

108TH CONGRESS  
1ST SESSION

# S. 1172

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## AN ACT

To establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improved Nutrition  
5 and Physical Activity Act” or the “IMPACT Act”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) An estimated 61 percent of adults and 13  
4 percent of children and adolescents in the Nation  
5 are overweight or obese.

6 (2) The prevalence of obesity and being over-  
7 weight is increasing among all age groups. There are  
8 twice the number of overweight children and 3 times  
9 the number of overweight adolescents as there were  
10 29 years ago.

11 (3) An estimated 300,000 deaths a year are as-  
12 sociated with being overweight or obese.

13 (4) Obesity and being overweight are associated  
14 with an increased risk for heart disease (the leading  
15 cause of death), cancer (the second leading cause of  
16 death), diabetes (the 6th leading cause of death),  
17 and musculoskeletal disorders.

18 (5) Individuals who are obese have a 50 to 100  
19 percent increased risk of premature death.

20 (6) The Healthy People 2010 goals identify  
21 obesity and being overweight as one of the Nation's  
22 leading health problems and include objectives of in-  
23 creasing the proportion of adults who are at a  
24 healthy weight, reducing the proportion of adults  
25 who are obese, and reducing the proportion of chil-  
26 dren and adolescents who are overweight or obese.

1           (7) Another goal of Healthy People 2010 is to  
2 eliminate health disparities among different seg-  
3 ments of the population. Obesity is a health problem  
4 that disproportionately impacts medically underserved  
5 populations.

6           (8) The United States Surgeon General’s report  
7 “A Call To Action” lists the treatment and preven-  
8 tion of obesity as a top national priority.

9           (9) The estimated direct and indirect annual  
10 cost of obesity in the United States is  
11 \$117,000,000,000 (exceeding the cost of tobacco-re-  
12 lated illnesses) and appears to be rising dramati-  
13 cally. This cost can potentially escalate markedly as  
14 obesity rates continue to rise and the medical com-  
15 plications of obesity are emerging at even younger  
16 ages. Therefore, the total disease burden will most  
17 likely increase, as well as the attendant health-re-  
18 lated costs.

19           (10) Weight control programs should promote a  
20 healthy lifestyle including regular physical activity  
21 and healthy eating, as consistently discussed and  
22 identified in a variety of public and private con-  
23 sensus documents, including “A Call To Action” and  
24 other documents prepared by the Department of  
25 Health and Human Services and other agencies.

1           (11) Eating preferences and habits are estab-  
2           lished in childhood.

3           (12) Poor eating habits are a risk factor for the  
4           development of eating disorders and obesity.

5           (13) Simply urging overweight individuals to be  
6           thin has not reduced the prevalence of obesity and  
7           may result in other problems including body dis-  
8           satisfaction, low self-esteem, and eating disorders.

9           (14) Effective interventions for promoting  
10          healthy eating behaviors should promote healthy life-  
11          style and not inadvertently promote unhealthy  
12          weight management techniques.

13          (15) Binge Eating is associated with obesity,  
14          heart disease, gall bladder disease, and diabetes.

15          (16) Anorexia Nervosa, an eating disorder from  
16          which 0.5 to 3.7 percent of American women will  
17          suffer in their lifetime, is associated with serious  
18          health consequences including heart failure, kidney  
19          failure, osteoporosis, and death. In fact, Anorexia  
20          Nervosa has the highest mortality rate of all psy-  
21          chiatric disorders, placing a young woman with Ano-  
22          rexia Nervosa at 18 times the risk of death of other  
23          women her age.

24          (17) Anorexia Nervosa and Bulimia Nervosa  
25          usually appears in adolescence.

1           (18) Bulimia Nervosa, an eating disorder from  
2           which an estimated 1.1 to 4.2 percent of American  
3           women will suffer in their lifetime, is associated with  
4           cardiac, gastrointestinal, and dental problems, in-  
5           cluding irregular heartbeats, gastric ruptures, peptic  
6           ulcers, and tooth decay.

7           (19) On the 1999 Youth Risk Behavior Survey,  
8           7.5 percent of high school girls reported recent use  
9           of laxatives or vomiting to control their weight.

10          (20) Binge Eating Disorder is characterized by  
11          frequent episodes of uncontrolled overeating, with an  
12          estimated 2 to 5 percent of Americans experiencing  
13          this disorder in a 6-month period.

14          (21) Eating disorders are commonly associated  
15          with substantial psychological problems, including  
16          depression, substance abuse, and suicide.

17          (22) Eating disorders of all types are more  
18          common in women than men.

## 19           **TITLE I—TRAINING GRANTS**

### 20   **SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH** 21           **PROFESSION STUDENTS.**

22          Section 747(c)(3) of title VII of the Public Health  
23          Service Act (42 U.S.C. 293k(c)(3)) is amended by striking  
24          “and victims of domestic violence” and inserting “victims  
25          of domestic violence, individuals (including children) who

1 are overweight or obese (as such terms are defined in sec-  
2 tion 399W(j)) and at risk for related serious and chronic  
3 medical conditions, and individuals who suffer from eating  
4 disorders”.

5 **SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH**  
6 **PROFESSIONALS.**

7 Section 399Z of the Public Health Service Act (42  
8 U.S.C. 280h-3) is amended—

9 (1) in subsection (b), by striking “2005” and  
10 inserting “2007”;

11 (2) by redesignating subsection (b) as sub-  
12 section (c); and

13 (3) by inserting after subsection (a) the fol-  
14 lowing:

15 “(b) GRANTS.—

16 “(1) IN GENERAL.—The Secretary may award  
17 grants to eligible entities to train primary care phy-  
18 sicians and other licensed or certified health profes-  
19 sionals on how to identify, treat, and prevent obesity  
20 or eating disorders and aid individuals who are over-  
21 weight, obese, or who suffer from eating disorders.

22 “(2) APPLICATION.—An entity that desires a  
23 grant under this subsection shall submit an applica-  
24 tion at such time, in such manner, and containing  
25 such information as the Secretary may require, in-

1 including a plan for the use of funds that may be  
2 awarded and an evaluation of the training that will  
3 be provided.

4 “(3) USE OF FUNDS.—An entity that receives  
5 a grant under this subsection shall use the funds  
6 made available through such grant to—

7 “(A) use evidence-based findings or rec-  
8 ommendations that pertain to the prevention  
9 and treatment of obesity, being overweight, and  
10 eating disorders to conduct educational con-  
11 ferences, including Internet-based courses and  
12 teleconferences, on—

13 “(i) how to treat or prevent obesity,  
14 being overweight, and eating disorders;

15 “(ii) the link between obesity and  
16 being overweight and related serious and  
17 chronic medical conditions;

18 “(iii) how to discuss varied strategies  
19 with patients from at-risk and diverse pop-  
20 ulations to promote positive behavior  
21 change and healthy lifestyles to avoid obe-  
22 sity, being overweight, and eating dis-  
23 orders;

24 “(iv) how to identify overweight and  
25 obese patients and those who are at risk

1 for obesity and being overweight or suffer  
 2 from eating disorders and, therefore, at  
 3 risk for related serious and chronic medical  
 4 conditions;

5 “(v) how to conduct a comprehensive  
 6 assessment of individual and familial  
 7 health risk factors; and

8 “(B) evaluate the effectiveness of the  
 9 training provided by such entity in increasing  
 10 knowledge and changing attitudes and behav-  
 11 iors of trainees.”.

12 **TITLE II—COMMUNITY-BASED**  
 13 **SOLUTIONS TO INCREASE**  
 14 **PHYSICAL ACTIVITY AND IM-**  
 15 **PROVE NUTRITION**

16 **SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY AND**  
 17 **IMPROVE NUTRITION.**

18 Part Q of title III of the Public Health Service Act  
 19 (42 U.S.C. 280h et seq.) is amended by striking section  
 20 399W and inserting the following:

21 **“SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY**  
 22 **AND IMPROVE NUTRITION.**

23 “(a) ESTABLISHMENT.—

24 “(1) IN GENERAL.—The Secretary, acting  
 25 through the Director of the Centers for Disease

1 Control and Prevention and in coordination with the  
2 Administrator of the Health Resources and Services  
3 Administration, the Director of the Indian Health  
4 Service, the Secretary of Education, the Secretary of  
5 Agriculture, the Secretary of the Interior, the Direc-  
6 tor of the National Institutes of Health, the Director  
7 of the Office of Women’s Health, and the heads of  
8 other appropriate agencies, shall award competitive  
9 grants to eligible entities to plan and implement pro-  
10 grams that promote healthy eating behaviors and  
11 physical activity to prevent eating disorders, obesity,  
12 being overweight, and related serious and chronic  
13 medical conditions. Such grants may be awarded to  
14 target at-risk populations including youth, adoles-  
15 cent girls, health disparity populations (as defined in  
16 section 485E(d)), and the underserved.

17 “(2) TERM.—The Secretary shall award grants  
18 under this subsection for a period not to exceed 4  
19 years.

20 “(b) AWARD OF GRANTS.—An eligible entity desiring  
21 a grant under this section shall submit an application to  
22 the Secretary at such time, in such manner, and con-  
23 taining such information as the Secretary may require,  
24 including—

1           “(1) a plan describing a comprehensive pro-  
2           gram of approaches to encourage healthy eating be-  
3           haviors and healthy levels of physical activity;

4           “(2) the manner in which the eligible entity will  
5           coordinate with appropriate State and local authori-  
6           ties, including—

7                   “(A) State and local educational agencies;

8                   “(B) departments of health;

9                   “(C) chronic disease directors;

10                   “(D) State directors of programs under  
11           section 17 of the Child Nutrition Act of 1966  
12           (42 U.S.C. 1786);

13                   “(E) 5-a-day coordinators;

14                   “(F) Governors’ councils for physical activ-  
15           ity and good nutrition;

16                   “(G) State and local parks and recreation  
17           departments; and

18                   “(H) State and local departments of trans-  
19           portation and city planning; and

20           “(3) the manner in which the applicant will  
21           evaluate the effectiveness of the program carried out  
22           under this section.

23           “(c) COORDINATION.—In awarding grants under this  
24           section, the Secretary shall ensure that the proposed pro-  
25           grams are coordinated in substance and format with pro-

1 grams currently funded through other Federal agencies  
2 and operating within the community including the Phys-  
3 ical Education Program (PEP) of the Department of Edu-  
4 cation.

5 “(d) ELIGIBLE ENTITY.—In this section, the term  
6 ‘eligible entity’ means—

7 “(1) a city, county, tribe, territory, or State;

8 “(2) a State educational agency;

9 “(3) a tribal educational agency;

10 “(4) a local educational agency;

11 “(5) a federally qualified health center (as de-  
12 fined in section 1861(aa)(4) of the Social Security  
13 Act (42 U.S.C. 1395x(aa)(4));

14 “(6) a rural health clinic;

15 “(7) a health department;

16 “(8) an Indian Health Service hospital or clinic;

17 “(9) an Indian tribal health facility;

18 “(10) an urban Indian facility;

19 “(11) any health provider;

20 “(12) an accredited university or college;

21 “(13) a community-based organization;

22 “(14) a local city planning agency; or

23 “(15) any other entity determined appropriate  
24 by the Secretary.

1       “(e) USE OF FUNDS.—An eligible entity that receives  
2 a grant under this section shall use the funds made avail-  
3 able through the grant to—

4           “(1) carry out community-based activities  
5 including—

6           “(A) city planning, transportation initia-  
7 tives, and environmental changes that help pro-  
8 mote physical activity, such as increasing the  
9 use of walking or bicycling as a mode of trans-  
10 portation;

11           “(B) forming partnerships and activities  
12 with businesses and other entities to increase  
13 physical activity levels and promote healthy eat-  
14 ing behaviors at the workplace and while trav-  
15 eling to and from the workplace;

16           “(C) forming partnerships with entities, in-  
17 cluding schools, faith-based entities, and other  
18 facilities providing recreational services, to es-  
19 tablish programs that use their facilities for  
20 after school and weekend community activities;

21           “(D) establishing incentives for retail food  
22 stores, farmer’s markets, food co-ops, grocery  
23 stores, and other retail food outlets that offer  
24 nutritious foods to encourage such stores and

1 outlets to locate in economically depressed  
2 areas;

3 “(E) forming partnerships with senior cen-  
4 ters and nursing homes to establish programs  
5 for older people to foster physical activity and  
6 healthy eating behaviors;

7 “(F) forming partnerships with daycare fa-  
8 cilities to establish programs that promote  
9 healthy eating behaviors and physical activity;  
10 and

11 “(G) providing community educational ac-  
12 tivities targeting good nutrition;

13 “(2) carry out age-appropriate school-based ac-  
14 tivities including—

15 “(A) developing and testing educational  
16 curricula and intervention programs designed to  
17 promote healthy eating behaviors and habits in  
18 youth, which may include—

19 “(i) after hours physical activity pro-  
20 grams;

21 “(ii) increasing opportunities for stu-  
22 dents to make informed choices regarding  
23 healthy eating behaviors; and

24 “(iii) science-based interventions with  
25 multiple components to prevent eating dis-

1 orders including nutritional content, under-  
2 standing and responding to hunger and sa-  
3 tiety, positive body image development,  
4 positive self-esteem development, and  
5 learning life skills (such as stress manage-  
6 ment, communication skills, problem-solv-  
7 ing and decisionmaking skills), as well as  
8 consideration of cultural and develop-  
9 mental issues, and the role of family,  
10 school, and community;

11 “(B) providing education and training to  
12 educational professionals regarding a healthy  
13 lifestyle and a healthy school environment;

14 “(C) planning and implementing a healthy  
15 lifestyle curriculum or program with an empha-  
16 sis on healthy eating behaviors and physical ac-  
17 tivity; and

18 “(D) planning and implementing healthy  
19 lifestyle classes or programs for parents or  
20 guardians, with an emphasis on healthy eating  
21 behaviors and physical activity;

22 “(3) carry out activities through the local  
23 health care delivery systems including—

1           “(A) promoting healthy eating behaviors  
2           and physical activity services to treat or prevent  
3           eating disorders, being overweight, and obesity;

4           “(B) providing patient education and coun-  
5           seling to increase physical activity and promote  
6           healthy eating behaviors; and

7           “(C) providing community education on  
8           good nutrition and physical activity to develop  
9           a better understanding of the relationship be-  
10          tween diet, physical activity, and eating dis-  
11          orders, obesity, or being overweight; or

12          “(4) other activities determined appropriate by  
13          the Secretary.

14          “(f) MATCHING FUNDS.—In awarding grants under  
15          subsection (a), the Secretary may give priority to eligible  
16          entities who provide matching contributions. Such non-  
17          Federal contributions may be cash or in kind, fairly evalu-  
18          ated, including plant, equipment, or services.

19          “(g) TECHNICAL ASSISTANCE.—The Secretary may  
20          set aside an amount not to exceed 10 percent of the total  
21          amount appropriated for a fiscal year under subsection (k)  
22          to permit the Director of the Centers for Disease Control  
23          and Prevention to provide grantees with technical support  
24          in the development, implementation, and evaluation of  
25          programs under this section and to disseminate informa-

1 tion about effective strategies and interventions in pre-  
 2 venting and treating obesity and eating disorders through  
 3 the promotion of healthy eating behaviors and physical ac-  
 4 tivity.

5 “(h) LIMITATION ON ADMINISTRATIVE COSTS.—An  
 6 eligible entity awarded a grant under this section may not  
 7 use more than 10 percent of funds awarded under such  
 8 grant for administrative expenses.

9 “(i) REPORT.—Not later than 6 years after the date  
 10 of enactment of the Improved Nutrition and Physical Ac-  
 11 tivity Act, the Director of the Centers for Disease Control  
 12 and Prevention shall review the results of the grants  
 13 awarded under this section and other related research and  
 14 identify programs that have demonstrated effectiveness in  
 15 healthy eating behaviors and physical activity in youth.

16 “(j) DEFINITIONS.—In this section:

17 “(1) ANOREXIA NERVOSA.—The term ‘Anorexia  
 18 Nervosa’ means an eating disorder characterized by  
 19 self-starvation and excessive weight loss.

20 “(2) BINGE EATING DISORDER.—The term  
 21 ‘binge eating disorder’ means a disorder character-  
 22 ized by frequent episodes of uncontrolled eating.

23 “(3) BULIMIA NERVOSA.—The term ‘Bulimia  
 24 Nervosa’ means an eating disorder characterized by  
 25 excessive food consumption, followed by inappro-

1        appropriate compensatory behaviors, such as self-induced  
2        vomiting, misuse of laxatives, fasting, or excessive  
3        exercise.

4            “(4) EATING DISORDERS.—The term ‘eating  
5        disorders’ means disorders of eating, including Ano-  
6        rexia Nervosa, Bulimia Nervosa, and binge eating  
7        disorder.

8            “(5) HEALTHY EATING BEHAVIORS.—The term  
9        ‘healthy eating behaviors’ means—

10            “(A) eating in quantities adequate to meet,  
11            but not in excess of, daily energy needs;

12            “(B) choosing foods to promote health and  
13            prevent disease;

14            “(C) eating comfortably in social environ-  
15            ments that promote healthy relationships with  
16            family, peers, and community; and

17            “(D) eating in a manner to acknowledge  
18            internal signals of hunger and satiety.

19            “(6) OBESE.—The term ‘obese’ means an adult  
20        with a Body Mass Index (BMI) of 30 kg/m<sup>2</sup> or  
21        greater.

22            “(7) OVERWEIGHT.—The term ‘overweight’  
23        means an adult with a Body Mass Index (BMI) of  
24        25 to 29.9 kg/m<sup>2</sup> and a child or adolescent with a  
25        BMI at or above the 95th percentile on the revised

1 Centers for Disease Control and Prevention growth  
2 charts or another appropriate childhood definition,  
3 as defined by the Secretary.

4 “(8) YOUTH.—The term ‘youth’ means individ-  
5 uals not more than 18 years old.

6 “(k) AUTHORIZATION OF APPROPRIATIONS.—There  
7 are authorized to be appropriated to carry out this section,  
8 \$60,000,000 for fiscal year 2004 and such sums as may  
9 be necessary for each of fiscal years 2005 through 2008.  
10 Of the funds appropriated pursuant to this subsection, the  
11 following amounts shall be set aside for activities related  
12 to eating disorders:

13 “(1) \$5,000,000 for fiscal year 2004.

14 “(2) \$5,500,000 for fiscal year 2005.

15 “(3) \$6,000,000 for fiscal year 2006.

16 “(4) \$6,500,000 for fiscal year 2007.

17 “(5) \$1,000,000 for fiscal year 2008.”.

18 **SEC. 202. NATIONAL CENTER FOR HEALTH STATISTICS.**

19 Section 306 of the Public Health Service Act (42  
20 U.S.C. 242k) is amended—

21 (1) in subsection (m)(4)(B), by striking “sub-  
22 section (n)” each place it appears and inserting  
23 “subsection (o)”;

24 (2) by redesignating subsection (n) as sub-  
25 section (o); and

1           (3) by inserting after subsection (m) the fol-  
2           lowing:

3           “(n)(1) The Secretary, acting through the Center,  
4           may provide for the—

5           “(A) collection of data for determining the fit-  
6           ness levels and energy expenditure of children and  
7           youth; and

8           “(B) analysis of data collected as part of the  
9           National Health and Nutrition Examination Survey  
10          and other data sources.

11          “(2) In carrying out paragraph (1), the Secretary,  
12          acting through the Center, may make grants to States,  
13          public entities, and nonprofit entities.

14          “(3) The Secretary, acting through the Center, may  
15          provide technical assistance, standards, and methodologies  
16          to grantees supported by this subsection in order to maxi-  
17          mize the data quality and comparability with other stud-  
18          ies.”.

19       **SEC. 203. HEALTH DISPARITIES REPORT.**

20          Not later than 18 months after the date of enactment  
21          of this Act, and annually thereafter, the Director of the  
22          Agency for Healthcare Research and Quality shall review  
23          all research that results from the activities outlined in this  
24          Act and determine if particular information may be impor-  
25          tant to the report on health disparities required by section

1 903(c)(3) of the Public Health Service Act (42 U.S.C.  
2 299a-1(c)(3)).

3 **SEC. 204. PREVENTIVE HEALTH SERVICES BLOCK GRANT.**

4 Section 1904(a)(1) of the Public Health Service Act  
5 (42 U.S.C. 300w-3(a)(1)) is amended by adding at the  
6 end the following:

7 “(H) Activities and community education pro-  
8 grams designed to address and prevent overweight,  
9 obesity, and eating disorders through effective pro-  
10 grams to promote healthy eating, and exercise habits  
11 and behaviors.”.

12 **SEC. 205. REPORT ON OBESITY RESEARCH.**

13 (a) IN GENERAL.—Not later than 1 year after the  
14 date of enactment of this Act, the Secretary of Health and  
15 Human Services shall submit to the Committee on Health,  
16 Education, Labor, and Pensions of the Senate and the  
17 Committee on Energy and Commerce of the House of  
18 Representatives a report on research conducted on causes  
19 and health implications of obesity and being overweight.

20 (b) CONTENT.—The report described in subsection  
21 (a) shall contain—

22 (1) descriptions on the status of relevant, cur-  
23 rent, ongoing research being conducted in the De-  
24 partment of Health and Human Services including  
25 research at the National Institutes of Health, the

1 Centers for Disease Control and Prevention, the  
 2 Agency for Healthcare Research and Quality, the  
 3 Health Resources and Services Administration, and  
 4 other offices and agencies;

5 (2) information about what these studies have  
 6 shown regarding the causes of, prevention of, and  
 7 treatment of, overweight and obesity; and

8 (3) recommendations on further research that  
 9 is needed, including research among diverse popu-  
 10 lations, the department’s plan for conducting such  
 11 research, and how current knowledge can be dissemi-  
 12 nated.

13 **SEC. 206. REPORT ON A NATIONAL CAMPAIGN TO CHANGE**  
 14 **CHILDREN’S HEALTH BEHAVIORS AND RE-**  
 15 **DUCE OBESITY.**

16 Section 399Y of the Public Health Service Act (42  
 17 U.S.C. 280h–2) is amended—

18 (1) by redesignating subsection (b) as sub-  
 19 section (c); and

20 (2) by inserting after subsection (a) the fol-  
 21 lowing:

22 “(b) REPORT.—The Secretary shall evaluate the ef-  
 23 fectiveness of the campaign described in subsection (a) in  
 24 changing children’s behaviors and reducing obesity and  
 25 shall report such results to the Committee on Health,

- 1 Education, Labor, and Pensions of the Senate and the
- 2 Committee on Energy and Commerce of the House of
- 3 Representatives.”.

Passed the Senate December 9, 2003.

Attest:

*Secretary.*

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