

114TH CONGRESS
2D SESSION

S. 3194

To amend the Public Health Service Act to promote healthy eating and physical activity among children.

IN THE SENATE OF THE UNITED STATES

JULY 13, 2016

Mr. BOOKER (for himself, Mr. COONS, Mrs. GILLIBRAND, and Mr. NELSON) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to promote healthy eating and physical activity among children.

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 “Reducing Obesity in
5 Youth Act of 2016”.

6 **SEC. 2. FINDINGS AND PURPOSES.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

9 (1) Research has shown that early childhood is
10 an important time for developing dietary and phys-

1 ical activity behaviors that support health and well-
2 being and may help prevent obesity.

3 (2) Infants as young as 7 months have shown
4 eating patterns that are similar to older children and
5 adults.

6 (3) For children under 1 year of age, promoting
7 opportunities for movement (such as reaching,
8 crawling, and creeping) may be the most effective
9 way to increase physical activity and improve chil-
10 dren's motor skills.

11 (4) Children who are exposed to healthy foods
12 early are more likely to prefer and eat healthy foods
13 and to develop eating habits that promote healthy
14 growth that can continue throughout childhood.

15 (5) Healthy eating can improve a child's learn-
16 ing ability and potentially lead to higher academic
17 performance, along with his or her mental, social,
18 and physical well-being and can contribute to in-
19 creased self-esteem.

20 (6) A 2010 study indicated that daily physical
21 activity is not only essential for healthy weight main-
22 tenance, but also for practicing and learning funda-
23 mental gross motor skills and socioemotional and
24 cognitive skills. Furthermore, when children have the

1 opportunity for adequate physical activity, they ben-
2 efit physically, psychologically and socially.

3 (7) Nearly 20 percent (1 in 5) of 2-year-olds
4 spend more than 2 hours of a typical day watching
5 television or videos.

6 (8) The Journal of the American Medical Asso-
7 ciation Pediatrics found that each incremental hour
8 of watching television at age 2 is associated with
9 corresponding declines in school engagement, math
10 achievement, and weekend physical activity, and with
11 increases in bullying by classmates, consumption of
12 soft drinks and snacks, and BMI at age 10.

13 (9) A major study published in the New Eng-
14 land Journal of Medicine, found that a third of chil-
15 dren who were overweight in kindergarten were
16 obese by eighth grade. Almost every child who was
17 very obese remained that way, suggesting that ef-
18 forts must start much earlier and focus more on the
19 children at greatest risk.

20 (10) In 2012, three-fourths of United States
21 preschool-aged children were in child care, and most
22 of their day was spent in sedentary activities.

23 (11) Center-based programs serve approxi-
24 mately 6,980,000 children birth through age 5 years
25 but not yet in kindergarten, making the early child-

1 hood care and education setting an important one
2 for promoting healthful habits.

3 (12) Early care and education learning collabor-
4 atives in 9 States have reached nearly 156,000 chil-
5 dren and improved early childhood care and edu-
6 cation provider practices for nutrition and physical
7 activity.

8 (b) PURPOSES.—It is the purpose of this Act to—

9 (1) establish a program that will influence prac-
10 tices, policies, and environments in early care and
11 education settings to support healthy eating, phys-
12 ical activity, and screen time reduction for children
13 ages birth through 5;

14 (2) enhance the training and knowledge of early
15 care and education providers on strategies for pro-
16 moting healthy eating (including early feeding best
17 practices), physical activity, and screen time reduc-
18 tion in early care and education settings;

19 (3) monitor progress of healthy eating and
20 physical activity promotion in early care and edu-
21 cation settings; and

22 (4) identify emerging, and expand existing, ap-
23 proaches to engaging families and parents of chil-
24 dren ages birth to 5 in healthy eating, physical activ-
25 ity, and screen time reduction.

1 **SEC. 3. HEALTHY KIDS PROGRAM.**

2 Title III of the Public Health Service Act (42 U.S.C.
3 241 et seq.) is amended by adding at the end the fol-
4 lowing:

5 **“PART W—HEALTHY KIDS PROGRAM**

6 **“SEC. 3990O. DEFINITIONS.**

7 “In this part:

8 “(1) DIRECTOR.—The term ‘Director’ means
9 the Director of the Centers for Disease Control and
10 Prevention.

11 “(2) EARLY CARE AND EDUCATION.—The term
12 ‘early care and education’ means programs and ac-
13 tivities that serve children ages birth through 5
14 years either through in-home or out-of-home set-
15 tings, including child care programs, Head Start
16 programs, and pre-kindergarten programs.

17 “(3) SCREEN TIME REDUCTION.—The term
18 ‘screen time reduction’ means policies or guidelines
19 designed to reduce the daily amount of time that
20 children spend watching or looking at digital mon-
21 itors or displays, including television sets, computer
22 monitors, or hand-held gaming devices.

23 **“SEC. 399PP. GRANTS.**

24 “(a) IN GENERAL.—The Secretary, in coordination
25 with the Centers for Disease Control and Prevention and
26 the Administration for Children and Families shall, sub-

1 ject to the availability of appropriations, award 5-year
2 competitive grants to eligible entities to assist in the devel-
3 opment of healthier early care and education environments
4 to improve healthy eating and physical activity among chil-
5 dren ages birth through 5 years in early care and edu-
6 cation settings. Training provided under such grants shall
7 be consistent with the best practices from existing health
8 and wellness resources endorsed by the Secretary, in con-
9 sultation with the Institute of Medicine, the Administra-
10 tion for Children and Families' Office of Child Care and
11 Office of Head Start, the Centers for Disease Control and
12 Prevention's Division of Nutrition, Physical Activity, and
13 Obesity, and the Health Resources and Services Adminis-
14 tration's Maternal and Child Health Bureau.

15 “(b) ELIGIBILITY.—To be eligible to receive a grant
16 under subsection (a), an entity shall—

17 “(1) be—

18 “(A) a nonprofit organization with exper-
19 tise in early childhood health and obesity pre-
20 vention;

21 “(B) an institution of higher education or
22 research center that employs faculty with rel-
23 evant expertise; or

24 “(C) a consortium of entities described in
25 subparagraphs (A) and (B) that submit a single

1 application to carry out activities under the
2 grant jointly; and

3 “(2) submit to the Director an application at
4 such time, in such manner, and containing such in-
5 formation as the Director may require.

6 “(c) USE OF FUNDS.—

7 “(1) IDENTIFICATION OF AREAS OF OPPORTU-
8 NITIES AND GOALS.—An entity that receives a grant
9 under this section shall, using Department of Health
10 and Human Services guidance and tools (such as the
11 Spectrum of Opportunities for Obesity Prevention in
12 the Early Care and Education Setting developed by
13 the Centers for Disease Control and Prevention),
14 identify areas of opportunity and set goals and carry
15 out activities to promote healthy eating, physical ac-
16 tivity, and screen time reduction strategies among
17 children ages birth through 5 years in early care and
18 education settings.

19 “(2) ACTIVITIES.—An entity shall use amounts
20 received under a grant under this section to carry
21 out each of the following activities:

22 “(A) Provide training, technical assistance,
23 and resources to implementing partners, which
24 may include States, territories, cities, or non-
25 profit organizations, to integrate the promotion

1 of healthy eating (including early feeding best
2 practices), physical activity, and screen time re-
3 duction into existing early care and education
4 State programs and standards to create and
5 spread sustainable change within the State or
6 territory involved.

7 “(B) Work directly with implementing
8 partners to create sustainable programs to train
9 early care and education providers through
10 train-the-trainer models, learning collaboratives,
11 or other approaches approved by the Secretary.

12 “(C) Enter into a contract with a non-
13 profit organization or other entity with relevant
14 expertise that is approved by the Secretary, to
15 evaluate the programs carried out under the
16 grant, including baseline, process, and outcome
17 measurements.

18 “(3) DISSEMINATION OF BEST PRACTICES.—
19 Upon the conclusion of programs and activities car-
20 ried out under the grants under this section, the
21 Secretary shall disseminate to all appropriate agen-
22 cies within the Department of Health and Human
23 Services evidence, best practices, and lessons derived
24 from the experiences of grantees with respect to re-
25 ducing and preventing obesity and overweight among

1 children ages birth through 5 years in the early care
2 and education settings. Such agencies shall encour-
3 age the adoption of such best practices.

4 “(d) PREFERENCE.—

5 “(1) GRANTEES.—In awarding grants under
6 this section, the Secretary shall give preference to el-
7 igible entities that—

8 “(A) have a history of working with early
9 care and education providers and States in obe-
10 sity prevention in the early care and education
11 setting;

12 “(B) demonstrate a history of, and capac-
13 ity to, leverage private dollars to amplify obesity
14 prevention efforts in early care and education
15 settings;

16 “(C) demonstrate a history of working suc-
17 cessfully with an evaluator to determine pro-
18 gram effectiveness;

19 “(D) demonstrate a history of, and capac-
20 ity to, collaborate with the health sector on obe-
21 sity prevention initiatives;

22 “(E) demonstrate a history of, and capac-
23 ity to, spread and sustain health initiatives; and

24 “(F) demonstrate the ability to conduct at
25 least 3 pilot programs to test innovative or evi-

1 dence-informed approaches to engage families,
2 including families of children ages birth to 5
3 years, in the promotion of healthy eating and
4 physical activity.

5 “(2) IMPLEMENTING PARTNERS.—In selecting
6 States, territories, cities, or nonprofit organizations
7 as implementing partners under a grant under this
8 section, a grantee shall ensure that such partners—

9 “(A) serve populations that are racially,
10 ethnically, and geographically diverse;

11 “(B) represent a mix of rural and urban
12 settings;

13 “(C) have a varied level of existing infra-
14 structure, capacity, and other programmatic
15 initiatives to address obesity prevention in early
16 care and education systems; and

17 “(D) possess expertise in early care and
18 education or children’s health and the ability to
19 implement evidence-informed interventions to
20 promote healthy eating, physical activity, and
21 screen time reduction strategies in early care
22 and education settings for children ages birth
23 through 5 years, including strategies targeted
24 to addressing the needs of children ages birth
25 through 2 years and strategies to engage par-

1 ents in healthy eating and physical activity pro-
2 motion.

3 “(e) TRACKING STATE PROGRESS.—The Secretary
4 shall use amounts appropriated under subsection (g)(2) to
5 enter into contracts with, or award grants to, institutions
6 of higher education, nonprofit organizations, or other enti-
7 ties with relevant monitoring and surveillance expertise
8 that are approved by the Secretary, to track State
9 progress in obesity prevention policies and practices of
10 early care and education programs through a sentinel set
11 of States.

12 “(f) REPORT TO CONGRESS.—Not later than 12
13 months after the completion of the programs and activities
14 funded under grants awarded under this section, the Sec-
15 retary shall submit to Congress a report concerning an
16 evaluation of the results of such programs and activities
17 and sentinel surveillance, including recommendations on
18 how lessons learned from such programs can be incor-
19 porated into future guidance documents developed and
20 provided by the Secretary or Director and other Federal
21 agencies as appropriate.

22 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this section—

24 “(1) \$4,000,000 for each of fiscal years 2017,
25 2018, 2019, 2020, and 2021; and

1 “(2) \$1,700,000 for fiscal year 2017, to be
2 used to track State progress in obesity prevention
3 policies and practices of early care and education
4 programs in a sentinel set of States as provided for
5 in subsection (e).”.

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