

119TH CONGRESS
1ST SESSION

H. R. 5224

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

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 9, 2025

Mr. COHEN introduced the following bill; which was referred to the Committee on Energy and Commerce

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 2025”.

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

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

1 (1) The COVID–19 pandemic has had serious
2 impacts on the health and well-being of children and
3 families.

4 (2) Unemployment and poverty, as well as
5 lengthy business, school, and childcare closures, have
6 all contributed to elevated levels of food insecurity,
7 with an estimated 14,000,000 children in the United
8 States not getting enough to eat.

9 (3) Millions of children receive free or reduced-
10 price meals through early childhood education pro-
11 grams, including school and early care and education
12 programs such as childcare, Head Start, pre-kinder-
13 garten, and family childcare, making early childhood
14 education an important setting for addressing food
15 insecurity.

16 (4) More than 30,000,000 children receive free
17 or reduced-price meals on a daily basis, and access
18 to both breakfast and lunch can provide some chil-
19 dren with more than half of their daily caloric in-
20 take.

21 (5) Due to financial instability during the
22 COVID–19 pandemic, there is an increased likeli-
23 hood of unhealthy weight gain among children as
24 families shift to less costly, calorically dense, shelf-
25 stable foods, rather than fresh foods.

1 (6) Research has shown that early childhood is
2 an important time for developing dietary and phys-
3 ical activity behaviors that support health and well-
4 being and that may help prevent obesity.

5 (7) Children who are exposed to healthy foods
6 early are more likely develop eating habits that pro-
7 mote healthy growth that can continue throughout
8 childhood, and healthy eating can improve a child's
9 learning ability, potentially lead to higher academic
10 performance, improve mental, social, and physical
11 well-being, and contribute to increased self-esteem.

12 (8) Research underscores the importance of
13 physical activity in early childhood. It is not only es-
14 sential for healthy weight maintenance, but also for
15 practicing and learning fundamental gross motor
16 skills and improving academic achievement. Further-
17 more, when children have the opportunity for ade-
18 quate physical activity, they benefit physically, psy-
19 chologically and socially.

20 (9) Nearly 20 percent (1 in 5) of 2-year-olds
21 spend more than 2 hours of a typical day watching
22 television or videos, and the Journal of the American
23 Medical Association Pediatrics found that each in-
24 cremental hour of watching television at age 2 is as-
25 sociated with corresponding declines in school en-

1 gagement, math achievement, and weekend physical
2 activity, and with increases in bullying by class-
3 mates, consumption of soft drinks and snacks, and
4 body mass index at age 10.

5 (10) A study published in the New England
6 Journal of Medicine in 2014 found that a third of
7 children overweight in kindergarten had obesity by
8 the eighth grade. Almost every child with severe obe-
9 sity remained that way, suggesting that efforts must
10 start much earlier and focus more on the children at
11 greatest risk.

12 (11) A study published in the New England
13 Journal of Medicine in 2017 estimates that over 50
14 percent of 2-year-olds today will be obese by 35
15 years of age.

16 (12) A study examining the National Health
17 and Nutrition Examination Survey published in
18 2018 found an increase in prevalence of childhood
19 obesity in 2015 and 2016. Childhood obesity for
20 children between 2 and 5 years of age increased
21 from 9 percent to 14 percent, the highest increase
22 since 1999.

23 (13) In 2016, about 82 percent of United
24 States preschool-aged children were in childcare, and
25 most of their day was spent in sedentary activities.

1 (14) Early care and education centers serve ap-
2 proximately 7,500,000 children birth through age 5
3 years but not yet in kindergarten, making the early
4 childhood care and education setting an important
5 one for promoting healthful habits.

6 (15) More than 122,000 children in 12 States
7 have benefitted from efforts to support healthier
8 early care and education programs. This includes
9 the provision of training and coaching for childcare
10 providers and technical assistance to State agencies
11 to integrate nutrition and physical activity best prac-
12 tices into existing State and local systems.

13 (b) PURPOSES.—The purposes of this Act are to—

14 (1) establish a program that will enhance the
15 training and knowledge of early care and education
16 providers and influence practices, policies, and envi-
17 ronments in early care and education settings to
18 support healthy eating and physical activity for chil-
19 dren ages birth through 5, including by addressing
20 the growing threat of food insecurity;

21 (2) provide support to States on ways to link
22 early care and education programs to nutrition sup-
23 ports;

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

4 (4) identify emerging, and expand existing, ap-
5 proaches to engaging families and parents of chil-
6 dren ages birth to 5 in healthy eating and physical
7 activity.

8 **SEC. 3. HEALTHY KIDS PROGRAM.**

9 Part Q of title III of the Public Health Service Act
10 (42 U.S.C. 280h et seq.) is amended by adding at the end
11 the following:

12 **“SEC. 399Z–3. HEALTHY KIDS GRANT PROGRAM.**

13 “(a) IN GENERAL.—The Secretary, acting through
14 the Director of the Centers for Disease Control and Pre-
15 vention (referred to in this section as the ‘Secretary’) and
16 in coordination with the Assistant Secretary for the Ad-
17 ministration for Children and Families, shall award 5-year
18 competitive grants to one or more eligible entities—

19 “(1) to improve healthy eating and physical ac-
20 tivity among children ages birth through 5 years in
21 early care and education settings; and

22 “(2) to address food insecurity among such
23 children.

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

1 “(1) a nonprofit organization with expertise in
2 early childhood health and childhood obesity preven-
3 tion;

4 “(2) an institution of higher education (as de-
5 fined in section 101 of the Higher Education Act of
6 1965) or research center that employs faculty with
7 relevant expertise and has expertise in training early
8 care and education providers; or

9 “(3) a consortium of entities described in para-
10 graphs (1) and (2) that submit a single application
11 to carry out activities under the grant jointly.

12 “(c) APPLICATION.—An entity seeking a grant under
13 subsection (a) shall submit to the Secretary an application
14 at such time, in such manner, and containing such infor-
15 mation as the Secretary may require.

16 “(d) USE OF FUNDS.—

17 “(1) IN GENERAL.—An entity shall use
18 amounts received under a grant under this section to
19 work directly with implementing partners, which
20 may include States, territories, Indian Tribes, mu-
21 nicipalities, and nonprofit organizations—

22 “(A) to create sustainable programs to
23 train early care and education providers
24 through direct coaching and peer-learning, ac-
25 cess to quality technical assistance, and profes-

1 sional development opportunities that are fo-
2 cused on healthy eating, physical activity, ad-
3 dressing food insecurity, and other topics that
4 support children’s healthy development, as de-
5 termined by the Secretary;

6 “(B) to build State capacity through train-
7 ing, technical assistance, and resources to inte-
8 grate the promotion of healthy eating and phys-
9 ical activity into existing early care and edu-
10 cation programs, systems, and initiatives, in-
11 cluding linking early care and education pro-
12 grams to new and existing resources for nutri-
13 tion supports, with a focus on promoting equity;
14 and

15 “(C) to test innovative or evidence-in-
16 formed approaches to promoting healthy habits
17 and healthy child development in early care and
18 education settings, which may include linking
19 early care and education and health care pro-
20 viders, enhancing early care and education staff
21 wellness, enhancing access to quality foods in
22 the early care and education settings, and en-
23 gaging families of children ages birth to 5 years
24 served in the early care and education programs
25 supported by a grant under this section.

1 “(2) IMPLEMENTING PARTNERS.—In selecting
2 implementing partners under paragraph (1), a re-
3 cipient of a grant under this section shall ensure
4 that such partners—

5 “(A) serve populations that are racially,
6 ethnically, socioeconomically, and geographically
7 diverse; and

8 “(B) represent a mix of rural and urban
9 settings.

10 “(3) NATIONAL INDEPENDENT EVALUATOR.—
11 From the amounts appropriated to carry out this
12 section, and prior to awarding any grants under
13 paragraph (1), the Secretary shall enter into a con-
14 tract with an external entity to create a single, uni-
15 form process to—

16 “(A) ensure that entities that receive
17 grants under paragraph (1) comply with the re-
18 quirements of this section; and

19 “(B) evaluate the outcomes of the grant
20 activities carried out by each participating enti-
21 ty.

22 “(e) TRACKING STATE PROGRESS.—The Secretary
23 may use amounts appropriated under subsection (g)(2) to
24 enter into contracts with, or award grants to, institutions
25 of higher education, nonprofit organizations, or other enti-

1 ties with relevant monitoring and surveillance expertise,
2 for purposes of—

3 “(1) tracking State progress in obesity preven-
4 tion policies and practices of early care and edu-
5 cation programs in States where grantees are
6 present; and

7 “(2) measuring changes in food security within
8 exposed groups.

9 “(f) REPORT.—Not later than 1 year after the com-
10 pletion of the programs and activities (including moni-
11 toring and surveillance under subsection (e)) funded under
12 grants awarded under this section, the Secretary shall sub-
13 mit to Congress, and all appropriate Federal agencies, a
14 report concerning an evaluation of the results of such pro-
15 grams and activities, including best practices, and lessons
16 derived from the experiences of grantees, with respect to
17 reducing and preventing food insecurity and obesity and
18 overweight among children ages birth through 5 years in
19 the early care and education settings.

20 “(g) AUTHORIZATION OF APPROPRIATIONS.—

21 “(1) IN GENERAL.—There is authorized to be
22 appropriated to carry out this section \$5,000,000 for
23 each of fiscal years 2026 through 2030.

24 “(2) FUNDING FOR TRACKING STATE
25 PROGRESS.—In addition to amounts made available

1 under paragraph (1), there is authorized to be ap-
2 propriated to carry out subsection (e) \$1,700,000
3 for fiscal year 2026.

4 “(h) EARLY CARE AND EDUCATION DEFINED.—In
5 this section, the term ‘early care and education’ means
6 programs and activities that serve children ages birth
7 through 5 years either through in-home or out-of-home
8 settings, including childcare programs, Head Start pro-
9 grams, family childcare, and pre-kindergarten programs.”.

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