

114TH CONGRESS
1ST SESSION

H. R. 1411

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 17, 2015

Mr. RYAN of Ohio (for himself and Mr. TIBERT) 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 and physical activity 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, including physi-
9 cians and non-physicians, identify effective strategies
10 for nutrition counseling and management.

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

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

18 (2) INTEGRATED NUTRITION CURRICULUM.—
19 For purposes of paragraph (1), an integrated nutri-
20 tion and physical activity 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, physical ac-
5 tivity training and programs for such individ-
6 uals, food insecurity among such individuals,
7 and malnutrition among such individuals.

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

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

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

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

1 (B) a description of benchmarks to meas-
2 ure the success of the implementation of such
3 curriculum.

4 (d) ADMINISTRATIVE PROVISIONS.—

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

10 (2) LIMITATIONS.—

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

14 (B) ONE GRANT PER SCHOOL.—A medical
15 school shall not be eligible for more than one
16 grant under this section and may not renew
17 such a grant.

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

20 (A) that submit applications under sub-
21 section (c)(1) that describe an integrated nutri-
22 tion and physical activity curriculum that will
23 be implemented through the use of such a
24 grant—

1 (i) that is coordinated with a resi-
2 dency program; or

3 (ii) provides that students of such
4 school should receive at least 25 hours of
5 nutrition education; or

6 (B) that, for purposes of carrying out such
7 curriculum through the use of such a grant,
8 partner with education programs for both phy-
9 sicians and non-physician health professionals.

10 (e) REPORTS.—

11 (1) PERIODIC REPORTS DURING GRANTS PRO-
12 GRAM.—

13 (A) IN GENERAL.—For each school year
14 ending during the duration of the grants pro-
15 gram under this section, the Secretary shall
16 submit to Congress a report on the grants pro-
17 gram.

18 (B) REPORT ELEMENTS.—Each such re-
19 port shall include—

20 (i) the findings and conclusions of the
21 Secretary with respect to the integration of
22 nutrition and physical activity curriculum
23 into the curriculum of the medical schools
24 receiving a grant under the grants pro-
25 gram;

1 (ii) an assessment of the benefits of
2 the grants program for—

3 (I) establishing best practices for
4 providers to advise patients in the
5 clinical setting;

6 (II) providing greater nutrition
7 and physical activity awareness to
8 physicians and other health profes-
9 sionals and patients of such physi-
10 cians and professionals; and

11 (III) improving healthfulness of
12 patients' diets and improving patient
13 health outcomes; and

14 (iii) suggestions on how to promote
15 the integration of nutrition curriculum in
16 medical schools around the United States.

17 (2) FINAL REPORT.—Not later than 180 days
18 after the last day of the grants program under this
19 section, the Secretary shall submit to Congress a re-
20 port detailing the recommendations of the Secretary
21 as to any benefits or barriers of integrating nutrition
22 and physical activity curriculum at both the medical
23 school and residency levels.

24 (f) FUNDING.—No additional funds are authorized to
25 carry out the requirements of this section. The Secretary

- 1 shall carry out such requirements by using, from amounts
- 2 otherwise authorized or appropriated, up to \$5,000,000
- 3 for each of fiscal years 2016 through 2018.

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