To provide for increased research, coordination, and expansion of health promotion programs through the Department of Health and Human Services.

IN THE SENATE OF THE UNITED STATES

MAY 7, 2009

Mr. LUGAR (for himself and Mr. BINGAMAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide for increased research, coordination, and expansion of health promotion programs through the Department of Health and Human Services.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Health Promotion Funding Integrated Research, Synthesis, and Training Act” or the “Health Promotion FIRST Act”.

SEC. 2. FINDINGS.

Congress makes the following findings:
(1) Lifestyle factors are responsible for almost half of the premature deaths in developed nations, and a large portion of the deaths in developing nations.

(2) Lifestyle factors are a primary cause of the 6 leading causes of death in the United States, including heart disease, cancer, stroke, respiratory diseases, accidents, and diabetes, which account for almost 75 percent of all deaths in the United States.

(3) A significant portion of the health disparities in the United States are caused by lifestyle factors, which could be improved by health promotion programs.

(4) The United States is experiencing epidemics in diabetes and obesity among adults and children, at the same time a majority of the population is sedentary and eats an unhealthy diet.

(5) Per capita medical care costs in the United States are more than double those of all but 4 other countries in the world, yet the United States ranks 42d in the world in life expectancy.

(6) Medical care costs are second only to education in State government budgets.
(7) Lifestyle factors are responsible for at least 25 percent of employer’s medical care costs in the United States.

(8) National costs of obesity account for 9.1 percent of all medical costs, reaching $93,000,000 in 2002. Approximately 1/2 of these costs were paid by the Medicare & Medicaid programs.

(9) More than 440,000 people die each year from tobacco use and more than 12,000,000 are living with chronic conditions caused by tobacco. Tobacco accounts for at least $96,000,000,000 in direct medical expenditures.

(10) Significant gaps exist in the basic and applied research base of health promotion regarding how to best reach and serve people of color, low-income people, people with little formal education, children, and older adults, how to create long-term health improvements, how to create supportive environments, and how to address gender issues. More focused research can reduce these gaps.

(11) Significant gaps exist between the best and the typical health promotion programs. Better synthesis and dissemination of results can reduce these gaps.
Health promotion is the art and science of motivating people to enhance their lifestyles to achieve complete health, not just the absence of disease. Complete health involves a balance of physical, mental, and social health.

Health promotion programs focus on practices such as exercising regularly, eating a nutritious diet, maintaining a healthy weight, managing stress, avoiding dangerous substances such as tobacco and illegal drugs, drinking alcohol in moderation or not at all, driving safely, being wise consumers of health care, and a number of other health-related practices.

The most effective health promotion programs include a combination of strategies to increase awareness, enhance motivation, facilitate behavior change, and develop cultures and physical environments that encourage and support healthy lifestyle practices.

Health promotion programs can be provided in family, clinical, child care, school, workplace, Federal, State, and community settings.

People living in rural areas have additional unique challenges of high risk work environments, more limited access to major educational and medical complexes, as well as facilities for fitness and
recreational facilities and in some cases to grocery stores.

(17) Individuals with physical disabilities respond very well to exercise treatment. This is a core component of all high-quality physical therapy programs. However, additional research and more intensive efforts to disseminate information in this area are necessary.

SEC. 3. HEALTH PROMOTION RESEARCH AND DISSEMINATION.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

“TITLE XXXI—HEALTH PROMOTION RESEARCH AND DISSEMINATION

“Subtitle A—Coordination of Programs of the Department of Health and Human Services

“SEC. 3101. PLAN FOR HEALTH PROMOTION PROGRAMS.

“(a) In General.—The Secretary shall develop, and periodically review and as appropriate revise, a plan in accordance with this section for activities of the Department of Health and Human Services relating to health promotion. The plan shall include provisions for coordinating
all such activities of the Department, including activities under section 1701 to—

“(1) formulate national goals, and a strategy to achieve such goals, with respect to health information and health promotion, preventive health services, and education in the appropriate use of health care;

“(2) analyze the necessary and available resources for implementing the goals and strategy formulated pursuant to paragraph (1), and recommend appropriate educational and quality assurance policies for the needed manpower resources identified by such analysis;

“(3) undertake and support necessary activities and programs to—

“(A) incorporate appropriate health promotion concepts into our society, especially into all aspects of education and health care;

“(B) increase the application and use of health knowledge, skills, and practices by the general population in its patterns of daily living; and

“(C) establish systematic processes for the exploration, development, demonstration, and
evaluation of innovative health promotion concepts; and

“(4) undertake and support research and demonstration programs relating to health information and health promotion, preventive health services, and education in the appropriate use of health care.

“(b) Basic and Applied Science.—The plan developed under subsection (a) shall contain provisions to address how to best develop the basic and applied science of health promotion, including—

“(1) a research agenda;

“(2) an identification of the best combination of Federal agency, university, and other community resources most qualified to pursue each of the components of such agenda;

“(3) protocols to facilitate ongoing cooperation and collaboration among the Federal agencies to pursue the agenda; and

“(4) budgetary requirements with respect to the agenda.

“(c) Dissemination of Information.—The plan developed under subsection (a) shall contain provisions to address how to best synthesize and disseminate health promotion research findings to scientists, professionals, and the public, including provisions for the following:
“(1) Protocols for ongoing monitoring of all health promotion research.

“(2) Preparation of systematic reviews and meta-analyses.

“(3) Distillation of findings into practice guidelines for programs offered in clinical, workplace, school, home, neighborhood, municipal, and State settings.

“(4) Strategies to incorporate findings into college, university, and continuing educational curriculum for all related health professions.

“(5) Communication of key findings to policy makers in business, government, educational, and community settings who influence investment decisions.

“(6) Identification of the optimal combination of government agencies to coordinate the matters referred to in paragraphs (1) through (5).

“(d) RURAL AND LOW INCOME NEEDS.—The plan developed under subsection (a) shall contain strategies to best meet the health promotion needs of individuals in rural areas and low income inner city areas.

“(e) SUPPORT AND DEVELOPMENT OF PROFESSIONAL AND SCIENTIFIC COMMUNITY.—The plan developed under subsection (a) shall contain provisions to ad-
dress how to best support and develop the health pro-
motion professional and scientific community through en-
hancement of existing or development of new professional
organizations.

“(f) INTEGRATION OF HEALTH PROMOTION; INTER-

(6) DEPARTMENT ACTIVITIES.—The plan developed
under subsection (a) shall contain provisions to address
how resources, policies, structures, and legislation within
the Department of Health and Human Services can best
be modified or developed to integrate health promotion
into all health professions and sectors of society and make
health promoting opportunities available to all members
of the public.

“(g) INTEGRATION OF HEALTH PROMOTION EXTER-

(14) NAL ACTIVITIES.—The plan developed under subsection
(a) shall contain provisions to address how overall Federal
Government policies, structures, and legislation external
to the Department of Health and Human Services can
best be modified or developed to integrate health pro-
motion into all health professions and sectors of society
and to make health promoting opportunities available to
all individuals.

“(h) OTHER FEDERAL STRATEGIC PLANS.—The
Secretary shall request the Secretary of Agriculture, the
Secretary of the Interior, the Secretary of Commerce, the
Attorney General, the Secretary of Defense, the Secretary of Labor, the Secretary of Education, the Secretary of State, the Secretary of Energy, the Secretary of Transportation, the Secretary of the Treasury, the Secretary of Homeland Security, the Secretary of Veterans Affairs, and the Secretary of Housing and Urban Development to develop strategic plans for the use by each respective Federal agency of the resources and authorities of such agency to enhance the health and well-being of the American people by providing access to more opportunities for physical activity, enhancing access to more nutritious foods at more affordable prices, and reducing exposure to toxic substances such as secondhand smoke. Each such Secretary shall solicit suggestions and advice from experts of the type described in subsection (i).

“(i) PERSPECTIVES.—Due to 30 years of experience showing that traditional medical and educational approaches are not sufficient to motivate people to make and sustain basic health behavior changes, in developing the plan under subsection (a), the Secretary shall seek perspectives from individuals representing a diverse range of disciplines, including the following areas:

“(1) Agriculture.
“(2) Anthropology.
“(3) Child development.
“(4) City planning.
“(5) Commerce.
“(6) Economics.
“(7) Environmental planning and design.
“(8) Exercise physiology.
“(9) Financial analysis.
“(10) Health education.
“(11) Health policy.
“(12) Individual psychology.
“(13) Management.
“(14) Medicine.
“(15) Nursing.
“(16) Nutrition.
“(17) Organization psychology.
“(18) Taxation.
“(19) Transportation planning.

Subtitle B—Science Programs Through National Institutes of Health

SEC. 3111. SCIENCE OF HEALTH PROMOTION.

“(a) Plan.—The Director of the National Institutes of Health (referred to in this subtitle as ‘NIH’), acting through the Office of Behavioral and Social Sciences Research, shall develop, and periodically review and as appropriate revise, a plan on how to best develop the science
of health promotion through the NIH agencies. The plan shall be consistent with and shall elaborate upon applicable provisions of the Departmental plan under section 3101(a).

“(b) CERTAIN COMPONENTS OF PLAN.—The plan developed under subsection (a) shall include the following provisions:

“(1) A research agenda to develop the science of health promotion.

“(2) Recommendations on funding levels for the various areas of research on such agenda.

“(3) Recommendations on the best combination of NIH agencies and non-Federal entities to carry out research under the agenda.

“(c) ALLOCATION OF RESOURCES.—Subject to compliance with appropriation Acts, the plan developed under subsection (a) shall provide for the allocation of resources for research under such plan relative to other areas of health, as appropriate taking into account the burden of lifestyle factors on morbidity and mortality, and the progress likely in advancing the science of health promotion given the current and evolving level of science on health promotion, and the relative cost of conducting research on health promotion compared to other areas of research.
“SEC. 3112. EARLY RESEARCH PROGRAMS.

“The Director of NIH, acting through the Office of Behavioral and Social Sciences Research, shall conduct or support early research programs and research training regarding health promotion.

“Subtitle C—Applied Research Programs Through Centers for Disease Control and Prevention

“SEC. 3121. RESEARCH AGENDA.

“The Secretary, acting through the Director of the Centers for Disease Control and Prevention (referred to in this subtitle as the ‘Director of CDC’), shall develop, and periodically review and as appropriate revise, a plan that establishes for such Centers a research agenda regarding health promotion. The plan shall be consistent with and shall elaborate upon applicable provisions of the Departmental plan developed under section 3101(a).

“SEC. 3122. PREVENTION RESEARCH CENTERS.

“(a) In general.—The Director of the National Center for Chronic Disease Prevention and Health Promotion (referred to in this section as the ‘Director’) shall expand the eligibility of entities for Prevention Research Centers (referred to in this section as ‘Centers’) grants to include the entities described in subsection (b). The Center for Chronic Disease Prevention and Health Promotion shall retain the authority to specify the qualities
of entities it deems to be most important in performing
the responsibilities of Centers and shall retain the respon-
sibility for judging which organizations possess these
qualities.

“(b) ENTITIES DESCRIBED.—The entities described
in this subsection include—

“(1) institutions of higher education;
“(2) public and private research institutions;
“(3) departments or schools of—

“(A) agriculture;
“(B) architecture;
“(C) business;
“(D) city planning;
“(E) education;
“(F) engineering;
“(G) exercise science;
“(H) health promotion;
“(I) nursing;
“(J) nutrition;
“(K) population health;
“(L) preventive medicine;
“(M) psychology;
“(N) public health;
“(O) public policy;
“(P) social work; and
“(Q) transportation; and
“(4) private research, membership, or service
organizations.

“Subtitle D—Other Programs and
Policies

“SEC. 3131. MODIFICATION OF APPLICATIONS AWARD
PROCESS TO ATTRACT MOST QUALIFIED SCI-
ENTISTS AND PRACTITIONERS; DEVELOPING
HEALTH PROMOTION INFRASTRUCTURE.

“(a) Modification of Awards Application Proc-
ess.—In awarding grants, cooperative agreements, and
contracts under this title, the Secretary shall modify the
application process to attract the most qualified individ-
uals and organizations.

“(b) General Priority of Developing Health
Promotion Infrastructure.—The Secretary shall en-
sure that programs carried out pursuant to this title are
consistent with the general priority of developing the
health promotion infrastructure among universities, non-
profit organizations, and for-profit organizations, rather
than increasing the size of State or local governments or
the Federal Government.”.