

113TH CONGRESS
2D SESSION

H. R. 4427

To provide for a grants program to develop and enhance integrated nutrition curricula in medical schools.

IN THE HOUSE OF REPRESENTATIVES

APRIL 8, 2014

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

A BILL

To provide for a grants program to develop and enhance integrated nutrition curricula in medical schools.

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 “Expanding Nutrition’s
5 Role in Curricula and Healthcare Act” or the “ENRICH
6 Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

9 (1) In 2012, United States health care spend-
10 ing was about \$8,915 per resident and accounted for

1 17.2 percent of the Nation's gross domestic product,
2 which is among the highest of all industrialized
3 countries.

4 (2) Expenditures in the United States on health
5 care surpassed \$2.3 trillion in 2008, more than
6 three times the \$714 billion spent in 1990, and over
7 eight times the \$253 billion spent in 1980.

8 (3) It is estimated that health care costs for
9 chronic disease treatment account for over 75 per-
10 cent of national health expenditures.

11 (4) The last major report from the World
12 Health Organization in March 2003 concluded diet
13 was a major factor in the cause of chronic diseases.

14 (5) Seven out of 10 deaths among Americans
15 each year are from chronic diseases. Heart disease,
16 cancer, and stroke—each of which has been strongly
17 linked to dietary and lifestyle choices—account for
18 more than 50 percent of all deaths each year.

19 (6) About 81.1 million people in the United
20 States have at least one form of cardiovascular dis-
21 ease. Approximately 2,300 Americans die every day
22 from cardiovascular disease. In 2010, cardiovascular
23 disease cost American taxpayers \$189.4 billion. The
24 American Heart Association estimates that, by
25 2030, direct costs related to cardiovascular disease

1 will triple to around \$818 billion. Research has
2 shown that following a healthful diet can not only
3 reduce symptoms related to heart disease but also
4 reverse the damage done to the arteries.

5 (7) Two-thirds of the American population is
6 currently overweight, half of whom are obese. One in
7 three children is now overweight, and one-fifth of
8 children are obese. In 2008, the United States spent
9 \$190 billion on obesity-related health care costs.

10 (8) An estimated 25.8 million Americans have
11 diabetes. Another 79 million adults have prediabetes.
12 The Centers for Disease Control and Prevention pre-
13 dict that one in three children born in 2000 will de-
14 velop diabetes at some point in their lives. Diabetes
15 cost the government \$116 billion in 2007. Research
16 has shown that nutrition therapy is a key component
17 of diabetes management and can improve clinical
18 outcomes.

19 (9) Cancer kills approximately 570,000 Ameri-
20 cans each year, accounting for one in every four
21 deaths. More than 1.5 million new cancer cases are
22 diagnosed annually. In 2010, the direct costs of can-
23 cer were \$102.8 billion and that number is expected
24 to rise to \$172 billion by 2020. More than 33 per-

1 cent of cancers are diet related and could be pre-
2 vented with a healthful diet.

3 (10) Eating is a complex social phenomenon in-
4 fluenced by family, social networks, culture, socio-
5 economic and educational status. An interprofes-
6 sional approach to nutrition education for clinicians
7 may not necessarily overcome these forces but may
8 help the health professions team identify effective
9 strategies for nutrition counseling and management.

10 (11) Physicians are an important source of in-
11 formation and motivation for patients' health behav-
12 ior. Multiple studies have shown that physician
13 counseling on weight loss increases the likelihood
14 that patients will attempt weight loss, increase phys-
15 ical activity, improve diet, and lose weight.

16 (12) Leading medical bodies recommend that
17 physicians address diet with overweight patients.
18 Guidelines from leading medical bodies such as the
19 National Institutes of Health, the American Heart
20 Association, the American College of Cardiology, and
21 the Obesity Society recommend that physicians
22 counsel overweight and obese patients on the bene-
23 fits of lifestyle changes through lifestyle changes
24 such as diet and physical activity.

1 **SEC. 3. GRANTS PROGRAM TO DEVELOP OR ENHANCE IN-**
2 **TEGRATED NUTRITION CURRICULA IN MED-**
3 **ICAL SCHOOLS.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services, acting through the Administrator of the
6 Health Resources and Services Administration and in con-
7 junction with the National Institutes of Health National
8 Heart, Lung, and Blood Institute, shall establish a com-
9 petitive grants program under which the Secretary may
10 award grants to medical schools in the United States for
11 the purpose described in subsection (b)(1).

12 (b) USE OF GRANT FUNDS.—

13 (1) IN GENERAL.—A medical school receiving a
14 grant under this section shall use the grant to create
15 new or expand existing integrated nutrition cur-
16 riculum described in paragraph (2) for the medical
17 school.

18 (2) INTEGRATED NUTRITION CURRICULUM.—
19 For purposes of paragraph (1), an integrated nutri-
20 tion curriculum—

21 (A) shall be designed based on the best
22 possible evidence to improve communication and
23 provider preparedness in the prevention, man-
24 agement, and, as possible, reversal of obesity,
25 cardiovascular disease, diabetes, and cancer;
26 and

1 (B) shall, to the greatest extent prac-
2 ticable, address such additional topics, including
3 nutrition across the life cycle of individuals who
4 are members of at-risk populations, food insecu-
5 rity among such individuals, and malnutrition
6 among such individuals.

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

9 (1) be a medical school in the United States
10 that is accredited by the Liaison Committee on Med-
11 ical Education and Residency Program Accreditation
12 Council for Graduate Education or by the American
13 Osteopathic Association Commission on Osteopathic
14 College Accreditation; and

15 (2) submit an application to the Secretary, in
16 accordance with such time, form, and manner and
17 containing such information as specified by the Sec-
18 retary, including—

19 (A) a description of how the medical school
20 intends to implement the integrated nutrition
21 curriculum described in subsection (b)(2); and

22 (B) a description of benchmarks to meas-
23 ure the success of the implementation of such
24 curriculum.

25 (d) ADMINISTRATIVE PROVISIONS.—

1 (1) DURATION OF PROGRAM.—A grant awarded
2 to a medical school under this section shall be for a
3 three-year period, beginning on the date of the es-
4 tablishment of the grants program under subsection
5 (a).

6 (2) LIMITATIONS.—

7 (A) GRANT AMOUNTS.—A grant awarded
8 to a medical school under this section may not
9 exceed \$500,000.

10 (B) ONE GRANT PER SCHOOL.—A medical
11 school shall not be eligible for more than one
12 grant under this section and may not renew
13 such a grant.

14 (3) PRIORITY.—In awarding grants, the Sec-
15 retary shall give priority to medical schools—

16 (A) that submit applications under sub-
17 section (c)(1) that describe an integrated nutri-
18 tion curriculum that will be implemented
19 through the use of such a grant—

20 (i) that is coordinated with a resi-
21 dency program; or

22 (ii) provides that students of such
23 school should receive at least 25 hours of
24 nutrition education; or

1 (B) that, for purposes of carrying out such
2 curriculum through the use of such a grant,
3 partner with education programs for health pro-
4 fessionals other than physicians.

5 (e) REPORTS.—

6 (1) PERIODIC REPORTS DURING GRANTS PRO-
7 GRAM.—

8 (A) IN GENERAL.—For each school year
9 ending during the duration of the grants pro-
10 gram under this section, the Secretary shall
11 submit to Congress a report on the grants pro-
12 gram.

13 (B) REPORT ELEMENTS.—Each such re-
14 port shall include—

15 (i) the findings and conclusions of the
16 Secretary with respect to the integration of
17 nutrition curriculum into the curriculum of
18 the medical schools receiving a grant under
19 the grants program; and

20 (ii) an assessment of the benefits of
21 the grants program for—

22 (I) establishing best practices for
23 providers to advise patients in the
24 clinical setting;

1 (II) providing greater nutrition
2 awareness to physicians and other
3 health professionals and patients of
4 such physicians and professionals; and

5 (III) improving healthfulness of
6 patients' diets and improving patient
7 health outcomes.

8 (2) FINAL REPORT.—Not later than 180 days
9 after the last day of the grants program under this
10 section, the Secretary shall submit to Congress a re-
11 port detailing the recommendations of the Secretary
12 as to any benefits or barriers of integrating nutrition
13 curriculum at both the medical school and residency
14 levels.

15 (f) FUNDING.—No additional funds are authorized to
16 carry out the requirements of this section. The Secretary
17 shall carry out such requirements by using, from amounts
18 otherwise authorized or appropriated, up to \$5,000,000
19 for each of fiscal years 2015 through 2017.

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