

113TH CONGRESS
2D SESSION

H. R. 4378

To require the Secretary of Health and Human Services to issue to Federal agencies guidelines for developing procedures and requirements relating to certain primary care Federal health professionals completing continuing medical education on nutrition and to require Federal agencies to submit annual reports relating to such guidelines, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 2, 2014

Mr. GRIJALVA (for himself and Mr. RYAN of Ohio) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Secretary of Health and Human Services to issue to Federal agencies guidelines for developing procedures and requirements relating to certain primary care Federal health professionals completing continuing medical education on nutrition and to require Federal agencies to submit annual reports relating to such guidelines, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Education and Train-
3 ing for Health Act of 2014” or the “EAT for Health Act
4 of 2014”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) In 2012, United States health care spend-
8 ing was approximately \$8,233 per resident and ac-
9 counted for 17.6 percent of the Nation’s gross do-
10 mestic product. This is among the highest of all in-
11 dustrialized countries.

12 (2) Expenditures in the United States on health
13 care surpassed \$2.6 trillion in 2011, more than
14 three times the \$714 billion spent in 1990, and over
15 eight times the \$253 billion spent in 1980.

16 (3) Estimates of health care costs attribute over
17 75 percent of national health expenditures to treat-
18 ment for chronic diseases.

19 (4) A March 2003 report from the World
20 Health Organization concluded diet was a major
21 cause of chronic diseases.

22 (5) Seven out of 10 deaths among people in the
23 United States each year are from chronic diseases
24 such as cardiovascular disease, obesity, diabetes, and
25 cancer.

1 (6) Approximately 81.1 million American adults
2 in the United States have at least one form of car-
3 diovascular disease. Approximately 2,300 American
4 adults in the United States die every day from car-
5 diovascular disease. In 2010, cardiovascular disease
6 cost American taxpayers \$189.4 billion. The Amer-
7 ican Heart Association estimates that, by 2030, di-
8 rect costs related to cardiovascular disease will triple
9 to around \$818 billion.

10 (7) Research has shown that following a health-
11 ful diet can not only reduce symptoms related to
12 cardiovascular disease but also actually reverse dam-
13 age done to the arteries.

14 (8) Two-thirds of adults in the United States
15 are currently overweight, and half of those over-
16 weight individuals are obese. One in three children
17 are now overweight, and one-fifth of children are
18 obese. In 2008, direct medical costs associated with
19 obesity totaled \$147 billion.

20 (9) An estimated 25.8 million people in the
21 United States have diabetes. Another 79 million
22 American adults in the United States have
23 prediabetes. The Centers for Disease Control and
24 Prevention predict that one in three children born in
25 2000 will develop diabetes at some point in their

1 lives. Total estimated costs of diagnosed diabetes
2 have increased 41 percent, to \$245 billion in 2012
3 from \$174 billion in 2007. Research shows that re-
4 ducing fat in the diet can reverse the symptoms of
5 type 2 diabetes, not just “manage” the symptoms.

6 (10) Cancer kills approximately 570,000 Ameri-
7 cans each year, accounting for one in four deaths.
8 More than 1.5 million new cancer cases are diag-
9 nosed annually. In 2010, the direct costs of cancer
10 were \$102.8 billion. Estimates expect that number
11 to rise to \$172 billion by 2020.

12 (11) According to the Journal of the American
13 College of Nutrition, physicians feel inadequately
14 trained to provide proper nutrition advice. Ninety-
15 four percent feel nutrition counseling should be in-
16 cluded during primary care visits, but only 14 per-
17 cent felt adequately trained to provide such coun-
18 seling.

19 (12) A 1985 National Academy of Sciences re-
20 port recommended that all medical schools require at
21 least 25 contact hours of nutrition education. In
22 2004, only 38 percent of medical schools met these
23 minimum standards by requiring 25 hours of nutri-
24 tion education as part of their general curricula. By
25 2010, that number had shrunk to 27 percent.

1 (13) In 2004, 30 percent of United States med-
2 ical schools required a dedicated nutrition course. In
3 2010, only 25 percent of such schools required such
4 a course.

5 (14) According to a 2009 national survey of
6 medical colleges published in Academic Medicine,
7 more than half of graduating medical students feel
8 their nutrition education is insufficient.

9 **SEC. 3. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
10 **GUIDELINES, AND FEDERAL AGENCIES AN-**
11 **NUAL REPORTS, RELATING TO CERTAIN PRI-**
12 **MARY CARE FEDERAL HEALTH PROFES-**
13 **SIONALS COMPLETING CONTINUING MED-**
14 **ICAL EDUCATION ON NUTRITION.**

15 (a) **GUIDELINES.**—Not later than 180 days after the
16 date of the enactment of this Act, the Secretary of Health
17 and Human Services shall issue guidelines to Federal
18 agencies for developing procedures and requirements to
19 ensure that every primary care health professional em-
20 ployed full-time for such agencies have at least 6 credits
21 of continuing medical education courses relating to nutri-
22 tion (as described in subsection (c)).

23 (b) **ANNUAL REPORTS.**—For 2016 and each subse-
24 quent year, the head of each Federal agency that employs
25 full-time primary care health professionals shall submit to

1 Congress a report attesting, in a form and manner speci-
2 fied by the Secretary of Health and Human Services, to
3 the extent to which the agency has adopted and enforced
4 the guidelines issued under subsection (a) with respect to
5 such professionals employed by such agency during any
6 portion of the previous year. If the agency, with respect
7 to such previous year, did not fully adopt and enforce such
8 guidelines with respect to such professionals, the head of
9 the agency shall include in the report for the year the per-
10 centage of such professionals employed by such agency to
11 furnish primary care services who during such previous
12 year completed 6 credits of continuing medical education
13 courses relating to nutrition (as described in subsection
14 (c)).

15 (c) CONTINUING MEDICAL EDUCATION RELATING TO
16 NUTRITION.—For purposes of subsections (a) and (b),
17 continuing medical education courses relating to nutrition
18 shall include at least courses on the role of nutrition in
19 the prevention, management, and, as possible, reversal of
20 obesity, cardiovascular disease, diabetes, and cancer.

21 (d) DEFINITIONS.—For purposes of this Act:

22 (1) PRIMARY CARE HEALTH PROFESSIONAL.—
23 The term “primary care health professional” means
24 a physician or nurse practitioner who furnishes pri-
25 mary care services.

1 (2) NURSE PRACTITIONER.—The term “nurse
2 practitioner” has the meaning given such term in
3 section 1861(aa)(5) of the Social Security Act (42
4 U.S.C. 1395x(aa)(5)).

5 (3) PHYSICIAN.—The term “physician” has the
6 meaning given such term in section 1861(r)(1) of
7 the Social Security Act (42 U.S.C. 1395x(r)(1)).

8 (4) PRIMARY CARE SERVICES.—The term “pri-
9 mary care services” has the meaning given such
10 term in section 1842(i)(4) of the Social Security Act
11 (42 U.S.C. 1395u(i)(4)), but shall include such serv-
12 ices furnished by a nurse practitioner as would oth-
13 erwise be included if furnished by a physician.

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