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(Original Signature of Member)

110TH CONGRESS
1ST SESSION

H. R.

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

IN THE HOUSE OF REPRESENTATIVES

Mrs. BONO (for herself and [see ATTACHED LIST of cosponsors]) introduced the following bill; which was referred to the Committee on

A BILL

To establish grants to provide health services for improved nutrition, increased physical activity, obesity and eating disorder 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) In July 2004, the Secretary of Health and
2 Human Service recognized “obesity is a critical pub-
3 lic health problem in our country” and under the
4 medicare program language was removed from the
5 coverage manual stating that obesity is not an ill-
6 ness.

7 (2) The National Health and Nutrition Exam-
8 ination Survey for 2002 found that an estimated 65
9 percent of adults are overweight and 31 percent of
10 adults are obese and 16 percent of children and ado-
11 lescents in the United States are overweight or
12 obese.

13 (3) The Institute of Medicine reported in “Pre-
14 venting Childhood Obesity” (2004) that approxi-
15 mately 60 percent of obese children between 5 and
16 10 years of age have at least one cardiovascular dis-
17 ease risk factor and 25 percent have two or more
18 such risk factors.

19 (4) The Institute of Medicine reports that the
20 prevalence of overweight and obesity is increasing
21 among all age groups. There is twice the number of
22 overweight children between 2 and 5 years of age
23 and adolescents between 12 and 19 years of age,
24 and 3 times the number of children between 6 and
25 11 years of age as there were 30 years ago.

1 (5) According to the 2004 Institute of Medicine
2 report, obesity-associated annual hospital costs for
3 children and youth more than tripled over 2 decades,
4 rising from \$35,000,000 in the period 1979 through
5 1981 to \$127,000,000 in the period 1997 through
6 1999.

7 (6) The Centers for Disease Control and Pre-
8 vention reports have estimated that as many as
9 365,000 deaths a year are associated with being
10 overweight or obese. Overweight and obesity are as-
11 sociated with an increased risk for heart disease (the
12 leading cause of death), cancer (the second leading
13 cause of death), diabetes (the 6th leading cause of
14 death), and musculoskeletal disorders.

15 (7) According to the National Institute of Dia-
16 betes and Digestive and Kidney Diseases, individuals
17 who are obese have a 50 to 100 percent increased
18 risk of premature death.

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

1 (9) 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 (10) The 2005 Surgeon General's report "The
7 Year of the Healthy Child" lists the treatment and
8 prevention of obesity as a national priority.

9 (11) The Institute of Medicine report "Pre-
10 venting Childhood Obesity" (2004) finds that "child-
11 hood obesity is a serious nationwide health problem
12 requiring urgent attention and a population-based
13 prevention approach...".

14 (12) The Centers for Disease Control and Pre-
15 vention estimates the annual expenditures related to
16 overweight and obesity in adults in the United
17 States to be \$264,000,000,000 (exceeding the cost
18 of tobacco-related illnesses) and appears to be rising
19 dramatically. This cost can potentially escalate
20 markedly as obesity rates continue to rise and the
21 medical complications of obesity are emerging at
22 even younger ages. Therefore, the total disease bur-
23 den will most likely increase, as well as the attend-
24 ant health-related costs.

1 (13) Weight control programs should promote a
2 healthy lifestyle including regular physical activity
3 and healthy eating, as consistently discussed and
4 identified in a variety of public and private con-
5 sensus documents, including the 2001 U.S. Surgeon
6 General's report "A Call To Action" and other docu-
7 ments prepared by the Department of Health and
8 Human Services and other agencies.

9 (14) The Institute of Medicine reports that
10 poor eating habits are a risk factor for the develop-
11 ment of eating disorders and obesity. In 2002, more
12 than 35,000,000 Americans experienced limited ac-
13 cess to nutritious food on a regular basis. The avail-
14 ability of high-calorie, low nutrient foods have in-
15 creased in low-income neighborhoods due to many
16 factors.

17 (15) Effective interventions for promoting
18 healthy eating behaviors should promote healthy life-
19 style and not inadvertently promote unhealthy
20 weight management techniques.

21 (16) The National Institutes of Health reports
22 that eating disorders are commonly associated with
23 substantial psychological problems, including depres-
24 sion, substance abuse, and suicide.

1 (17) The National Association of Anorexia
2 Nervosa and Associated Disorders estimates there
3 are 8,000,000 Americans experience eating dis-
4 orders. Eating disorders of all types are more com-
5 mon in women than men.

6 (18) The health risks of Binge Eating Disorder
7 are those associated with obesity and include heart
8 disease, gall bladder disease, and diabetes.

9 (19) According to the National Institute of
10 Mental Health, Binge Eating Disorder is character-
11 ized by frequent episodes of uncontrolled overeating,
12 with an estimated 2 to 5 percent of Americans expe-
13 riencing this disorder in a 6-month period.

14 (20) Additionally, the National Institute of
15 Mental Health reports that Anorexia Nervosa, an
16 eating disorder from which 0.5 to 3.7 percent of
17 American women will suffer in their lifetime, is asso-
18 ciated with serious health consequences including
19 heart failure, kidney failure, osteoporosis, and death.
20 According to the National Institute of Mental
21 Health, Anorexia Nervosa has one of the highest
22 mortality rates of all psychiatric disorders, placing a
23 young woman with Anorexia Nervosa at 12 times
24 the risk of death of other women her age.

1 (21) In 2001, the National Institute of Mental
2 Health reported that 1.1 to 4.2 percent of American
3 women will suffer from Bulimia Nervosa in their
4 lifetime. Bulimia Nervosa is an eating disorder that
5 is associated with cardiac, gastrointestinal, and den-
6 tal problems, including irregular heartbeats, gastric
7 ruptures, peptic ulcers, and tooth decay.

8 (22) On the 2003 Youth Risk Behavior Survey,
9 6 percent of high school students reported recent use
10 of laxatives or vomiting to control their weight.

11 (23) The Girl Scout Research Institute found
12 that most girls have a holistic view of health and be-
13 lieve physical and emotional health are of equal im-
14 portance. This connection is reflected in their behav-
15 ior and attitudes toward diet and exercise. (“The
16 New Normal?: What Girls Say about Healthy Liv-
17 ing” 2006.)

18 (24) According to the American Academy of
19 Pediatrics, the current epidemic of inactivity and the
20 associated epidemic of obesity are being driven by
21 multiple factors (societal, technologic, industrial,
22 commercial, financial) and must be addressed like-
23 wise on several fronts. Success is more likely to be
24 achieved by the implementation of sustainable, eco-
25 nomicly viable, culturally acceptable active-living

1 policies that can be integrated into multiple sectors
2 of society. (“Pediatrics” Vol. 117 No. 5 May 2006,
3 pp. 1834–1842 (doi:10.1542/peds.2006-0472) (“Ac-
4 tive Healthy Living: Prevention of Childhood Obesity
5 Through Increased Physical Activity”))

6 (25) The Institute of Medicine reports that tak-
7 ing action against childhood obesity must address
8 the factors that influence both eating and physical
9 activity. According to the Institute of Medicine,
10 “[a]lthough a number of organizations, industries,
11 institutions, and agencies must be involved in de-
12 signing and implementing changes, efforts cannot
13 succeed unless they also engage the families, schools,
14 and communities that create the environments in
15 which children live and their behaviors are formed”.

16 **TITLE I—TRAINING GRANTS**

17 **SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH** 18 **PROFESSION STUDENTS.**

19 Section 747(c)(3) of the Public Health Service Act
20 (42 U.S.C. 293k(c)(3)) is amended by striking “and vic-
21 tims of domestic violence” and inserting “victims of do-
22 mestic violence, individuals (including children) who are
23 overweight or obese (as such terms are defined in section
24 399W(j)) and at-risk for related serious and chronic med-

1 ical conditions, and individuals who suffer from eating dis-
2 orders”.

3 **SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH**
4 **PROFESSIONALS.**

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

7 (1) in subsection (b), by striking “2005” and
8 inserting “2008”;

9 (2) by redesignating subsection (b) as sub-
10 section (c);

11 (3) by inserting after subsection (a) the fol-
12 lowing:

13 “(b) GRANTS.—

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

20 “(2) APPLICATION.—An entity that desires a
21 grant under this subsection shall submit an applica-
22 tion at such time, in such manner, and containing
23 such information as the Secretary may require, in-
24 cluding a plan for the use of funds that may be

1 awarded and an evaluation of the training that will
2 be provided.

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

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

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

14 “(ii) the link between obesity, being
15 overweight, eating disorders and related se-
16 rious and chronic medical conditions;

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

23 “(iv) how to identify overweight,
24 obese, individuals with eating disorders,
25 and those who are at risk for obesity and

1 being overweight or suffer from eating dis-
2 orders and, therefore, at risk for related
3 serious and chronic medical conditions; and

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

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

11 (4) in subsection (c) (as so redesignated)—

12 (A) by striking “There are authorized to
13 be appropriated to carry out this section” and
14 all that follows and inserting the following:

15 “There are authorized to be appropriated—

16 “(1) to carry out subsection (a),”; and

17 (B) by adding at the end the following:

18 “(2) to carry out subsection (b), \$10,000,000
19 for fiscal year 2008, and such sums as may be nec-
20 essary for each of fiscal years 2009 through 2012.”.

1 **TITLE II—COMMUNITY-BASED**
2 **SOLUTIONS TO INCREASE**
3 **PHYSICAL ACTIVITY, IM-**
4 **PROVE NUTRITION, AND PRO-**
5 **MOTE HEALTHY EATING BE-**
6 **HAVIORS**

7 **SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY, IM-**
8 **PROVE NUTRITION, AND PROMOTE HEALTHY**
9 **EATING BEHAVIORS.**

10 Part Q of title III of the Public Health Service Act
11 (42 U.S.C. 280h et seq.) is amended by striking section
12 399W and inserting the following:

13 **“SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY, IM-**
14 **PROVE NUTRITION, AND PROMOTE HEALTHY**
15 **EATING BEHAVIORS.**

16 “(a) ESTABLISHMENT.—

17 “(1) IN GENERAL.—The Secretary, acting
18 through the Director of the Centers for Disease
19 Control and Prevention and in coordination with the
20 Administrator of the Health Resources and Services
21 Administration, the Director of the Indian Health
22 Service, the Secretary of Education, the Secretary of
23 Agriculture, the Secretary of the Interior, the Direc-
24 tor of the National Institutes of Health, the Director
25 of the Office of Women’s Health, and the heads of

1 other appropriate agencies, shall award competitive
2 grants to eligible entities to plan and implement pro-
3 grams that promote healthy eating behaviors and
4 physical activity to prevent eating disorders, obesity,
5 being overweight, and related serious and chronic
6 medical conditions. Such grants may be awarded to
7 target at-risk populations including youth, adoles-
8 cent girls, health disparity populations (as defined in
9 section 485E(d)), and the underserved.

10 “(2) TERM.—The Secretary shall award grants
11 under this subsection for a period not to exceed 4
12 years.

13 “(b) AWARD OF GRANTS.—An eligible entity desiring
14 a grant under this section shall submit an application to
15 the Secretary at such time, in such manner, and con-
16 taining such information as the Secretary may require, in-
17 cluding—

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

21 “(2) the manner in which the eligible entity will
22 coordinate with appropriate State and local authori-
23 ties and community-based organizations, including—

24 “(A) State and local educational agencies;

25 “(B) departments of health;

1 “(C) chronic disease directors;

2 “(D) State directors of programs under
3 section 17 of the Child Nutrition Act of 1966
4 (42 U.S.C. 1786);

5 “(E) governors’ councils for physical activ-
6 ity and good nutrition;

7 “(F) State and local parks and recreation
8 departments; and

9 “(G) State and local departments of trans-
10 portation and city planning; and

11 “(H) community-based organizations serv-
12 ing youth; and

13 “(3) the manner in which the applicant will
14 evaluate the effectiveness of the program carried out
15 under this section.

16 “(c) COORDINATION.—In awarding grants under this
17 section, the Secretary shall ensure that the proposed pro-
18 grams are coordinated in substance and format with pro-
19 grams currently funded through other Federal agencies
20 and operating within the community including the Phys-
21 ical Education Program (PEP) of the Department of Edu-
22 cation.

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

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

1 “(2) a State educational agency;

2 “(3) a tribal educational agency;

3 “(4) a local educational agency;

4 “(5) a federally qualified health center (as de-
5 fined in section 1861(aa)(4) of the Social Security
6 Act);

7 “(6) a rural health clinic;

8 “(7) a health department;

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

10 “(9) an Indian tribal health facility;

11 “(10) an urban Indian facility;

12 “(11) any health provider;

13 “(12) an accredited university or college;

14 “(13) a community-based organization;

15 “(14) a local city planning agency;

16 “(15) a State or local parks and recreation de-
17 partment; or

18 “(16) any other entity determined appropriate
19 by the Secretary.

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

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

1 “(A) city planning, transportation initia-
2 tives, and environmental changes that help pro-
3 mote physical activity, such as increasing the
4 use of walking or bicycling as a mode of trans-
5 portation;

6 “(B) forming partnerships and activities
7 with businesses, community-based organiza-
8 tions, and other entities to increase physical ac-
9 tivity levels and promote healthy eating behav-
10 iors in schools and while traveling to and from
11 schools;

12 “(C) forming partnerships with entities, in-
13 cluding schools, faith-based entities, commu-
14 nity-based organizations, and other organiza-
15 tions providing recreational services, to estab-
16 lish programs that use their facilities or other
17 resources for after-school, weekend, and sum-
18 mer community activities, especially those that
19 promote or involve physical activity;

20 “(D) establishing incentives for retail food
21 stores, farmer’s markets, food co-ops, grocery
22 stores, and other retail food outlets that offer
23 fresh fruits and vegetables and other nutritious
24 foods to encourage such stores and outlets to
25 locate in economically depressed areas;

1 “(E) forming partnerships with senior cen-
2 ters, nursing facilities, retirement communities,
3 and assisted living facilities to establish pro-
4 grams for older people to foster physical activ-
5 ity and healthy eating behaviors;

6 “(F) forming partnerships with daycare
7 and after-school entities to establish programs
8 that promote healthy eating behaviors and
9 physical activity;

10 “(G) developing and evaluating community
11 educational activities targeting good nutrition
12 and promoting healthy eating behaviors; and

13 “(H) providing, directly or in cooperation
14 with State and local parks and recreation de-
15 partments, programs and other opportunities
16 for daily physical activity;

17 “(2) carry out age-appropriate school-based ac-
18 tivities including—

19 “(A) developing and testing educational
20 curricula and intervention programs designed to
21 promote healthy eating behaviors and habits in
22 youth, which may include—

23 “(i) after hours physical activity pro-
24 grams;

1 “(ii) increasing opportunities for stu-
2 dents to make informed choices regarding
3 healthy eating behaviors; and

4 “(iii) science-based interventions with
5 multiple components to prevent eating dis-
6 orders including nutritional content, under-
7 standing and responding to hunger and sa-
8 tiation, positive body image development,
9 positive self-esteem development, and
10 learning life skills (such as stress manage-
11 ment, communication skills, problem-solv-
12 ing and decisionmaking skills), as well as
13 consideration of cultural and develop-
14 mental issues, and the role of family,
15 school, and community;

16 “(B) providing education and training to
17 educational professionals regarding a healthy
18 lifestyle and a healthy school environment;

19 “(C) planning and implementing a healthy
20 lifestyle curriculum or program with an empha-
21 sis on healthy eating behaviors and physical ac-
22 tivity; and

23 “(D) planning and implementing healthy
24 lifestyle classes or programs for parents or

1 guardians, with an emphasis on healthy eating
2 behaviors and physical activity;

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

5 “(A) promoting healthy eating behaviors
6 and physical activity services to treat or prevent
7 eating disorders, being overweight, and obesity;

8 “(B) providing patient education and coun-
9 seling to increase physical activity and promote
10 healthy eating behaviors; and

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

16 “(4) other activities determined appropriate by
17 the Secretary (including evaluation or identification
18 and dissemination of outcomes and best practices).

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

24 “(g) TECHNICAL ASSISTANCE.—The Secretary may
25 set aside an amount not to exceed 10 percent of the total

1 amount appropriated for a fiscal year under subsection (k)
2 to permit the Director of the Centers for Disease Control
3 and Prevention to provide grantees with technical support
4 in the development, implementation, and evaluation of
5 programs under this section and to disseminate informa-
6 tion about effective strategies and interventions in pre-
7 venting and treating obesity and eating disorders through
8 the promotion of healthy eating behaviors and physical ac-
9 tivity.

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

14 “(i) REPORT.—Not later than 6 years after the date
15 of enactment of the Improved Nutrition and Physical Ac-
16 tivity Act, the Director of the Centers for Disease Control
17 and Prevention shall review the results of the grants
18 awarded under this section and other related research and
19 identify programs that have demonstrated effectiveness in
20 promoting healthy eating behaviors and physical activity
21 in youth. Such review shall include an identification of
22 model curricula, best practices, and lessons learned, as
23 well as recommendations for next steps to reduce over-
24 weight, obesity, and eating disorders. Information derived

1 from such review, including model program curricula, shall
2 be disseminated to the public.

3 “(j) DEFINITIONS.—In this section:

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

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

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

16 “(4) EATING DISORDERS.—The term ‘eating
17 disorders’ means disorders of eating, including Ano-
18 rexia Nervosa, Bulimia Nervosa, binge eating dis-
19 order, and eating disorders not otherwise specified.

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

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

24 “(B) choosing foods to promote health and
25 prevent disease;

1 “(C) eating comfortably in social environ-
2 ments that promote healthy relationships with
3 family, peers, and community; and

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

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

9 “(7) OVERWEIGHT.—The term ‘overweight’
10 means an adult with a Body Mass Index (BMI) of
11 25 to 29.9 kg/m² and a child or adolescent with a
12 BMI at or above the 95th percentile on the revised
13 Centers for Disease Control and Prevention growth
14 charts or another appropriate childhood definition,
15 as defined by the Secretary.

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

18 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section,
20 \$60,000,000 for fiscal year 2008, and such sums as may
21 be necessary for each of fiscal years 2009 through 2012.
22 Of the funds appropriated pursuant to this subsection, the
23 following amounts shall be set aside for activities related
24 to eating disorders:

25 “(1) \$5,000,000 for fiscal year 2008.

1 “(2) \$5,500,000 for fiscal year 2009.

2 “(3) \$6,000,000 for fiscal year 2010.

3 “(4) \$6,500,000 for fiscal year 2011.

4 “(5) \$1,000,000 for fiscal year 2012.”.

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

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

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

11 (2) by redesignating subsection (n) as sub-
12 section (o); and

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

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

6 **SEC. 203. HEALTH DISPARITIES REPORT.**

7 Not later than 18 months after the date of enactment
8 of this Act, and annually thereafter, the Director of the
9 Agency for Healthcare Research and Quality shall review
10 all research that results from the activities carried out
11 under this Act (and the amendments made by this Act)
12 and determine if particular information may be important
13 to the report on health disparities required by section
14 903(c)(3) of the Public Health Service Act (42 U.S.C.
15 299a-1(c)(3)).

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

17 Section 1904(a)(1) of the Public Health Service Act
18 (42 U.S.C. 300w-3(a)(1)) is amended by adding at the
19 end the following:

20 “(H) Activities and community education pro-
21 grams designed to address and prevent overweight,
22 obesity, and eating disorders through effective pro-
23 grams to promote healthy eating, and exercise habits
24 and behaviors.”.

1 **SEC. 205. REPORT ON OBESITY AND EATING DISORDERS**
2 **RESEARCH.**

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

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

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

21 (2) information about what these studies have
22 shown regarding the causes, prevention, and treat-
23 ment of, being overweight, obesity, and eating dis-
24 orders; and

25 (3) recommendations on further research that
26 is needed, including research among diverse popu-

1 lations, the plan of the Department of Health and
2 Human Services for conducting such research, and
3 how current knowledge can be disseminated.

4 **SEC. 206. REPORT ON A NATIONAL CAMPAIGN TO CHANGE**
5 **CHILDREN'S HEALTH BEHAVIORS AND RE-**
6 **DUCE OBESITY.**

7 Section 399Y of the Public Health Service Act (42
8 U.S.C. 280h-2) is amended—

9 (1) by redesignating subsection (b) as sub-
10 section (c); and

11 (2) by inserting after subsection (a) the fol-
12 lowing:

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