 Americans experienced limited access to nutritious food on a regular basis. The availability of high-calorie, low nutrient foods have increased in low-income neighborhoods due to many factors.

(15) Effective interventions for promoting healthy eating behaviors should promote healthy lifestyle and not inadvertently promote unhealthy weight management techniques.

(16) The National Institutes of Health reports that eating disorders are commonly associated with substantial psychological problems, including depression, substance abuse, and suicide.

(17) The National Association of Anorexia Nervosa and Associated Disorders estimates there are 8,000,000 Americans experience eating dis-

orders. Eating disorders of all types are more common in women than men.

(18) The health risks of Binge Eating Disorder are those associated with obesity and include heart disease, gall bladder disease, and diabetes.

(19) According to the National Institute of Mental Health, Binge Eating Disorder is characterized by frequent episodes of uncontrolled overeating, with an estimated 2 to 5 percent of Americans experiencing this disorder in a 6-month period.

(20) Additionally, the National Institute of Mental Health reports that Anorexia Nervosa, an eating disorder from which 0.5 to 3.7 percent of American women will suffer in their lifetime, is associated with serious health consequences including heart failure, kidney failure, osteoporosis, and death. According to the National Institute of Mental Health, Anorexia Nervosa has one of the highest mortality rates of all psychiatric disorders, placing a young woman with Anorexia Nervosa at 12 times the risk of death of other women her age.

(21) In 2001, the National Institute of Mental Health reported that 1.1 to 4.2 percent of American women will suffer from Bulimia Nervosa in their lifetime. Bulimia Nervosa is an eating disorder that

is associated with cardiac, gastrointestinal, and dental problems, including irregular heartbeats, gastric ruptures, peptic ulcers, and tooth decay.

(22) On the 2003 Youth Risk Behavior Survey, 6 percent of high school students reported recent use of laxatives or vomiting to control their weight.

(23) The Girl Scout Research Institute found that most girls have a holistic view of health and believe physical and emotional health are of equal importance. This connection is reflected in their behavior and attitudes toward diet and exercise. (''The New Normal?: What Girls Say about Healthy Living'' 2006.)

(24) According to the American Academy of Pediatrics, the current epidemic of inactivity and the associated epidemic of obesity are being driven by multiple factors (societal, technologic, industrial, commercial, financial) and must be addressed likewise on several fronts. Success is more likely to be achieved by the implementation of sustainable, economically viable, culturally acceptable active-living policies that can be integrated into multiple sectors of society. (''Pediatrics'' Vol. 117 No. 5 May 2006, pp. 1834–1842 (doi:10.1542/peds.2006–0472) (''Ac-

tive Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity'')).

(25) The Institute of Medicine reports that taking action against childhood obesity must address the factors that influence both eating and physical activity. According to the Institute of Medicine, ''[a]lthough a number of organizations, industries, institutions, and agencies must be involved in designing and implementing changes, efforts cannot succeed unless they also engage the families, schools, and communities that create the environments in which children live and their behaviors are formed''.

# TITLE I—TRAINING GRANTS

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

Section 747(c)(3) of the Public Health Service Act (42 U.S.C. 293k(c)(3)) is amended by striking ''and victims of domestic violence'' and inserting ''victims of domestic violence, individuals (including children) who are overweight or obese (as such terms are defined in section 399W(j)) and at-risk for related serious and chronic medical conditions, and individuals who suffer from eating disorders''.

**SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH PROFESSIONALS.**

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

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

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

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

''(b) GRANTS.—

''(1) IN GENERAL.—The Secretary may award grants to eligible entities to train primary care physicians and other licensed or certified health professionals on how to identify, treat, and prevent obesity or eating disorders and aid individuals who are overweight, obese, or who suffer from eating disorders.

''(2) APPLICATION.—An entity that desires a grant under this subsection shall submit an application at such time, in such manner, and containing such information as the Secretary may require, including a plan for the use of funds that may be awarded and an evaluation of the training that will be provided.

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

''(A) use evidence-based findings or recommendations that pertain to the prevention and treatment of obesity, being overweight, and eating disorders to conduct educational conferences, including Internet-based courses and teleconferences, on—

''(i) how to treat or prevent obesity, being overweight, and eating disorders;

''(ii) the link between obesity, being overweight, eating disorders and related serious and chronic medical conditions;

''(iii) how to discuss varied strategies with patients from at-risk and diverse populations to promote positive behavior change and healthy lifestyles to avoid obesity, being overweight, and eating disorders;

''(iv) how to identify overweight, obese, individuals with eating disorders, and those who are at risk for obesity and being overweight or suffer from eating dis-

orders and, therefore, at risk for related serious and chronic medical conditions; and

''(v) how to conduct a comprehensive assessment of individual and familial health risk factors; and

''(B) evaluate the effectiveness of the training provided by such entity in increasing knowledge and changing attitudes and behaviors of trainees.''; and

(4) in subsection (c) (as so redesignated)—

(A) by striking ''There are authorized to be appropriated to carry out this section'' and all that follows and inserting the following: ''There are authorized to be appropriated—

''(1) to carry out subsection (a),''; and

(B) by adding at the end the following:

''(2) to carry out subsection (b), $10,000,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2012.''.

# TITLE II—COMMUNITY-BASED SOLUTIONS TO INCREASE PHYSICAL ACTIVITY, IMPROVE NUTRITION, AND PROMOTE HEALTHY EATING BEHAVIORS

## SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY, IMPROVE NUTRITION, AND PROMOTE HEALTHY EATING BEHAVIORS.

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

### "SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY, IMPROVE NUTRITION, AND PROMOTE HEALTHY EATING BEHAVIORS.

''(a) ESTABLISHMENT.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the Administrator of the Health Resources and Services Administration, the Director of the Indian Health Service, the Secretary of Education, the Secretary of Agriculture, the Secretary of the Interior, the Director of the National Institutes of Health, the Director of the Office of Women's Health, and the heads of

other appropriate agencies, shall award competitive grants to eligible entities to plan and implement programs that promote healthy eating behaviors and physical activity to prevent eating disorders, obesity, being overweight, and related serious and chronic medical conditions. Such grants may be awarded to target at-risk populations including youth, adolescent girls, health disparity populations (as defined in section 485E(d)), and the underserved.

''(2) TERM.—The Secretary shall award grants under this subsection for a period not to exceed 4 years.

''(b) AWARD OF GRANTS.—An eligible entity desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including—

''(1) a plan describing a comprehensive program of approaches to encourage healthy eating behaviors and healthy levels of physical activity;

''(2) the manner in which the eligible entity will coordinate with appropriate State and local authorities and community-based organizations, including—

''(A) State and local educational agencies;

''(B) departments of health;

''(C) chronic disease directors;

''(D) State directors of programs under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786);

''(E) governors' councils for physical activity and good nutrition;

''(F) State and local parks and recreation departments; and

''(G) State and local departments of transportation and city planning; and

''(H) community-based organizations serving youth; and

''(3) the manner in which the applicant will evaluate the effectiveness of the program carried out under this section.

''(c) COORDINATION.—In awarding grants under this section, the Secretary shall ensure that the proposed programs are coordinated in substance and format with programs currently funded through other Federal agencies and operating within the community including the Physical Education Program (PEP) of the Department of Education.

''(d) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' means—

''(1) a city, county, tribe, territory, or State;

''(2) a State educational agency;

''(3) a tribal educational agency;

''(4) a local educational agency;

''(5) a federally qualified health center (as defined in section 1861(aa)(4) of the Social Security Act);

''(6) a rural health clinic;

''(7) a health department;

''(8) an Indian Health Service hospital or clinic;

''(9) an Indian tribal health facility;

''(10) an urban Indian facility;

''(11) any health provider;

''(12) an accredited university or college;

''(13) a community-based organization;

''(14) a local city planning agency;

''(15) a State or local parks and recreation department; or

''(16) any other entity determined appropriate by the Secretary.

''(e) USE OF FUNDS.—An eligible entity that receives a grant under this section shall use the funds made available through the grant to—

''(1) carry out community-based activities including—

"(A) city planning, transportation initiatives, and environmental changes that help promote physical activity, such as increasing the use of walking or bicycling as a mode of transportation;

"(B) forming partnerships and activities with businesses, community-based organizations, and other entities to increase physical activity levels and promote healthy eating behaviors in schools and while traveling to and from schools;

"(C) forming partnerships with entities, including schools, faith-based entities, community-based organizations, and other organizations providing recreational services, to establish programs that use their facilities or other resources for after-school, weekend, and summer community activities, especially those that promote or involve physical activity;

"(D) establishing incentives for retail food stores, farmer's markets, food co-ops, grocery stores, and other retail food outlets that offer fresh fruits and vegetables and other nutritious foods to encourage such stores and outlets to locate in economically depressed areas;

''(E) forming partnerships with senior centers, nursing facilities, retirement communities, and assisted living facilities to establish programs for older people to foster physical activity and healthy eating behaviors;

''(F) forming partnerships with daycare and after-school entities to establish programs that promote healthy eating behaviors and physical activity;

''(G) developing and evaluating community educational activities targeting good nutrition and promoting healthy eating behaviors; and

''(H) providing, directly or in cooperation with State and local parks and recreation departments, programs and other opportunities for daily physical activity;

''(2) carry out age-appropriate school-based activities including—

''(A) developing and testing educational curricula and intervention programs designed to promote healthy eating behaviors and habits in youth, which may include—

''(i) after hours physical activity programs;

"(ii) increasing opportunities for students to make informed choices regarding healthy eating behaviors; and

"(iii) science-based interventions with multiple components to prevent eating disorders including nutritional content, understanding and responding to hunger and satiety, positive body image development, positive self-esteem development, and learning life skills (such as stress management, communication skills, problem-solving and decisionmaking skills), as well as consideration of cultural and developmental issues, and the role of family, school, and community;

"(B) providing education and training to educational professionals regarding a healthy lifestyle and a healthy school environment;

"(C) planning and implementing a healthy lifestyle curriculum or program with an emphasis on healthy eating behaviors and physical activity; and

"(D) planning and implementing healthy lifestyle classes or programs for parents or

guardians, with an emphasis on healthy eating behaviors and physical activity;

''(3) carry out activities through the local health care delivery systems including—

''(A) promoting healthy eating behaviors and physical activity services to treat or prevent eating disorders, being overweight, and obesity;

''(B) providing patient education and counseling to increase physical activity and promote healthy eating behaviors; and

''(C) providing community education on good nutrition and physical activity to develop a better understanding of the relationship between diet, physical activity, and eating disorders, obesity, or being overweight; or

''(4) other activities determined appropriate by the Secretary (including evaluation or identification and dissemination of outcomes and best practices).

''(f) MATCHING FUNDS.—In awarding grants under subsection (a), the Secretary may give priority to eligible entities who provide matching contributions. Such non-Federal contributions may be cash or in kind, fairly evaluated, including plant, equipment, or services.

''(g) TECHNICAL ASSISTANCE.—The Secretary may set aside an amount not to exceed 10 percent of the total

amount appropriated for a fiscal year under subsection (k) to permit the Director of the Centers for Disease Control and Prevention to provide grantees with technical support in the development, implementation, and evaluation of programs under this section and to disseminate information about effective strategies and interventions in preventing and treating obesity and eating disorders through the promotion of healthy eating behaviors and physical activity.

''(h) LIMITATION ON ADMINISTRATIVE COSTS.—An eligible entity awarded a grant under this section may not use more than 10 percent of funds awarded under such grant for administrative expenses.

''(i) REPORT.—Not later than 6 years after the date of enactment of the Improved Nutrition and Physical Activity Act, the Director of the Centers for Disease Control and Prevention shall review the results of the grants awarded under this section and other related research and identify programs that have demonstrated effectiveness in promoting healthy eating behaviors and physical activity in youth. Such review shall include an identification of model curricula, best practices, and lessons learned, as well as recommendations for next steps to reduce overweight, obesity, and eating disorders. Information derived

from such review, including model program curricula, shall be disseminated to the public.

''(j) DEFINITIONS.—In this section:

''(1) ANOREXIA NERVOSA.—The term 'Anorexia Nervosa' means an eating disorder characterized by self-starvation and excessive weight loss.

''(2) BINGE EATING DISORDER.—The term 'binge eating disorder' means a disorder characterized by frequent episodes of uncontrolled eating.

''(3) BULIMIA NERVOSA.—The term 'Bulimia Nervosa' means an eating disorder characterized by excessive food consumption, followed by inappropriate compensatory behaviors, such as self-induced vomiting, misuse of laxatives, fasting, or excessive exercise.

''(4) EATING DISORDERS.—The term 'eating disorders' means disorders of eating, including Anorexia Nervosa, Bulimia Nervosa, binge eating disorder, and eating disorders not otherwise specified.

''(5) HEALTHY EATING BEHAVIORS.—The term 'healthy eating behaviors' means—

''(A) eating in quantities adequate to meet, but not in excess of, daily energy needs;

''(B) choosing foods to promote health and prevent disease;

''(C) eating comfortably in social environments that promote healthy relationships with family, peers, and community; and

''(D) eating in a manner to acknowledge internal signals of hunger and satiety.

''(6) OBESE.—The term 'obese' means an adult with a Body Mass Index (BMI) of 30 kg/m2 or greater.

''(7) OVERWEIGHT.—The term 'overweight' means an adult with a Body Mass Index (BMI) of 25 to 29.9 kg/m2 and a child or adolescent with a BMI at or above the 95th percentile on the revised Centers for Disease Control and Prevention growth charts or another appropriate childhood definition, as defined by the Secretary.

''(8) YOUTH.—The term 'youth' means individuals not more than 18 years old.

''(k) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $60,000,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2012. Of the funds appropriated pursuant to this subsection, the following amounts shall be set aside for activities related to eating disorders:

''(1) $5,000,000 for fiscal year 2008.

''(2) $5,500,000 for fiscal year 2009.

''(3) $6,000,000 for fiscal year 2010.

''(4) $6,500,000 for fiscal year 2011.

''(5) $1,000,000 for fiscal year 2012.''.

**SEC. 202. NATIONAL CENTER FOR HEALTH STATISTICS.**

Section 306 of the Public Health Service Act (42 U.S.C. 242k) is amended—

(1) in subsection (m)(4)(B), by striking ''subsection (n)'' each place it appears and inserting ''subsection (o)'';

(2) by redesignating subsection (n) as subsection (o); and

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

''(n)(1) The Secretary, acting through the Center, may provide for the—

''(A) collection of data for determining the fitness levels and energy expenditure of children and youth; and

''(B) analysis of data collected as part of the National Health and Nutrition Examination Survey and other data sources.

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

''(3) The Secretary, acting through the Center, may provide technical assistance, standards, and methodologies to grantees supported by this subsection in order to maximize the data quality and comparability with other studies.''.

**SEC. 203. HEALTH DISPARITIES REPORT.**

Not later than 18 months after the date of enactment of this Act, and annually thereafter, the Director of the Agency for Healthcare Research and Quality shall review all research that results from the activities carried out under this Act (and the amendments made by this Act) and determine if particular information may be important to the report on health disparities required by section 903(c)(3) of the Public Health Service Act (42 U.S.C. 299a–1(c)(3)).

**SEC. 204. PREVENTIVE HEALTH SERVICES BLOCK GRANT.**

Section 1904(a)(1) of the Public Health Service Act (42 U.S.C. 300w–3(a)(1)) is amended by adding at the end the following:

''(H) Activities and community education programs designed to address and prevent overweight, obesity, and eating disorders through effective programs to promote healthy eating, and exercise habits and behaviors.''.

**SEC. 205. REPORT ON OBESITY AND EATING DISORDERS RESEARCH.**

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on research conducted on causes and health implications (including mental health implications) of being overweight, obesity, and eating disorders.

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

(1) descriptions on the status of relevant, current, ongoing research being conducted in the Department of Health and Human Services including research at the National Institutes of Health, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, and other offices and agencies;

(2) information about what these studies have shown regarding the causes, prevention, and treatment of, being overweight, obesity, and eating disorders; and

(3) recommendations on further research that is needed, including research among diverse popu-

lations, the plan of the Department of Health and Human Services for conducting such research, and how current knowledge can be disseminated.

**SEC. 206. REPORT ON A NATIONAL CAMPAIGN TO CHANGE CHILDREN'S HEALTH BEHAVIORS AND REDUCE OBESITY.**

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

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

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

''(b) REPORT.—The Secretary shall evaluate the effectiveness of the campaign described in subsection (a) in changing children's behaviors and reducing obesity and shall report such results to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.''.

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