

108TH CONGRESS
1ST SESSION

S. 1172

To establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 3, 2003

Mr. FRIST (for himself, Mr. BINGAMAN, Mr. DODD, Mr. DEWINE, Mrs. CLINTON, Mr. WARNER, Mrs. MURRAY, Mr. LUGAR, Ms. LANDRIEU, Mr. SESSIONS, and Mr. ALEXANDER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor and Pensions

A BILL

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”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

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

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

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

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

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

18 (6) The Healthy People 2010 goals identify
19 obesity and being overweight as one of the Nation's
20 leading health problems and include objectives of in-
21 creasing the proportion of adults who are at a
22 healthy weight, reducing the proportion of adults
23 who are obese, and reducing the proportion of chil-
24 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 at 18 times the risk of death of other women
23 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; and

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, racial and ethnic minorities, and the un-
16 derserved.

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, in-
24 cluding—

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; and

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

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

21 “(c) COORDINATION.—In awarding grants under this
22 section, the Secretary shall ensure that the proposed pro-
23 grams are coordinated in substance and format with pro-
24 grams currently funded through other Federal agencies
25 and operating within the community including the Phys-

1 ical Education Program (PEP) of the Department of Edu-
2 cation.

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

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

6 “(2) a State educational agency;

7 “(3) a tribal educational agency;

8 “(4) a local educational agency;

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

12 “(6) a rural health clinic;

13 “(7) a health department;

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

15 “(9) an Indian tribal health facility;

16 “(10) an urban Indian facility;

17 “(11) any health care service provider;

18 “(12) an accredited university or college; or

19 “(13) any other entity determined appropriate
20 by the Secretary.

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

24 “(1) carry out community-based activities in-
25 cluding—

1 “(A) planning and implementing environ-
2 mental changes that promote physical activity;

3 “(B) forming partnerships and activities
4 with businesses and other entities to increase
5 physical activity levels and promote healthy eat-
6 ing behaviors at the workplace and while trav-
7 eling to and from the workplace;

8 “(C) forming partnerships with entities, in-
9 cluding schools, faith-based entities, and other
10 facilities providing recreational services, to es-
11 tablish programs that use their facilities for
12 after school and weekend community activities;

13 “(D) establishing incentives for retail food
14 stores, farmer’s markets, food coops, grocery
15 stores, and other retail food outlets that offer
16 nutritious foods to encourage such stores and
17 outlets to locate in economically depressed
18 areas;

19 “(E) forming partnerships with senior cen-
20 ters and nursing homes to establish programs
21 for older people to foster physical activity and
22 healthy eating behaviors;

23 “(F) forming partnerships with day care
24 facilities to establish programs that promote

1 healthy eating behaviors and physical activity;
2 and

3 “(G) providing community educational ac-
4 tivities targeting good nutrition;

5 “(2) carry out age-appropriate school-based ac-
6 tivities including—

7 “(A) developing and testing educational
8 curricula and intervention programs designed to
9 promote healthy eating behaviors and habits in
10 youth, which may include—

11 “(i) after hours physical activity pro-
12 grams;

13 “(ii) increasing opportunities for stu-
14 dents to make informed choices regarding
15 healthy eating behaviors; and

16 “(iii) science-based interventions with
17 multiple components to prevent eating dis-
18 orders including nutritional content, under-
19 standing and responding to hunger and sa-
20 tiety, positive body image development,
21 positive self-esteem development, and
22 learning life skills (such as stress manage-
23 ment, communication skills, problem-solv-
24 ing and decisionmaking skills), as well as
25 consideration of cultural and develop-

1 mental issues, and the role of family,
2 school, and community;

3 “(B) providing education and training to
4 educational professionals regarding a healthy
5 lifestyle and a healthy school environment;

6 “(C) planning and implementing a healthy
7 lifestyle curriculum or program with an empha-
8 sis on healthy eating behaviors and physical ac-
9 tivity; and

10 “(D) planning and implementing healthy
11 lifestyle classes or programs for parents or
12 guardians, with an emphasis on healthy eating
13 behaviors and physical activity;

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

16 “(A) promoting healthy eating behaviors
17 and physical activity services to treat or prevent
18 eating disorders, being overweight, and obesity;

19 “(B) providing patient education and coun-
20 seling to increase physical activity and promote
21 healthy eating behaviors; and

22 “(C) providing community education on
23 good nutrition and physical activity to develop
24 a better understanding of the relationship be-

1 tween diet, physical activity, and eating dis-
2 orders, obesity, or being overweight; or

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

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

10 “(g) TECHNICAL ASSISTANCE.—The Secretary may
11 set aside an amount not to exceed 10 percent of the total
12 amount appropriated for a fiscal year under subsection (k)
13 to permit the Director of the Centers for Disease Control
14 and Prevention to provide grantees with technical support
15 in the development, implementation, and evaluation of
16 programs under this section and to disseminate informa-
17 tion about effective strategies and interventions in pre-
18 venting and treating obesity and eating disorders through
19 the promotion of healthy eating behaviors and physical ac-
20 tivity.

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

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

8 “(j) DEFINITIONS.—In this section:

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

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

15 “(3) BULIMIA NERVOSA.—The term ‘Bulimia
16 Nervosa’ means an eating disorder characterized by
17 excessive food consumption, followed by inappro-
18 priate compensatory behaviors, such as self-induced
19 vomiting, misuse of laxatives, fasting, or excessive
20 exercise.

21 “(4) EATING DISORDERS.—The term ‘eating
22 disorders’ means disorders of eating, including Ano-
23 rexia Nervosa, Bulimia Nervosa, and binge eating
24 disorder.

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

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

5 “(B) choosing foods to promote health and
6 prevent disease;

7 “(C) eating comfortably in social environ-
8 ments that promote healthy relationships with
9 family, peers, and community; and

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

12 “(6) OBESE.—The term ‘obese’ means an adult
13 with a Body Mass Index (BMI) of 30 kg/m² or
14 greater.

15 “(7) OVERWEIGHT.—The term ‘overweight’
16 means an adult with a Body Mass Index (BMI) of
17 25 to 29.9 kg/m² and a child or adolescent with a
18 BMI at or above the 95th percentile on the revised
19 Centers for Disease Control and Prevention growth
20 charts or another appropriate childhood definition,
21 as defined by the Secretary.

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

24 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
25 are authorized to be appropriated to carry out this section,

1 \$60,000,000 for fiscal year 2004 and such sums as may
2 be necessary for each of fiscal years 2005 through 2008.
3 Of the funds appropriated pursuant to this subsection, the
4 following amounts shall be set aside for activities related
5 to eating disorders:

6 “(1) \$5,000,000 for fiscal year 2004.

7 “(2) \$5,500,000 for fiscal year 2005.

8 “(3) \$6,000,000 for fiscal year 2006.

9 “(4) \$6,500,000 for fiscal year 2007.

10 “(5) \$1,000,000 for fiscal year 2008.”

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

12 Section 306 of the Public Health Service Act (42
13 U.S.C. 242k) is amended by striking subsection (n) and
14 inserting the following:

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

17 “(A) collection of data for determining the fit-
18 ness levels and energy expenditure of children and
19 youth; and

20 “(B) analysis of data collected as part of the
21 National Health and Nutrition Examination Survey
22 and other data sources.

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

1 (4) identify obstacles that prevent or hinder the
2 programs from achieving their objectives.

3 (c) REPORT.—Not later than 2 years after the date
4 of enactment of this Act, the Secretary of Agriculture shall
5 submit to the appropriate committees of Congress a report
6 containing the results of the Institute of Medicine study
7 authorized under this section.

8 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
9 authorized to be appropriated to carry out this section
10 \$750,000 for fiscal years 2003 and 2004.

11 **SEC. 204. HEALTH DISPARITIES REPORT.**

12 Not later than 18 months after the date of enactment
13 of this Act, and annually thereafter, the Director of the
14 Agency for Healthcare Research and Quality shall review
15 all research that results from the activities outlined in this
16 Act and determine if particular information may be impor-
17 tant to the report on health disparities required by section
18 903(c)(3) of the Public Health Service Act (42 U.S.C.
19 299a–1(c)(3)).

20 **SEC. 205. PREVENTIVE HEALTH SERVICES BLOCK GRANT.**

21 Section 1904(a)(1) of the Public Health Service Act
22 (42 U.S.C. 300w–3(a)(1)) is amended by adding at the
23 end the following:

24 “(H) Activities and community education pro-
25 grams designed to address and prevent overweight,

1 obesity, and eating disorders through effective pro-
2 grams to promote healthy eating, and exercise habits
3 and behaviors.”.

4 **SEC. 206. REPORT ON OBESITY RESEARCH.**

5 (a) IN GENERAL.—Not later than 1 year after the
6 date of enactment of this Act, the Secretary of Health and
7 Human Services shall submit to the Committee on Health,
8 Education, Labor, and Pensions of the Senate and the
9 Committee on Energy and Commerce of the House of
10 Representatives a report on research conducted on causes
11 and health implications of obesity and being overweight.

12 (b) CONTENT.—The report described in subsection
13 (a) shall contain—

14 (1) descriptions on the status of relevant, cur-
15 rent, ongoing research being conducted in the De-
16 partment of Health and Human Services including
17 research at the National Institutes of Health, the
18 Centers for Disease Control and Prevention, the
19 Agency for Healthcare Research and Quality, the
20 Health Resources and Services Administration, and
21 other offices and agencies;

22 (2) information about what these studies have
23 shown regarding the causes of, prevention of, and
24 treatment of, overweight and obesity; and

1 (3) recommendations on further research that
2 is needed, including research among diverse popu-
3 lations, the department’s plan for conducting such
4 research, and how current knowledge can be dissemi-
5 nated.

6 **SEC. 207. REPORT ON A NATIONAL CAMPAIGN TO CHANGE**
7 **CHILDREN’S HEALTH BEHAVIORS AND RE-**
8 **DUCE OBESITY.**

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

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

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

15 “(b) REPORT.—The Secretary shall evaluate the ef-
16 fectiveness of the campaign described in subsection (a) in
17 changing children’s behaviors and reducing obesity and
18 shall report such results to the Committee on Health,
19 Education, Labor, and Pensions of the Senate and the
20 Committee on Energy and Commerce of the House of
21 Representatives.”.

○