To improve the health of Americans and reduce health care costs by reorienting the Nation’s health care system toward prevention, wellness, and health promotion.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Healthy Lifestyles and Prevention America Act” or the “HeLP America Act”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
TITLE I—HEALTHIER KIDS AND SCHOOLS

Sec. 102. Access to local foods and school gardens at preschools and child care.
Sec. 103. Fresh fruit and vegetable program.
Sec. 104. Equal physical activity opportunities for students with disabilities.
Sec. 105. Physical activity in school settings.

TITLE II—HEALTHIER COMMUNITIES AND WORKPLACES

Subtitle A—Creating Healthier Communities

Sec. 201. Technical assistance for the development of joint/shared use agreements.
Sec. 203. Community gardens.
Sec. 204. Physical activity guidelines for Americans.
Sec. 205. Tobacco tax increase and parity.
Sec. 206. Leveraging and coordinating federal resources for improved health.
Sec. 207. Healthier national parks.

Subtitle B—Incentives for a Healthier Workforce

Sec. 211. Tax credit to employers for costs of implementing wellness programs.
Sec. 212. Employer-provided off-premises athletic facilities.
Sec. 213. Task force for the promotion of breastfeeding in the workplace.
Sec. 214. Improving healthy eating and active living options in Federal workplaces.

TITLE III—RESPONSIBLE MARKETING AND CONSUMER AWARENESS

Sec. 301. Guidelines for reduction in sodium content in certain foods.
Sec. 302. Nutrition labeling for food products sold principally for use in restaurants or other retail food establishments.
Sec. 303. Front-label food guidance systems.
Sec. 304. Rulemaking authority for advertising to children.
Sec. 305. Health literacy: research, coordination and dissemination.
Sec. 306. Disallowance of deductions for advertising and marketing expenses relating to tobacco product use.
Sec. 307. Incentives to reduce tobacco use.
Sec. 308. Voluntary standards on food marketing to children.

TITLE IV—EXPANDED COVERAGE OF PREVENTIVE SERVICES

Sec. 401. Required coverage of preventive services under the Medicaid program.
Sec. 402. Coverage for comprehensive workplace wellness program and preventive services.
Sec. 403. Health professional education and training in healthy eating.
Sec. 404. Integrative medicine training program.

TITLE V—RESEARCH

Sec. 501. National consortium on breastfeeding research.
TITLE I—HEALTHIER KIDS AND SCHOOLS

SEC. 101. NUTRITION AND PHYSICAL ACTIVITY IN CHILD CARE QUALITY IMPROVEMENT.

(a) STATE PLAN.—Section 658E(c)(2)(F) of the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858e(c)(2)(F)) is amended in the second sentence—

(1) by redesignating clauses (i), (ii), and (iii) as subclauses (I), (II), and (III) and indenting the margins so as to match the margins of subclause (I) of section 658E(c)(2)(A)(i);

(2) by striking “requirements shall include—” and inserting “requirements—

“(i) shall include—”;

(3) by striking the period and inserting “; and”;

and

(4) by adding at the end the following:

“(ii) may include requirements relating to standards for nutrition and access to physical activity.”.

(b) ACTIVITIES TO IMPROVE THE QUALITY OF CHILD CARE.—Section 658G of that Act (42 U.S.C. 9858e) is amended by adding at the end the following:

“Funds reserved under this section may be used to sup-
port State or local efforts to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development or to provide resources to enable eligible child care providers to meet, exceed, or sustain success in meeting or exceeding such standards. Such standards shall take into account existing empirical studies and research and existing standards that have been approved by accrediting bodies.”.

SEC. 102. ACCESS TO LOCAL FOODS AND SCHOOL GARDENS AT PRESCHOOLS AND CHILD CARE.

Section 18(g) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1769(g)) is amended—

(1) by striking paragraph (1) and inserting the following:

“(1) DEFINITIONS.—In this subsection:

“(A) CHILD CARE CENTER.—The term ‘child care center’ means a child care center participating in the program under section 17 (other than a child care center that solely participates in the program under subsection (r) of that section).

“(B) ELIGIBLE SCHOOL.—The term ‘eligible school’ means a school or institution that participates in a program under this Act or the school breakfast program established under sec-
tion 4 of the Child Nutrition Act of 1966 (42

“(C) SPONSORING ORGANIZATION.—The
term ‘sponsoring organization’ means an insti-
tution described in subparagraphs (C), (D), or
(E) of section 17(a)(2).”;

(2) in paragraph (2)—

(A) by inserting “child care centers, spon-
soring organizations for home-based care,”
after “eligible schools,”; and

(B) by inserting “, child care centers, and
sponsoring organizations for home-based care”
before the period at the end;

(3) in paragraph (5)—

(A) in subparagraph (A), by inserting “,
child care center, or sponsoring organization for
home-based care” after “eligible school”; and

(B) in subparagraph (D), by inserting
“child care centers, sponsoring organizations
for home-based care,” after “eligible schools,”;
and

(4) in paragraph (7), in the matter preceding
subparagraph (A), by inserting “child care centers,
sponsoring organizations for home-based care,” after
“eligible schools,”.
SEC. 103. FRESH FRUIT AND VEGETABLE PROGRAM.

Section 19 of the Richard B. Russell National School Lunch Act (42 U.S.C. 1769a) is amended—

(1) by striking subsections (c) and (d) and inserting the following:

“(c) SCHOOL PARTICIPATION.—

“(1) IN GENERAL.—Each State shall carry out the program in each elementary school (as defined in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801)) in the State—

“(A) in which not less than 50 percent of the students are eligible for free or reduced price meals under this Act; and

“(B) that submits an application in accordance with paragraph (2).

“(2) APPLICATION.—

“(A) IN GENERAL.—An interested elementary school shall submit to the State an application containing—

“(i) information pertaining to the percentage of students enrolled in the school who are eligible for free or reduced price school lunches under this Act;

“(ii) a certification of support for participation in the program signed by the
school food manager, the school principal, and the district superintendent (or equivalent positions, as determined by the school);

“(iii) a plan for implementation of the program, including efforts to integrate activities carried out under this section with other efforts to promote sound health and nutrition, reduce overweight and obesity, or promote physical activity; and

“(iv) such other information as may be requested by the Secretary.

“(B) PARTNERSHIPS.—Each State shall encourage interested elementary schools to submit a plan for implementation of the program that includes a partnership with 1 or more entities that will provide non-Federal resources (including entities representing the fruit and vegetable industry).”;

(2) by striking subsection (i) and inserting the following:

“(i) FUNDING.—

“(1) IN GENERAL.—Out of any funds in the Treasury not otherwise appropriated, the Secretary of the Treasury shall transfer to the Secretary to
carry out this section such sums as are necessary, to remain available until expended.

“(2) RECEIPT AND ACCEPTANCE.—The Secretary shall be entitled to receive, shall accept, and shall use to carry out this section the funds transferred under paragraph (1), without further appropriation.”; and

(3) by redesignating subsections (e) through (i) as subsections (d) through (h), respectively.

SEC. 104. EQUAL PHYSICAL ACTIVITY OPPORTUNITIES FOR STUDENTS WITH DISABILITIES.

(a) IN GENERAL.—Title V of the Rehabilitation Act of 1973 (29 U.S.C. 791 et seq.) is amended by adding at the end the following:

“SEC. 511. EQUAL PHYSICAL ACTIVITY OPPORTUNITIES FOR STUDENTS WITH DISABILITIES.

“(a) IN GENERAL.—The Secretary shall promote equal opportunities for students with disabilities to be included and to participate in physical education and extracurricular athletics implemented in, or in conjunction with, elementary schools, secondary schools, and institutions of higher education, by ensuring the provision of appropriate technical assistance and guidance for schools and institutions described in this subsection and their personnel.
“(b) TECHNICAL ASSISTANCE AND GUIDANCE.—The provision of technical assistance and guidance described in subsection (a) shall include—

“(1) providing technical assistance to elementary schools, secondary schools, local educational agencies, State educational agencies, and institutions of higher education, regarding—

“(A) inclusion and participation of students with disabilities, in a manner equal to that of the other students, in physical education opportunities (including classes), and extra-curricular athletics opportunities, including technical assistance on providing reasonable modifications to policies, practices, and procedures, and providing supports to ensure such inclusion and participation;

“(B) provision of adaptive sports programs, in the physical education and extra-curricular athletics opportunities, including programs with competitive sports leagues or competitions, for students with disabilities; and

“(C) responsibilities of the schools, institutions, and agencies involved under section 504, the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and any other applicable
Federal law to provide students with disabilities equal access to extracurricular athletics;

“(2) facilitating information sharing among the schools, institutions, and agencies, and students with disabilities, on ways to provide inclusive opportunities in physical education and extracurricular athletics for students with disabilities; and

“(3) monitoring the extent to which physical education and extracurricular athletics opportunities for students with disabilities are implemented in, or in conjunction with, elementary schools, secondary schools, and institutions of higher education.

“(c) DEFINITIONS.—In this section:

“(1) AGENCIES.—The terms ‘local educational agency’ and ‘State educational agency’ have the meanings given the terms in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

“(2) SCHOOLS.—The terms ‘elementary school’, ‘secondary school’, and ‘institution of higher education’ mean an elementary school, secondary school, or institution of higher education, respectively (as defined in section 9101 of the Elementary and Secondary Education Act of 1965), that receives or has
1 or more students who receive, Federal financial assistance.

“(3) Student with a disability.—

“(A) In general.—The term ‘student with a disability’ means an individual who—

“(i) attends an elementary school, secondary school, or institution of higher education; and

“(ii) who—

“(I) is eligible for, and receiving, special education or related services under part B of the Individuals with Disabilities Education Act (20 U.S.C. 1411 et seq.); or

“(II) is an individual with a disability, for purposes of section 504 or the Americans with Disabilities Act of 1990.

“(B) Students with disabilities.—The term ‘students with disabilities’ means more than 1 student with a disability.”.

(b) Table of Contents.—The table of contents in section 1(b) of the Rehabilitation Act of 1973 is amended by inserting after the item relating to section 509 the following:
SEC. 105. PHYSICAL ACTIVITY IN SCHOOL SETTINGS.

(a) ANNUAL STATE REPORT CARD.—Section 1111(h)(1)(C) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311(h)(1)(C)) is amended—

(1) in clause (vii), by striking “and” after the semicolon;

(2) in clause (viii), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

“(ix) the average number of minutes during the school day that all students spend in required physical education, and the average number of minutes that such students engage in moderate to vigorous physical activity during the school day, as measured against the most recent established and recommended guidelines of the Centers for Disease Control and Prevention and the Secretary of Health and Human Services;

“(x) the percentage of local educational agencies that have a required, age-appropriate, physical education curriculum
that adheres to the most recent guidelines
developed by the Centers for Disease Con-
trol and Prevention and State standards;

“(xi) the percentage of elementary
school and secondary school physical edu-
cation teachers who are licensed or cer-
tified to teach physical education in the
State;

“(xii) the percentage of elementary
schools and secondary schools that have a
physical education teacher who is certified
or licensed to teach in the State and who
also is certified or licensed in adapted
physical education;

“(xiii) the number of indoor square
feet and the number of outdoor square feet
used primarily for physical education or
physical activity by elementary schools and
secondary schools; and

“(xiv) the percentage of local edu-
cational agencies that have a school
wellness council that—

“(I) includes members appointed
by the superintendent of the local edu-
cational agency and may include par-
ents, students, representatives of the school food authority, representatives of the school board, school administrators, and members of the public; and

“(II) meets regularly to promote a healthy school environment.”.

(b) Physical Education as a Core Subject.—

Section 9101(11) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801(11)) is amended by inserting “physical education,” after “economics, arts,”.

(c) 21st Century Learning Communities.—

(1) Purpose; Definitions.—Section 4201 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7171) is amended—

(A) in subsection (a)(2), by inserting “nutrition education programs, structured physical activity programs,” after “recreation programs,”; and

(B) in subsection (b)(1)(A), by inserting “nutrition education, structured physical activity,” after “recreation,”.

(2) Local Activities.—Section 4205(a) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7175(a)) is amended—
(A) in paragraph (11), by striking “and” after the semicolon;

(B) in paragraph (12), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following:

“(13) programs that support a healthy, active lifestyle, including nutritional education and regular, structured physical activity programs.”.

(d) PARENTAL INVOLVEMENT.—Section 1118(d)(1) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6318(d)(1)) is amended—

(1) by inserting “, healthy,” after “supportive”;

(2) by striking “; and participating” and inserting “; participating”; and

(3) by inserting after “extracurricular time;” the following: “and supporting their children in leading a healthy and active life, such as by providing healthy meals and snacks, encouraging participation in physical education, and sharing in physical activity outside the school day to support successful academic achievement;”.

(e) LOCAL APPLICATION AND NEEDS ASSESSMENT.—Section 2122(b)(9) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6622) is amended—
(1) in subparagraph (C), by striking “and” after the semicolon;

(2) in subparagraph (D), by striking a period and inserting “; and”; and

(3) by adding at the end the following:

“(E) encourage healthy eating habits and increased physical activity among students to support successful academic achievement.”.

TITLE II—HEALTHIER COMMUNITIES AND WORKPLACES

Subtitle A—Creating Healthier Communities

SEC. 201. TECHNICAL ASSISTANCE FOR THE DEVELOPMENT OF JOINT/SHARED USE AGREEMENTS.

(a) IN GENERAL.—The Secretary of Health and Human Services, in coordination with the Secretary of Education and in consultation with leading national experts and organizations advancing healthy living in the school environment, shall develop and disseminate guidelines and best practices, including model documents, and provide technical assistance to elementary and secondary schools to assist such schools with the development of joint/shared use agreements so as to address liability, operational and management, and cost issues that may otherwise impede the ability of community members to use
school facilities for recreational and nutritional purposes during nonschool hours.

(b) Definition.—In this section, the term "joint/shared use agreement" means a formal agreement between an elementary or secondary school and another entity relating to the use of the school's facilities, equipment, or property, including recreational and food services facilities, equipment, and property, by individuals other than the school’s students or staff.

SEC. 202. COMMUNITY SPORTS PROGRAMS FOR INDIVIDUALS WITH DISABILITIES.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

"SEC. 399V–6. COMMUNITY SPORTS PROGRAMS FOR INDIVIDUALS WITH DISABILITIES.

"(a) In General.—

“(1) Individual with a disability defined.—For purposes of this section, the term ‘individual with a disability’ means any person who has a disability as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102).

“(2) Individual with a physical disability.—The term ‘individual with a physical dis-
ability’ means an individual with a disability that has a physical or visual disability.

“(3) COMMUNITY SPORTS GRANTS PROGRAM.—The Secretary, in collaboration with the National Advisory Committee on Community Sports Programs for Individuals with Disabilities, may award grants on a competitive basis to public and nonprofit private entities to implement community-based, sports and athletic programs for individuals with disabilities, including youth with disabilities.

“(b) APPLICATION.—To be eligible to receive a grant under this section, a public or nonprofit private entity shall submit to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

“(c) AUTHORIZED ACTIVITIES.—Amounts awarded under a grant under subsection (a) shall be used for—

“(1) community-based sports programs, leagues, or competitions in individual or team sports for individuals with physical disabilities;

“(2) regional sports programs or competitions in individual or team sports for individuals with physical disabilities;
“(3) the development of competitive team and individual sports programs for individuals with disabilities at the high school and collegiate level; or

“(4) the development of mentoring programs to encourage participation in sports programs for individuals with disabilities, including individuals with recently acquired disabilities.

“(d) PRIORITIES.—

“(1) ADVISORY COMMITTEE.—The Secretary shall establish a National Advisory Committee on Community Sports Programs for Individuals with Disabilities that shall—

“(A) establish priorities for the implementation of this section;

“(B) review grant proposals;

“(C) make recommendations for distribution of the available appropriated funds to specific applicants; and

“(D) annually evaluate the progress of programs carried out under this section in implementing such priorities.

“(2) REPRESENTATION.—The Advisory Committee established under paragraph (1) shall include representatives of—
“(A) the Department of Health and Human Services Administration for Community Living;

“(B) the United States Surgeon General;

“(C) the Centers for Disease Control and Prevention;

“(D) disabled sports organizations;

“(E) organizations that represent the interests of individuals with disabilities; and

“(F) individuals with disabilities (including athletes with physical disabilities) or their family members.

“(e) DISSEMINATION OF INFORMATION.—The Secretary shall disseminate information about the availability of grants under this section in a manner that is designed to reach public entities and nonprofit private organizations that are dedicated to providing outreach, advocacy, or independent living services to individuals with disabilities.

“(f) TECHNICAL ASSISTANCE.—The Secretary, in conjunction with the United States Olympic Committee and disabled sports organizations, shall establish a technical assistance center to provide training, support, and information to grantees under this section on establishing and operating community sports programs for individuals with disabilities.
“(g) Report to Congress.—Not later than 180 days after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to Congress a report summarizing activities, findings, outcomes, and recommendations resulting from the grant projects funded under this section during the year for which the report is being prepared.

“(h) Authorization of Appropriations.—

“(1) In general.—To carry out this section, there are authorized to be appropriated such sums as may be necessary.

“(2) Limitation.—Not to exceed 10 percent of the amount appropriated in each fiscal year shall be used to carry out activities under subsection (c)(4).”.

SEC. 203. COMMUNITY GARDENS.

Subtitle D of title X of the Food, Conservation, and Energy Act of 2008 (Public Law 110–246; 122 Stat. 2109) is amended by adding at the end the following:

“SEC. 10405. COMMUNITY GARDEN GRANT PROGRAM.

“(a) Definitions.—In this section:

“(1) Eligible entity.—The term ‘eligible entity’ means—

“(A) a nonprofit organization; or
“(B) a unit of general local government, or tribal government, located on tribal land or in a low-income community.

“(2) LOW-INCOME COMMUNITY.—The term ‘low-income community’ means—

“(A) a community in which not less than 50 percent of children are eligible for free or reduced priced meals under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.); or

“(B) any other community determined by the Secretary to be low-income for purposes of this section.

“(3) UNIT OF GENERAL LOCAL GOVERNMENT.—The term ‘unit of general local government’ has the meaning given the term in section 102 of the Housing and Community Development Act of 1974 (42 U.S.C. 5302).

“(b) PROGRAM ESTABLISHED.—Using such amounts as are appropriated to carry out this section, the Secretary shall award grants to eligible entities to expand, establish, or maintain community gardens.

“(c) APPLICATION.—To be considered for a grant under this section, an eligible entity shall submit to the Secretary an application at such time, in such manner,
and containing such information as the Secretary may re-
quire, including—

“(1) an assurance that priority for hiring for 
jobs created by the expansion, establishment, or 
maintenance of a community garden funded with a 
grant received under this section will be given to in-
dividuals who reside in the community in which the 
garden is located; and 

“(2) a demonstration that the eligible entity is 
committed to providing non-Federal financial or in-
kind support (such as providing a water supply) for 
the community garden for which the entity receives 
funds under this section.”.

SEC. 204. PHYSICAL ACTIVITY GUIDELINES FOR AMERI-
CANS.

(a) Report.—

(1) In general.—At least every 10 years, the 
Secretary of Health and Human Services (in this 
section referred to as the “Secretary”) shall publish 
a report entitled “Physical Activity Guidelines for 
Americans”. Each such report shall contain physical 
activity information and guidelines for the general 
public, and shall be promoted by each Federal agen-
cy in carrying out any Federal health program. Not 
later than 5 years after the publication of the first
such report, and every 10 years thereafter, the Secretary shall publish a report highlighting the best practices and continuing issues in the physical activity arena, which may focus on a particular group, subsection, or other division of the general public or a particular issue relating to the physical activity of Americans.

(2) Basis of Guidelines.—The information and guidelines contained in each report required under paragraph (1) shall be based on the preponderance of the scientific and medical knowledge which is current at the time the report is prepared, and shall include guidelines for identified population subgroups, including children, if the preponderance of scientific and medical knowledge indicates those subgroups require different levels of physical activity.

(b) Approval by Secretary.—

(1) Review.—Any Federal agency that proposes to issue any physical activity guidance for the general population or identified population subgroups shall submit the text of such guidance to the Secretary for a 60-day review period.

(2) Basis of Review.—
(A) IN GENERAL.—During the 60-day review period established in paragraph (1), the Secretary shall review and approve or disapprove such guidance to assure that the guidance either is consistent with the “Physical Activity Guidelines for Americans” or that the guidance is based on medical or new scientific knowledge which is determined to be valid by the Secretary. If after such 60-day review period the Secretary has not notified the proposing agency that such guidance has been disapproved, then such guidance may be issued by the agency. If the Secretary disapproves such guidance, it shall be returned to the agency. If the Secretary finds that such guidance is inconsistent with the “Physical Activity Guidelines for Americans” and so notifies the proposing agency, such agency shall follow the procedures set forth in this subsection before disseminating such proposal to the public in final form. If after such 60-day period, the Secretary disapproves such guidance as inconsistent with the “Physical Activity Guidelines for Americans” the proposing agency shall—
(i) publish a notice in the Federal Register of the availability of the full text of the proposal and the preamble of such proposal which shall explain the basis and purpose for the proposed physical activity guidance;

(ii) provide in such notice for a public comment period of 30 days; and

(iii) make available for public inspection and copying during normal business hours any comment received by the agency during such comment period.

(B) REVIEW OF COMMENTS.—After review of comments received during the comment period, the Secretary may approve for dissemination by the proposing agency a final version of such physical activity guidance along with an explanation of the basis and purpose for the final guidance which addresses significant and substantive comments as determined by the proposing agency.

(C) ANNOUNCEMENT.—Any such final physical activity guidance to be disseminated under subparagraph (B) shall be announced in a notice published in the Federal Register, be-
fore public dissemination along with an address
where copies may be obtained.

(D) Notification of disapproval.—If
after the 30-day period for comment as pro-
vided under subparagraph (A)(ii), the Secretary
disapproves a proposed physical activity guid-
ance, the Secretary shall notify the Federal
agency submitting such guidance of such dis-
approval, and such guidance may not be issued,
except as provided in subparagraph (E).

(E) Review of disapproval.—If a pro-
posed physical activity guidance is disapproved
by the Secretary under subparagraph (D), the
Federal agency proposing such guidance may,
within 15 days after receiving notification of
such disapproval under subparagraph (D), re-
quest the Secretary to review such disapproval.
Within 15 days after receiving a request for
such a review, the Secretary shall conduct such
review. If, pursuant to such review, the Sec-
retary approves such proposed physical activity
guidance, such guidance may be issued by the
Federal agency.

(3) Definitions.—In this subsection:
(A) The term “physical activity guidance for the general population” does not include any rule or regulation issued by a Federal agency.

(B) The term “identified population subgroups” shall include, but not be limited to, groups based on factors such as age, sex, race, or physical disability.

(e) Existing Authority Not Affected.—This section does not place any limitations on—

(1) the conduct or support of any scientific or medical research by any Federal agency; or

(2) the presentation of any scientific or medical findings or the exchange or review of scientific or medical information by any Federal agency.

SEC. 205. TOBACCO TAX INCREASE AND PARITY.

(a) Short Title.—This section may be cited as the “Saving Lives by Lowering Tobacco Use Act”.

(b) Increase in Excise Tax on Small Cigars and Cigarettes.—

(1) Small Cigars.—Section 5701(a)(1) of the Internal Revenue Code of 1986 is amended by striking “$50.33” and inserting “$100.50”.

(2) Cigarettes.—Section 5701(b) of such Code is amended—
(A) by striking “$50.33” in paragraph (1) and inserting “$100.50”, and

(B) by striking “$105.69” in paragraph (2) and inserting “$211.04”.

(c) TAX PARITY FOR PIPE TOBACCO AND ROLL-YOUR-OWN TOBACCO.—

(1) PIPE TOBACCO.—Section 5701(f) of the Internal Revenue Code of 1986 is amended by striking “$2.8311 cents” and inserting “$49.55”.

(2) ROLL-YOUR-OWN TOBACCO.—Section 5701(g) of such Code is amended by striking “$24.78” and inserting “$49.55”.

(d) CLARIFICATION OF DEFINITION OF SMALL CIGARS.—Paragraphs (1) and (2) of section 5701(a) of the Internal Revenue Code of 1986 are each amended by striking “three pounds per thousand” and inserting “four and one-half pounds per thousand”.

(e) CLARIFICATION OF DEFINITION OF CIGARETTE.—Paragraph (2) of section 5702(b) of the Internal Revenue Code of 1986 is amended by inserting before the final period the following: “, which includes any roll for smoking containing tobacco that weighs no more than four and a half pounds per thousand, unless it is wrapped in whole tobacco leaf and does not have a cellulose acetate or other cigarette-style filter”.

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(f) Tax Parity for Smokeless Tobacco.—

(1) In General.—Section 5701(e) of the Internal Revenue Code of 1986 is amended—

(A) in paragraph (1), by striking “$1.51” and inserting “$26.79”;

(B) in paragraph (2), by striking “50.33 cents” and inserting “$10.72”; and

(C) by adding at the end the following:

“(3) Smokeless Tobacco Sold in Discrete Single-Use Units.—On discrete single-use units, $100.50 per each 1,000 single-use units.”.

(2) Discrete Single-Use Unit.—Section 5702(m) of such Code is amended—

(A) in paragraph (1), by striking “or chewing tobacco” and inserting “chewing tobacco, discrete single-use unit”; and

(B) in paragraphs (2) and (3), by inserting “that is not a discrete single-use unit” before the period in each such paragraph; and

(C) by adding at the end the following:

“(4) Discrete Single-Use Unit.—The term ‘discrete single-use unit’ means any product containing tobacco that—

“(A) is intended or expected to be consumed without being combusted; and
“(B) is in the form of a lozenge, tablet, pill, pouch, dissolvable strip, or other discrete single-use or single-dose unit.”.

(3) Other Tobacco Products.—Section 5701 of such Code is amended by adding at the end the following new subsection:

“(i) Other Tobacco Products.—Any product not otherwise described under this section that has been determined to be a tobacco product by the Food and Drug Administration through its authorities under the Family Smoking Prevention and Control Act shall be taxed at a level of tax equivalent to the tax rate for cigarettes on an estimated per use basis as determined by the Secretary.”.

(g) Clarifying Other Tobacco Tax Definitions.—

(1) Tobacco Product Definition.—Section 5702(c) of the Internal Revenue Code of 1986 is amended by inserting before the period the following: “, and any other product containing tobacco that is intended or expected to be consumed”.

(2) Cigarette Tube Definition.—Section 5702(f) of such Code is amended by inserting before the period “or cigars”.

(3) **IMPORTER DEFINITION.**—Section 5702(k) of such Code is amended by inserting “or any other tobacco product” after “cigars or cigarettes”.

(4) **PIPE TOBACCO DEFINITION.**—Section 5702(n) of such Code is amended—

(A) by striking “The term” and inserting the following:

“(1) **IN GENERAL.**—The term”; and

(B) by adding at the end the following:

“(2) **ROLL-YOUR-OWN TOBACCO.**—Any tobacco that meets the definition under both this subsection and section 5702(o) shall be treated as roll-your-own tobacco under section 5702(o).

“(3) **EXCEPTION.**—Paragraph (2) shall not apply to a product that, as of January 1, 2009, was either commercially marketed in the United States in packaging that bore, pursuant to part 40 or 41 of title 27, Code of Federal Regulations, a designation as ‘pipe tobacco’ or ‘Tax Class L’, or is substantially equivalent to such product, provided that such product is widely used as pipe tobacco.”.

(h) **INFLATION ADJUSTMENT.**—Section 5701 of the Internal Revenue Code of 1986, as amended by subsection (f)(3), is amended by adding at the end the following new subsection:
“(j) Inflation Adjustment.—In the case of any calendar year after 2013, each amount set forth in this section shall be increased by an amount equal to—

“(1) such amount, multiplied by

“(2) the cost-of-living adjustment determined under section 1(f)(3) for such calendar year by substituting ‘calendar year 2012’ for ‘calendar year 1992’ in subparagraph (B) thereof.”.

(i) Floor Stocks Taxes.—

(1) Imposition of Tax.—On tobacco products manufactured in or imported into the United States which are removed before any tax increase date and held on such date for sale by any person, there is hereby imposed a tax in an amount equal to the excess of—

(A) the tax which would be imposed under section 5701 of the Internal Revenue Code of 1986 on the article if the article had been removed on such date, over

(B) the prior tax (if any) imposed under section 5701 of such Code on such article.

(2) Credit Against Tax.—Each person shall be allowed as a credit against the taxes imposed by paragraph (1) an amount equal to $500. Such credit shall not exceed the amount of taxes imposed by
paragraph (1) on such date for which such person
is liable.

(3) LIABILITY FOR TAX AND METHOD OF PAY-
MENT.—

(A) LIABILITY FOR TAX.—A person hold-
ing tobacco products on any tax increase date
to which any tax imposed by paragraph (1) ap-
plies shall be liable for such tax.

(B) METHOD OF PAYMENT.—The tax im-
posed by paragraph (1) shall be paid in such
manner as the Secretary shall prescribe by reg-
ulations.

(C) TIME FOR PAYMENT.—The tax im-
posed by paragraph (1) shall be paid on or be-
fore the date that is 120 days after the effective
date of the tax rate increase.

(4) ARTICLES IN FOREIGN TRADE ZONES.—
Notwithstanding the Act of June 18, 1934 (com-
monly known as the Foreign Trade Zone Act, 48
Stat. 998, 19 U.S.C. 81a et seq.), or any other pro-
vision of law, any article which is located in a for-
eign trade zone on any tax increase date shall be
subject to the tax imposed by paragraph (1) if—

(A) internal revenue taxes have been deter-
mimed, or customs duties liquidated, with re-
pect to such article before such date pursuant
to a request made under the 1st proviso of sec-
tion 3(a) of such Act, or

(B) such article is held on such date under
the supervision of an officer of the United
States Customs and Border Protection of the
Department of Homeland Security pursuant to
the 2d proviso of such section 3(a).

(5) DEFINITIONS.—For purposes of this sub-
section—

(A) IN GENERAL.—Any term used in this
subsection which is also used in section 5702 of
such Code shall have the same meaning as such
term has in such section.

(B) TAX INCREASE DATE.—The term “tax
increase date” means the effective date of any
increase in any tobacco product excise tax rate
pursuant to the amendments made by this sec-
tion (other than subsection (g) thereof).

(C) SECRETARY.—The term “Secretary”
means the Secretary of the Treasury or the
Secretary’s delegate.

(6) CONTROLLED GROUPS.—Rules similar to
the rules of section 5061(e)(3) of such Code shall
apply for purposes of this subsection.
(7) Other laws applicable.—All provisions of law, including penalties, applicable with respect to the taxes imposed by section 5701 of such Code shall, insofar as applicable and not inconsistent with the provisions of this subsection, apply to the floor stocks taxes imposed by paragraph (1), to the same extent as if such taxes were imposed by such section 5701. The Secretary may treat any person who bore the ultimate burden of the tax imposed by paragraph (1) as the person to whom a credit or refund under such provisions may be allowed or made.

(j) Effective date.—The amendments made by this section shall apply to articles removed (as defined in section 5702(j) of the Internal Revenue Code of 1986) after December 31, 2013.

SEC. 206. LEVERAGING AND COORDINATING FEDERAL RESOURCES FOR IMPROVED HEALTH.

(a) Health impacts of non-health legislation.—

(1) In general.—Not later than 6 months after the date of enactment of this Act, the National Prevention, Health Promotion and Public Health Council, shall enter into a contract with the Institute of Medicine of the National Academy of Sciences for the conduct of a study to assess the potential health
impacts of major non-health related legislation that
is likely to be considered by Congress within a year
of completion of the study. Such study shall identify
the ways in which such legislation involved is likely
to impact the health of Americans and shall contain
recommendations to Congress on ways to maximize
the positive health impacts and minimize the nega-
tive health impacts.

(2) TIMING.—The timing of the study under
paragraph (1) shall be determined in a manner that
ensures that the results of the study will be available
at least 3 months prior to the consideration of the
legislation involved by Congress.

(3) GUIDELINES.—To the extent practicable,
the Council under paragraph (1) shall ensure that
the study conducted under this subsection complies
with the consensus guidelines on how to carry out a
health impact assessment, including stakeholder en-
gagement guidelines, such as the HIA of the Amer-
icas Practice Guidelines and guidelines promulgated
by the World Health Organization and other con-
sensus bodies.

(4) REPORT.—Upon completion of the study
under this subsection, the Institute of Medicine shall
submit to the Council under paragraph (1), and
make available to the general public, a report that—

(A) summarizes the direct, indirect, and
cumulative health impacts identified in the as-

sessment; and

(B) contains recommendations for how to
maximize positive health impacts and minimize
negative health impacts of the legislation in-
volved.

(5) TYPE OF LEGISLATION.—For purposes of
this subsection, the term “non-health related legisla-
tion” shall have the meaning given such term by the
Council under paragraph (1), and shall include legis-
lation that is likely to have impacts on the health of
Americans where such impacts are not likely to be
considered by Congress to the extent required by
their scope without the conduct of an assessment
under this subsection. Examples of major non-health
related legislation that could be the subject of the
study include reauthorizations of the Moving Ahead
for Progress in the 21st Century Act (Public Law
112–141), the Food, Conservation, and Energy Act
of 2008 (Public Law 110–246), and the Elementary
and Secondary Education Act of 1965 (20 U.S.C.
6301 et seq.).
(b) IMPROVING HEALTH IMPACTS OF FEDERAL AGENCY ACTIVITIES.—

(1) IN GENERAL.—The Secretary, in coordination with the National Prevention, Health Promotion and Public Health Council, shall detail employees of the Department of Health and Human Services to policy and program planning offices of other Federal departments and agencies, including the Department of Transportation, the Department of Housing and Urban Development, the Department of Agriculture, the Department of Education, and the Department of the Interior, in order to assist those departments and agencies to consider the impacts of their activities on the health of the populations served and to assist with the integration of health goals into the activities of the departments and agencies, as appropriate.

(2) DUTIES.—Employees detailed under paragraph (1) shall assist with assessments of the potential impacts of the programs and activities of the department or agency involved on the health and well-being of the populations served, the development of metrics and performance standards that can be incorporated, as appropriate, into the activities, performance measurements, and grant and contract
standards of the department or agency, and the de-
velopment of the report detailed in paragraph (3).

(3) REPORTS.—Not later than 1 year after the
date of enactment of this Act, and annually there-
after, each department and agency with a detailee
under this section shall submit to the National Pre-
vention, Health Promotion and Public Health Coun-
cil, the Committee on Health, Education, Labor, and
Pensions of the Senate and the Committee on En-
ergy and Commerce of the House of Representatives
a report detailing the health impacts of the depart-
ment or agency’s activities and any plans to improve
those impacts.

SEC. 207. HEALTHIER NATIONAL PARKS.

(a) CONCESSIONS CONTRACTS.—Section 403 of the
National Park Service Concessions Management Improve-
ment Act of 1998 (16 U.S.C. 5952) is amended—

(1) in paragraph (4)(A), by adding at the end
the following:

“(iv) Measures necessary to ensure
the easy and plentiful availability of
healthy snacks, beverages, and meals (in-
cluding meals for children) that reflect the
most recent Dietary Guidelines for Ameri-
cans published under section 301 of the
National Nutrition Monitoring and Related
Research Act of 1990 (7 U.S.C. 5341);”;

and

(2) in paragraph (5)(A), by adding at the end
the following:

“(v) The responsiveness of the pro-
posal to the objective of supporting the ef-
forts of visitors to the unit of the National
Park System to make healthy dietary
choices through the easy and plentiful
availability of healthy snacks, beverages,
and meals (including meals for children)
that reflect the most recent Dietary Guide-
lines for Americans published under sec-
tion 301 of the National Nutrition Moni-
toring and Related Research Act of 1990
(7 U.S.C. 5341).”.

(b) **report.**—

(1) **in general.**—Not later than 180 days
after the date of enactment of this Act, the Sec-
retary of the Interior (acting through the Director of
the National Park Service) (referred to in this sec-
tion as the “Secretary”) shall submit to Congress a
report that describes the state of food and beverage
offerings in units of the National Park System.
(2) COMPONENTS.—The report submitted under paragraph (1) shall include—

(A) an assessment of the nutritional quality of foods offered in units of the National Park System, including the approximate percentage of food and beverage offerings that reflect the most recent Dietary Guidelines for Americans published under section 301 of the National Nutrition Monitoring and Related Research Act of 1990 (7 U.S.C. 5341);

(B) guidelines for concessioners to ensure the easy and plentiful availability of healthy snacks, beverages, and meals (including meals for children) from National Park Service restaurants, retail food outlets, and other food concessioners that take into account—

(i) the most recent Dietary Guidelines for Americans published under section 301 of the National Nutrition Monitoring and Related Research Act of 1990 (7 U.S.C. 5341); and

(ii) the most recent Sustainability Guidelines for Federal Concessions and Vending Operations developed by the Sec-
retary of Health and Human Services and
the Administrator of General Services; and
(C) a plan to ensure that, not later than
August 25, 2016, there are adequate offerings
of healthy food items from all food concession-
ers in units of the National Park System.
(e) PROMOTING HEALTH, RECREATION, AND OUT-
doors.—
(1) IN GENERAL.—The Secretary of Health and
Human Services (acting through the Director of the
Centers for Disease Control and Prevention) shall
coordinate with the Secretary (acting through the
Director of the National Park Service), in consulta-
tion with the Program Manager of the Rivers,
Trails, and Conservation Assistance Program, to ad-
vance efforts for the National Park System to en-
hance opportunities for people to engage in physical
activity.
(2) ACTION PLAN.—Not later than 1 year after
the date of enactment of this Act, the Secretary of
Health and Human Services (acting through the Di-
rector of the Centers for Disease Control and Pre-
vention), the Secretary (acting through the Director
of the National Park Service), and the Program
Manager of the Rivers, Trails, and Conservation As-
istance Program shall establish a long-range action plan—

(A) that identifies and coordinates mechanisms to advance—

(i) public education on the health importance of physical activity and recreation outdoors in nature, including in units of the National Park System; and

(ii) health, physical activity, and recreation programs that increase the amount of time and the quality of opportunities spent outdoors in nature, including in units of the National Park System; and

(B) that considers accessibility to units of the National Park System and barriers to participation in outdoor physical activity and recreation opportunities, with an emphasis on access by and barriers for disadvantaged populations, including individuals with disabilities.
Subtitle B—Incentives for a Healthier Workforce

SEC. 211. TAX CREDIT TO EMPLOYERS FOR COSTS OF IMPLEMENTING WELLNESS PROGRAMS.

(a) In General.—Subpart D of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

````SEC. 45S. WELLNESS PROGRAM CREDIT.

“(a) Allowance of Credit.—

“(1) In General.—For purposes of section 38, the wellness program credit determined under this section for any taxable year during the credit period with respect to an employer is an amount equal to 50 percent of the costs paid or incurred by the employer in connection with a qualified wellness program during the taxable year.

“(2) Limitation.—The amount of credit allowed under paragraph (1) for any taxable year shall not exceed the sum of—

“(A) the product of $200 and the number of employees of the employer not in excess of 200 employees, plus

“(B) the product of $100 and the number of employees of the employer in excess of 200 employees.
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“(b) Qualified Wellness Program.—For purposes of this section—

“(1) Qualified wellness program.—The term ‘qualified wellness program’ means a program which—

“(A) consists of any 3 of the wellness program components described in subsection (c), and

“(B) which is certified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor, as a qualified wellness program under this section.

“(2) Programs must be consistent with research and best practices.—

“(A) In general.—The Secretary of Health and Human Services shall not certify a program as a qualified wellness program unless the program—

“(i) is consistent with evidence-based research and best practices, as identified by persons with expertise in employer health promotion and wellness programs,

“(ii) includes multiple, evidence-based strategies which are based on the existing
and emerging research and careful scientific reviews, including the Guide to Community Preventive Services, the Guide to Clinical Preventive Services, and the National Registry of Evidence-based Programs and Practices, and

“(iii) includes strategies which focus on employee populations with a disproportionate burden of health problems.

“(B) Periodic updating and review.—

The Secretary of Health and Human Services shall establish procedures for periodic review and recertifications of programs under this subsection. Such procedures shall require revisions of programs if necessary to ensure compliance with the requirements of this section and require updating of the programs to the extent the Secretary, in consultation with the Secretary of the Treasury and the Secretary of Labor, determines necessary to reflect new scientific findings.

“(3) Health literacy.—The Secretary of Health and Human Services shall, as part of the certification process, encourage employers to make the programs culturally competent and to meet the
health literacy needs of the employees covered by the
programs.

“(c) WELLNESS PROGRAM COMPONENTS.—For pur-
poses of this section, the wellness program components de-
scribed in this subsection are the following:

“(1) HEALTH AWARENESS COMPONENT.—A
health awareness component which provides for the
following:

“(A) HEALTH EDUCATION.—The dissemi-
nation of health information which addresses
the specific needs and health risks of employees.

“(B) HEALTH SCREENINGS.—The oppor-
tunity for periodic screenings for health prob-
lems and referrals for appropriate follow up
measures.

“(2) EMPLOYEE ENGAGEMENT COMPONENT.—
An employee engagement component which provides
for—

“(A) the establishment of a committee to
actively engage employees in worksite wellness
programs through worksite assessments and
program planning, delivery, evaluation, and im-
provement efforts, and

“(B) the tracking of employee participa-

“(3) Behavioral change component.—A behavioral change component which provides for altering employee lifestyles to encourage healthy living through counseling, seminars, on-line programs, or self-help materials which provide technical assistance and problem solving skills. Such component may include programs relating to—

“(A) tobacco use,
“(B) overweight and obesity,
“(C) stress management,
“(D) physical activity,
“(E) nutrition,
“(F) substance abuse,
“(G) depression, and
“(H) mental health promotion (including anxiety).

“(4) Supportive environment component.—A supportive environment component which includes the following:

“(A) On-site policies.—Policies and services at the worksite which promote a healthy lifestyle, including policies relating to—

“(i) tobacco use at the worksite,
“(ii) the nutrition of food available at
the worksite through cafeterias and vend-
ing options,
“(iii) minimizing stress and promoting
positive mental health in the workplace,
“(iv) where applicable, accessible and
attractive stairs,
“(v) alternative transportation and
commuting options and facilities, and
“(vi) the encouragement of physical
activity before, during, and after work
hours.
“(B) PARTICIPATION INCENTIVES.—
“(i) IN GENERAL.—Qualified incentive
benefits for each employee who participates
in the health screenings described in para-
graph (1)(B) or the behavioral change pro-
grams described in paragraph (3).
“(ii) QUALIFIED INCENTIVE BEN-
EFIT.—For purposes of clause (i), the
term ‘qualified incentive benefit’ means
any benefit which is approved by the Sec-
retary of Health and Human Services, in
consultation with the Secretary of the
Treasury and the Secretary of Labor. Such
benefit may include an adjustment in health insurance premiums or co-pays.

“(C) EMPLOYEE INPUT.—The opportunity for employees to participate in the management of any qualified wellness program to which this section applies.

“(d) PARTICIPATION REQUIREMENT.—

“(1) IN GENERAL.—No credit shall be allowed under subsection (a) unless the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor, as a part of any certification described in subsection (b), determine that each wellness program component of the qualified wellness program applies to all qualified employees of the employer. The Secretary of Health and Human Services shall prescribe rules under which an employer shall not be treated as failing to meet the requirements of this subsection merely because the employer provides specialized programs for employees with specific health needs or unusual employment requirements or provides a pilot program to test new wellness strategies.

“(2) QUALIFIED EMPLOYEE.—For purposes of paragraph (1), the term ‘qualified employee’ means
an employee who works an average of not less than
25 hours per week during the taxable year.

“(e) Other Definitions and Special Rules.—

For purposes of this section—

“(1) Employee and Employer.—

“(A) Partners and partnerships.—

The term ‘employee’ includes a partner and the
term ‘employer’ includes a partnership.

“(B) Certain rules to apply.—Rules

similar to the rules of section 52 shall apply.

“(2) Certain costs not included.—Costs

paid or incurred by an employer for food or health
insurance shall not be taken into account under sub-
section (a).

“(3) No credit where grant awarded.—

No credit shall be allowable under subsection (a)
with respect to any qualified wellness program of
any taxpayer (other than an eligible employer de-
dscribed in subsection (f)(2)(A)) who receives a grant
provided by the United States, a State, or a political
subdivision of a State for use in connection with
such program. The Secretary shall prescribe rules
providing for the waiver of this paragraph with re-
spect to any grant which does not constitute a sig-
significant portion of the funding for the qualified wellness program.

“(4) CREDIT PERIOD.—

“(A) IN GENERAL.—The term ‘credit period’ means the period of 10 consecutive taxable years beginning with the taxable year in which the qualified wellness program is first certified under this section.

“(B) SPECIAL RULE FOR EXISTING PROGRAMS.—In the case of an employer (or predecessor) which operates a wellness program for its employees on the date of the enactment of this section, subparagraph (A) shall be applied by substituting ‘3 consecutive taxable years’ for ‘10 consecutive taxable years’. The Secretary shall prescribe rules under which this subsection shall not apply if an employer is required to make substantial modifications in the existing wellness program in order to qualify such program for certification as a qualified wellness program.

“(C) CONTROLLED GROUPS.—For purposes of this paragraph, all persons treated as a single employer under subsection (b), (c),
(m), or (o) of section 414 shall be treated as a
single employer.

“(f) Portion of Credit Made Refundable.—

“(1) In general.—In the case of an eligible
employer of an employee, the aggregate credits al-
lowed to a taxpayer under subpart C shall be in-
creased by the lesser of—

“(A) the credit which would be allowed
under this section without regard to this sub-
section and the limitation under section 38(c),
or

“(B) the amount by which the aggregate
amount of credits allowed by this subpart (de-
termined without regard to this subsection)
would increase if the limitation imposed by sec-
tion 38(c) for any taxable year were increased
by the amount of employer payroll taxes im-
posed on the taxpayer during the calendar year
in which the taxable year begins.

The amount of the credit allowed under this sub-
section shall not be treated as a credit allowed under
this subpart and shall reduce the amount of the
credit otherwise allowable under subsection (a) with-
out regard to section 38(c).
“(2) ELIGIBLE EMPLOYER.—For purposes of this subsection, the term ‘eligible employer’ means an employer which is—

“(A) a State or political subdivision thereof, the District of Columbia, a possession of the United States, or an agency or instrumentality of any of the foregoing, or

“(B) any organization described in section 501(c) of the Internal Revenue Code of 1986 which is exempt from taxation under section 501(a) of such Code.

“(3) EMPLOYER PAYROLL TAXES.—For purposes of this subsection—

“(A) IN GENERAL.—The term ‘employer payroll taxes’ means the taxes imposed by—

“(i) section 3111(b), and

“(ii) sections 3211(a) and 3221(a) (determined at a rate equal to the rate under section 3111(b)).

“(B) SPECIAL RULE.—A rule similar to the rule of section 24(d)(2)(C) shall apply for purposes of subparagraph (A).

“(g) TERMINATION.—This section shall not apply to any amount paid or incurred after December 31, 2017.”.
(b) Treatment as General Business Credit.—

Subsection (b) of section 38 of the Internal Revenue Code of 1986 is amended by striking “plus” at the end of paragraph (35), by striking the period at the end of paragraph (36) and inserting “, plus”, and by adding at the end the following:

“(37) the wellness program credit determined under section 45S.”.

(c) Denial of Double Benefit.—Section 280C of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

“(j) Wellness Program Credit.—

“(1) In general.—No deduction shall be allowed for that portion of the costs paid or incurred for a qualified wellness program (within the meaning of section 45S) allowable as a deduction for the taxable year which is equal to the amount of the credit allowable for the taxable year under section 45S.

“(2) Similar rule where taxpayer capitalizes rather than deducts expenses.—If—

“(A) the amount of the credit determined for the taxable year under section 45S, exceeds

“(B) the amount allowable as a deduction for such taxable year for a qualified wellness program,
the amount chargeable to capital account for the taxable year for such expenses shall be reduced by the amount of such excess.

“(3) CONTROLLED GROUPS.—In the case of a corporation which is a member of a controlled group of corporations (within the meaning of section 41(f)(5)) or a trade or business which is treated as being under common control with other trades or business (within the meaning of section 41(f)(1)(B)), this subsection shall be applied under rules prescribed by the Secretary similar to the rules applicable under subparagraphs (A) and (B) of section 41(f)(1).”.

(d) CLERICAL AMENDMENT.—The table of sections for subpart D of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

“Sec. 45S. Wellness program credit.”.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after the date of enactment of this Act.

(f) OUTREACH.—

(1) IN GENERAL.—The Secretary of the Treasury, in conjunction with the Director of the Centers for Disease Control and members of the business community, shall institute an outreach program to
inform businesses about the availability of the 
wellness program credit under section 45S of the In-
ternal Revenue Code of 1986 as well as to educate 
businesses on how to develop programs according to 
recognized and promising practices and on how to 
measure the success of implemented programs.

(2) AUTHORIZATION OF APPROPRIATIONS.—
There are authorized to be appropriated such sums 
as are necessary to carry out the outreach program 
described in paragraph (1).

SEC. 212. EMPLOYER-PROVIDED OFF-PREMISES ATHLETIC 
FACILITIES.

(a) TREATMENT AS FRINGE BENEFIT.—Subpara-
graph (A) of section 132(j)(4) of the Internal Revenue 
Code of 1986 is amended to read as follows:

“(A) IN GENERAL.—Gross income shall 
not include—

“(i) the value of any on-premises ath-
letic facility provided by an employer to its 
employees, and

“(ii) so much of the fees, dues, or 
membership expenses paid by an employer 
to an athletic or fitness facility described 
in subparagraph (C) on behalf of its em-
ployees as does not exceed $900 per em-
ployee per year.”.

(b) ATHLETIC FACILITIES DESCRIBED.—Paragraph
(4) of section 132(j) of the Internal Revenue Code of 1986
is amended by adding at the end the following new sub-
paragraph:

“(C) CERTAIN ATHLETIC OR FITNESS FA-
cILITIES DESCRIBED.—For purposes of sub-
paragraph (A)(ii), an athletic or fitness facility
described in this subparagraph is a facility—

“(i) which provides instruction in a
program of physical exercise, offers facili-
ties for the preservation, maintenance, en-
couragement, or development of physical
fitness, or is the site of such a program of
a State or local government,

“(ii) which is not a private club owned
and operated by its members,

“(iii) which does not offer golf, hunt-
ing, sailing, or riding facilities,

“(iv) whose health or fitness facility is
not incidental to its overall function and
purpose, and
“(v) which is fully compliant with the
State of jurisdiction and Federal anti-dis-
crimination laws.”.

(c) Exclusion Applies to Highly Compensated
Employees Only If No Discrimination.—Section
132(j)(1) of the Internal Revenue Code of 1986 is amend-
ed—

(1) by striking “Paragraphs (1) and (2) of sub-
section (a)” and inserting “Subsections (a)(1),
(a)(2), and (j)(4)”, and

(2) by striking the heading thereof through
“APPLY” and inserting “CERTAIN EXCLUSIONS
APPLY”.

(d) Employer Deduction for Dues to Certain
Athletic Facilities.—

(1) In General.—Paragraph (3) of section
274(a) of the Internal Revenue Code of 1986 is
amended by adding at the end the following new
sentence: “The preceding sentence shall not apply to
so much of the fees, dues, or membership expenses
paid to athletic or fitness facilities (within the mean-
ing of section 132(j)(4)(C)) as does not exceed $900
per employee per year.”.

(2) Conforming Amendment.—The last sen-
tence of section 274(e)(4) of such Code is amended
by inserting “the first sentence of” before “subsection (a)(3)”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after the date of the enactment of this Act.

SEC. 213. TASK FORCE FOR THE PROMOTION OF BREASTFEEDING IN THE WORKPLACE.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services and the Secretary of Labor, or their designees, shall convene a task force for the purpose of promoting breastfeeding among working mothers (referred to in this section as the “Task Force”).

(b) MEMBERSHIP.—The Task Force shall be composed of members who are—

(1) expert staff from the Department of Labor with expertise in workforce issues;

(2) expert staff from the Department of Health and Human Services with expertise in the areas of breastfeeding and breastfeeding promotion;

(3) members of the United States Breastfeeding Committee;

(4) expert staff from the Department of Agriculture; and
(5) appointed by the Secretary of Health and Human Services and the Secretary of Labor, including—

(A) working mothers who have experience in working and breastfeeding; and

(B) representatives of the human resource departments of both large and small employers that have successfully promoted breastfeeding and breastmilk pumping support at work.

(c) Period of Appointment; Vacancies.—Members shall be appointed for the life of the Task Force. Any vacancy in the Task Force shall not affect its powers, but shall be filled in the same manner as the original appointment.

(d) Chair.—The Task Force shall be chaired jointly by the Secretary of Health and Human Services and the Secretary of Labor, or their designees.

(e) Duties of the Task Force.—

(1) Examination.—Consistent with the Surgeon General’s Call to Action to Support Breastfeeding (2011), the Task Force shall examine the following issues:

(A) The challenges that mothers face with continuing breastfeeding when the mothers return to work after giving birth, including dif-
different challenges that mothers of varying socio-economic status and in different professions may face.

(B) The challenges that employers face in accommodating mothers who seek to continue to breastfeed or to express milk when the mothers re-enter the workforce.

(C) The benefits that accrue to mothers, babies, and to employers when mothers are able to continue to breastfeed or to express breast milk at work after the mothers have re-entered the workforce.

(D) Federal and State statutes that may have the effect of reducing breastfeeding and breastfeeding retention rates among working mothers.

(E) The implementation of the reasonable break time for nursing mothers requirements under section 7(r) of the Fair Labor Standards Act of 1938 (29 U.S.C. 207(r)).

(2) Reports.—

(A) In general.—Not later than 1 year after the date of enactment of this section, the Task Force shall issue a public report with recommendations on the following:
(i) Steps that can be taken to promote breastfeeding among working mothers and to remove barriers to breastfeeding among working mothers.

(ii) Potential ways in which the Federal Government can work with employers to promote breastfeeding among working mothers.

(iii) Areas in which changes to existing Federal, State, or local laws would likely have the effect of making it easier for working mothers to breastfeed or would remove impediments to breastfeeding that currently exist in such laws.

(iv) Whether or not increased rates of breastfeeding among working mothers would likely have the result of reducing health care costs among such mothers and their children, and, in particular, whether increased rates of breastfeeding would be likely to result in lower Federal expenditures on health care for such mothers and their children.

(v) Areas in which the Federal Government, through increased efforts by Fed-
eral agencies, or changes to existing Federal law, can and should increase the Federal Government’s efforts to promote breastfeeding among working mothers.

(B) COPY TO CONGRESS.—Upon completion of the report described in subparagraph (A), the Task Force shall submit a copy of the report to the Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Appropriations of the Senate, the Committee on Education and the Workforce of the House of Representatives, and the Committee on Appropriations of the House of Representatives.

(f) POWERS OF THE TASK FORCE.—

(1) HEARINGS.—The Task Force may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Task Force considers advisable to carry out this section.

(2) INFORMATION FROM FEDERAL AGENCIES.—The Task Force may secure directly from any Federal department or agency such information as the Task Force considers necessary to carry out this section. Upon request of the Chair of the Task
Force, the head of such department or agency shall furnish such information to the Task Force.

(3) POSTAL SERVICES.—The Task Force may use the United States mails in the same manner and under the same conditions as other departments and agencies of the Federal Government.

(4) DONATIONS.—The Task Force may accept, use, and dispose of donations of services or property.

(g) OPERATING EXPENSES.—The operating expenses of the Task Force, including travel expenses for members of the Task Force, shall be paid for from the general operating expenses funds of the Secretary of Health and Human Services and the Secretary of Labor.

SEC. 214. IMPROVING HEALTHY EATING AND ACTIVE LIVING OPTIONS IN FEDERAL WORKPLACES.

(a) MENU LABELING IN FEDERAL FOOD ESTABLISHMENTS.—

(1) IN GENERAL.—

(A) EXECUTIVE AND JUDICIAL BUILDINGS.—Section 403(q) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343(q)) is amended by adding at the end the following:

“(6)(A) The requirements of subparagraph (5)(H) shall apply—
“(i) to a restaurant or similar retail food establishment located in a Federal building in the same manner as such subparagraph applies to a restaurant or similar retail food establishment that is part of a chain with 20 or more locations, as described in subparagraph (5)(H)(i); and

“(ii) to a person that operates a vending machine located in a Federal building in the same manner as such subparagraph applies to a person who is engaged in the business of owning or operating 20 or more vending machines, as described in subparagraph (5)(H)(viii).

“(B) In this subparagraph, the term ‘Federal building’ means a building that is—

“(i) under the control of the Federal agency (as defined in section 102 of title 40, United States Code);

“(ii) owned by the Federal Government; and

“(iii) located in a State, the District of Columbia, Puerto Rico, or a territory or possession of the United States.”.

(B) APPLICABILITY.—The requirement in the amendment made by paragraph (1) shall apply to restaurants or similar retail food establishments and vending machines located in a
Federal building beginning 12 months after the
date of enactment of this Act.

(2) CONGRESSIONAL BUILDINGS.—The Archi-
tect of the Capitol, in coordination with the Com-
mittee on Rules and Administration of the Senate
and the Committee on House Administration of the
House of Representatives, shall establish a program
to apply the requirements of section 403(q)(5)(H) of
the Federal Food, Drug, and Cosmetic Act (21
U.S.C. 343(q)(5)(H)) (as amended by paragraph
(1)) to—

(A) food that is served in restaurants or
other similar retail food establishments that are
located in Congressional buildings and installa-
tions;

(B) food that is sold through vending ma-
chines that are operated in Congressional build-
ings and installations; and

(C) food that is served to individuals with-
in Congressional buildings and installations
pursuant to a contract with a private entity.

(b) NUTRITIONAL STANDARDS FOR FOOD IN FED-
ERAL BUILDINGS.—

(1) EXECUTIVE AND JUDICIAL BUILDINGS.—
Subchapter V of chapter 5 of subtitle I of title 40,
United States Code, is amended by adding at the end the following:

“SEC. 594. NUTRITIONAL STANDARDS FOR FOOD IN FEDERAL BUILDINGS.

“(a) In General.—Not later than 1 year after the date of enactment of this section, the Administrator of General Services, in consultation with the Secretary of Health and Human Services, shall establish, by regulation, nutritional standards for foods and beverages purchased, served, and sold through Federal buildings and on Federal property (including food products provided by contractors or vending machines). Such standards shall reflect the most recent Dietary Guidelines for Americans.

“(b) Considerations.—In developing the nutritional standards under subsection (a), the Administrator shall consider the following:

“(1) Recommendations for nutrition standards for foods, beverages, or meals made by authoritative scientific organizations.

“(2) Both positive and negative contributions of nutrients, ingredients, and foods to diets (including calories or portion size, saturated fat, trans fat, sodium, added sugars, and the presence of fruits, vegetables, whole grains, and nutrients of concern in Americans’ diets).
“(3) Adaptations of the standards for different venues, such as childcare, correctional facilities, government meetings, or other settings with unique populations or circumstances.

“(c) Periodic Review.—Not later than 5 years after the date of enactment of this section, and every 5 years thereafter, the Secretary, shall review, and if necessary, revise and update the nutrition standards developed under subsection (a) to reflect advancements in nutrition science, dietary data, and new product availability.

“(d) Use of Amounts.—Amounts appropriated to an executive agency for installation, repair, and maintenance, generally, may be used to achieve compliance with the regulations promulgated pursuant to this section.

“(e) Liability.—Nothing in this section increases or enlarges the tort liability of the Federal Government for any injury to an individual or damage to property.”.

(2) Congressional buildings.—

(A) In general.—Not later than 1 year after the date of enactment of this Act, the Architect of the Capitol, in coordination with the Committee on Rules and Administration of the Senate and the Committee on House Administration of the House of Representatives shall adopt nutritional standards for food and bev-
verage products purchased, served, or sold
through Congressional buildings and properties
(including food products provided by contract-
tors and vending machines). Such standards
shall reflect the most recent Dietary Guidelines
for Americans.

(B) CONSIDERATIONS.—In developing the
nutritional standards under subparagraph (A),
the Architect shall consider the following:

(i) Recommendations for nutrition
standards for foods, beverages, or meals
made by authoritative scientific organiza-
tions.

(ii) Both positive and negative con-
tributions of nutrients, ingredients, and
foods to diets (including calories or portion
size, saturated fat, trans fat, sodium,
added sugars, and the presence of fruits,
vegetables, whole grains, and nutrients of
concern in Americans’ diets).

(C) PERIODIC REVIEW.—Not later than 5
years after the date of enactment of this Act,
and every 5 years thereafter, the Architect,
shall review, and if necessary, revise and update
the nutrition standards developed under sub-
paragraph (A) to reflect advancements in nutrition science, dietary data, and new product availability.

(c) ENCOURAGEMENT OF USE OF STAIRS.—

(1) EXECUTIVE AND JUDICIAL BUILDINGS.—

Subchapter V of chapter 5 of subtitle I of title 40, United States Code, as amended by subsection (b), is further amended by adding at the end the following:

"SEC. 595. ENCOURAGEMENT OF USE OF STAIRS.

"(a) IN GENERAL.—In the design of new or substantively remodeled Federal buildings, each Federal agency shall consider including building features that ensure stairs are accessible and attractive. In new and existing buildings, each Federal agency shall install point-of-decision prompts encouraging individuals to use stairs wherever practicable at each relevant building and installation that is—

"(1) under the control of the Federal agency;

"(2) owned by the Federal Government; and

"(3) located in a State, the District of Columbia, Puerto Rico, or a territory or possession of the United States.

"(b) REIMBURSEMENT.—Subsection (a) may be carried out by—"
“(1) reimbursement to a State or political subdivision of a State, the District of Columbia, Puerto Rico, or a territory or possession of the United States; or

“(2) grants or contracts.

“(c) REGULATIONS.—Subsection (a) shall be carried out in accordance with such regulations as the Administrator of General Services may promulgate, with the approval of the Director of the Office of Management and Budget.

“(d) USE OF AMOUNTS.—Amounts appropriated to a Federal agency for installation, repair, and maintenance, generally, shall be available to carry out this section.

“(e) LIABILITY.—Nothing in this section increases or enlarges the tort liability of the Federal Government for any injury to an individual or damage to property.”.

(2) CONGRESSIONAL BUILDINGS.—The Architect of the Capitol shall implement a program to install point-of-decision prompts encouraging individuals to use stairs wherever practicable in Congressional buildings and installations in the same manner as established under section 595 of title 40, United States Code (as added by paragraph (1)).

(d) ACCOMMODATIONS FOR BICYCLE COMMUTERS.—
(1) EXECUTIVE AND JUDICIAL FEDERAL BUILDINGS.—Subchapter V of chapter 5 of subtitle I of title 40, United States Code, as amended by subsection (e), is further amended by adding at the end the following:

"SEC. 596. ACCOMMODATIONS FOR BICYCLE COMMUTERS.

"(a) IN GENERAL.—Each Federal agency shall install and maintain a bicycle storage area and equipment (such as a bicycle rack) and a shower for bicycle commuters at each relevant parking structure that is—

"(1) under the control of the Federal agency;

"(2) owned by the Federal Government; and

"(3) located in a State, the District of Columbia, Puerto Rico, or a territory or possession of the United States.

"(b) REIMBURSEMENT.—Subsection (a) may be carried out by—

"(1) reimbursement to a State or political subdivision of a State, the District of Columbia, Puerto Rico, or a territory or possession of the United States; or

"(2) grants or contracts.

"(c) REGULATIONS.—Subsection (a) shall be carried out in accordance with such regulations as the Administrator of General Services may promulgate, with the ap-
proval of the Director of the Office of Management and Budget.

“(d) USE OF AMOUNTS.—Amounts appropriated to a Federal agency for installation, repair, and maintenance, generally, shall be available to carry out this section.

“(e) LIABILITY.—Nothing in this section increases or enlarges the tort liability of the Federal Government for any injury to an individual or damage to property.”.

(2) CONGRESSIONAL BUILDINGS.—The Architect of the Capitol, in coordination with the Sergeant at Arms and Doorkeeper of the Senate, the Sergeant at Arms of the House of Representatives, and the United States Capitol Police, shall implement, within their respective jurisdictions, a program to make accommodations for bicycle commuters on the United States Capitol complex in the same manner as established under section 596 of title 40, United States Code (as added by paragraph (1)).

TITLE III—RESPONSIBLE MARKETING AND CONSUMER AWARENESS

SEC. 301. GUIDELINES FOR REDUCTION IN SODIUM CONTENT IN CERTAIN FOODS.

(a) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary of Health and
Human Services shall promulgate regulations establishing guidelines for the mandatory reduction, over a 2-year period, in the sodium content of processed food and restaurant food following, as appropriate, the recommendations made by the Institute of Medicine report entitled “Strategies to Reduce Sodium Intake in the United States”.

(b) DEFINITIONS.—For purposes of this section—

(1) the term “processed food” has the meaning given such term in section 201(gg) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(gg)); and

(2) the term “restaurant food” means food subject to the requirements of section 403(q)(5)(H) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343(q)(5)(H)).

SEC. 302. NUTRITION LABELING FOR FOOD PRODUCTS SOLD PRINCIPALLY FOR USE IN RESTAURANTS OR OTHER RETAIL FOOD ESTABLISHMENTS.

Section 403(q)(5) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343(q)(5)) is amended by striking clause (G).
(a) In General.—Not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall begin soliciting public comments regarding—

(1) the use of retail front-label food guidance systems to convey nutrition information to the public using logos, symbols, signs, emblems, insignia, or other graphic representations on the labeling of food intended for human consumption that are intended to provide simple, standardized, and understandable nutrition information to the public in graphic form;

(2) appropriate nutrition standards by which a retail front-label food guidance system may convey the relative nutritional value of different foods in simple graphic form; and

(3) whether American consumers would be better served by establishing a single, standardized retail front-label food guidance system regulated by the Food and Drug Administration, or by allowing individual food companies, trade associations, non-profit organizations, and others to continue to develop their own retail front-label food guidance systems.
(b) **Effects on Nutrition Facts Panel**.—In soliciting public comments under subsection (a), the Secretary shall inform the public that any retail front-label food guidance system is intended to supplement, not replace, the Nutrition Facts Panel that appears on food labels pursuant to section 403(q) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343(q)).

(c) **Proposed Regulation**.—Not later than 12 months following the closure of the public comment solicitation period under subsection (a), the Secretary shall—

1. publish a notice in the Federal Register that summarizes the public comments and describes the suggested retail front-label food guidance systems received through such solicitation; and
2. publish proposed regulations that—
   - (A) establish a single, standardized retail front-label food guidance system; or
   - (B) establish the conditions under which individual food companies, trade associations, nonprofit organizations, and other entities may continue to develop their own retail front-label food guidance systems.
SEC. 304. RULEMAKING AUTHORITY FOR ADVERTISING TO CHILDREN.

(a) PURPOSE.—The purpose of this section is to re-store the authority of the Federal Trade Commission to issue regulations that restrict the marketing or advertising of foods and beverages to children under the age of 18 years if the Federal Trade Commission determines that there is evidence that consumption of certain foods and beverages is detrimental to the health of children.

(b) AUTHORITY.—Section 18 of the Federal Trade Commission Act (15 U.S.C. 57a) is amended—

(1) in subsection (a), by striking “Except as provided in subsection (h), the” and inserting “The”;

(2) by amending subsection (b) to read as follows:

“(b) PROCEDURE APPLICABLE.—When prescribing a rule under subsection (a)(1)(B) of this section, the Commission shall proceed in accordance with section 553 of title 5 (without regard to any reference in such section to sections 556 and 557 of such title).”;

(3) by striking subsections (c), (f), (h), (i), and (j);

(4) by striking subsection (d) and inserting the following:
“(c) When any rule under subsection (a)(1)(B) takes effect a subsequent violation thereof shall constitute an unfair or deceptive act or practice in violation of section 5(a)(1) of this Act, unless the Commission otherwise expressly provides in such rule.”;

(5) by redesignating subsections (e) and (g) as subsections (d) and (e), respectively; and

(6) in subsection (d), as redesignated—

(A) in paragraph (1)(B), by striking “the transcript required by subsection (c)(5),”;

(B) in paragraph (3), by striking “error)” and all that follows through the period at the end and inserting “error).”;

and

(C) in paragraph (5), by striking subparagraph (C).

SEC. 305. HEALTH LITERACY: RESEARCH, COORDINATION AND DISSEMINATION.

(a) In General.—Part A of title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended by adding at the end the following:

“SEC. 904. HEALTH LITERACY: RESEARCH, COORDINATION AND DISSEMINATION.

“(a) Definition.—In this section, the term ‘health literacy’ means a consumer’s ability to obtain, process, and understand basic health information and services
needed to make appropriate health care decisions and the
adaptation of services to enhance a consumer’s under-
standing and navigation of applicable health care services.

“(b) HEALTH LITERACY PROGRAM.—

“(1) ESTABLISHMENT.—The Director shall es-

tablish within the Agency a program (referred to in
this section as the ‘program’) to strengthen health
literacy by improving measurement, research, devel-
opment, and information dissemination.

“(2) DUTIES.—In carrying out the program,
the Director shall—

“(A) gather health literacy resources from
public and private sources and make such re-
sources available to researchers, health care
providers, and the general public;

“(B) identify and fill research gaps relat-
ing to health literacy that have direct applica-

“(i) prevention;

“(ii) self-management of chronic dis-
ease;

“(iii) quality improvement;

“(iv) the barriers to health literacy;

“(v) relationships between health lit-
eracy and health disparities, particularly
with respect to language and cultural competency; and

“(vi) the utilization of information on comparative effectiveness of health treatments;

“(C) sponsor demonstration and evaluation projects with respect to interventions and tools designed to strengthen health literacy, including projects focused on—

“(i) the provision of simplified, patient-centered written materials;

“(ii) technology-based communication techniques;

“(iii) consumer navigation services; and

“(iv) the training of health professional providers;

“(D) give preference to health literacy initiatives that—

“(i) focus on the particular needs of vulnerable populations such as the elderly, racial and ethnic minorities, children, individuals with limited English proficiency, and individuals with disabilities; and
“(ii) partner with institutions in the community such as schools, libraries, senior centers, literacy groups, recreation centers, early childhood education centers, area health education centers, and public assistance programs;

“(E) assist appropriate Federal agencies in establishing specific objectives and strategies for carrying out the program, in monitoring the programs of such agencies, and incorporating health literacy into research design, human subjects protections, and informed consent in clinical research;

“(F) seek to enter into implementation partnerships with organizations and agencies, including other agencies within the Department of Health and Human Services, such as the Centers for Medicare & Medicaid Services and the Health Resources and Services Administration, the Office of the Surgeon General, the Joint Commission on the Accreditation of Healthcare Organizations, the Office of the National Coordinator for Health Information Technology, and the National Committee for Quality Assurance, to promote the adoption of
interventions and tools developed under this section, particularly in the training of health professionals; and

“(G) coordinate with other agencies within the Department of Health and Human Services to collect data that monitors national trends in health literacy by including relevant items in surveys such as the Medical Expenditure Panel Survey, the National Health Interview Survey, and the National Hospital Discharge Survey.

“(3) REPORT.—The Agency for Healthcare Research and Quality shall annually submit to Congress a report that includes—

“(A) a comprehensive and detailed description of the operations, activities, financial condition, and accomplishments of the Agency in the field of health literacy; and

“(B) a description of how plans for the operation of the program for the succeeding fiscal year will facilitate achievement of the goals of the program.

“(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection such sums as may be necessary for each of fiscal years 2014 through 2018.
“(c) State Health Literacy Grants.—

“(1) Grants.—The Director of the Agency shall award grants to eligible entities to facilitate State and community efforts to strengthen health literacy.

“(2) Use of Funds.—An entity receiving a grant under this subsection shall use amounts received under such grant to—

“(A) support efforts to monitor and strengthen health literacy within a State or community;

“(B) assist public and private efforts in the State or community in coordinating and delivering health literacy services;

“(C) encourage partnerships among State and local governments, community organizations, non-profit entities, academic institutions, and businesses to coordinate efforts to strengthen health literacy;

“(D) provide technical and policy assistance to State and local governments and service providers; and

“(E) monitor and evaluate programs conducted under this grant.
“(3) REPORT.—Not later than September 30 of each fiscal year for which a grant is received by an entity under this section, the entity shall submit to the Director a report that describes the programs supported by the grant and the results of monitoring and evaluation of those programs.

“(4) AUTHORIZATION OF APPROPRIATIONS.—

There are authorized to be appropriated such sums as may be necessary to carry out this subsection for each of fiscal years 2014 through 2018.”.

(b) INSTITUTE OF MEDICINE STUDY AND REPORT.—

(1) STUDY.—The Secretary of Health and Human Services shall seek to enter into a contract with the Institute of Medicine to conduct a study identifying opportunities within the Department of Health and Human Services to strengthen the health literacy of health care providers and health care consumers in accordance with the Patient Protection and Affordable Care Act (Public Law 111–148).

(2) REPORT.—A contract entered into under paragraph (1) shall include a provision requiring the Institute of Medicine, not later than 1 year after the date of enactment of this Act, to submit a report concerning the results of the study conducted under
paragraph (1) to the Secretary of Health and Human Services and the appropriate committees of Congress.”.

SEC. 306. DISALLOWANCE OF DEDUCTIONS FOR ADVERTISING AND MARKETING EXPENSES RELATING TO TOBACCO PRODUCT USE.

(a) IN GENERAL.—Part IX of subchapter B of chapter 1 of subtitle A of the Internal Revenue Code of 1986 (relating to items not deductible) is amended by adding at the end the following new section:

“SEC. 280I. DISALLOWANCE OF DEDUCTION FOR ADVERTISING AND MARKETING EXPENSES RELATING TO TOBACCO PRODUCT USE.

“No deduction shall be allowed under this chapter for expenses relating to advertising or marketing cigars, cigarettes, smokeless tobacco, pipe tobacco, or any other tobacco product. For purposes of this section, any term used in this section which is also used in section 5702 shall have the same meaning given such term by section 5702.”.

(b) CONFORMING AMENDMENT.—The table of sections for such part IX is amended by adding after the item relating to section 280H the following new item:

“Sec. 280I. Disallowance of deduction for tobacco advertising and marketing expenses.”.
(c) Effective Date.—The amendments made by this section shall apply to taxable years beginning after the date of the enactment of this Act.

SEC. 307. INCENTIVES TO REDUCE TOBACCO USE.

(a) Child Tobacco Use Surveys.—

(1) Annual performance survey.—

(A) In general.—Not later than August 31, 2014, and annually thereafter, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall publish the results of an annual tobacco use survey, to be carried out not later than 18 months after the date of enactment of this Act and completed on an annual basis thereafter, to determine—

(i) the percentage of all young individuals who used tobacco products within the 30-day period prior to the conduct of the survey involved; and

(ii) the percentage of young individuals who identify each brand of each type of tobacco product as the usual brand used within such 30-day period.

(B) Young Individuals.—For the purposes of this section, the term “young individ-
uals’’ means individuals who are under 18 years of age.

(2) SIZE AND METHODOLOGY.—

(A) IN GENERAL.—The survey referred to in paragraph (1) may be the National Survey on Drug Use and Health or shall at least be comparable in size and methodology to the NSDUH that was completed in 2009 to measure the use of cigarettes (by brand) by youths under 18 years of age within the 30-day period prior to the conduct of the study. Such survey may be conducted as a component of the National Health and Nutrition Examination Survey or the National Health Interview Survey, if all other requirements provided for in this section are complied with.

(B) CONCLUSIVE ACCURATENESS.—A survey using the methodology described in subparagraph (A) shall be deemed conclusively proper, correct, and accurate for purposes of this section.

(C) DEFINITION.—In this section, the term “National Survey on Drug Use and Health” or “NSDUH” means the annual nationwide survey of randomly selected individ-
uals, aged 12 and older, conducted by the Substance Abuse and Mental Health Services Ad-
ministration.

(3) REDUCTION.—The Secretary, based on a comparison of the results of the first annual tobacco product survey referred to in paragraph (1) and the most recent survey data referred to in paragraph (2)(A) completed prior to the date of enactment of this Act, shall determine the percentage reduction (if any) in youth tobacco use for each manufacturer of tobacco products.

(4) PARTICIPATION IN SURVEY.—Notwith-
standing any other provision of law, the Secretary may conduct a survey under this subsection involving minors if the results of such survey with respect to such minors are kept confidential and not disclosed.

(5) NONAPPLICABILITY.—Chapter 35 of title 44, United States Code, shall not apply to information required for the purposes of carrying out this section.

(b) TOBACCO USE REDUCTION GOAL AND NON-
COMPLIANCE.—

(1) GOAL.—It shall be the tobacco use reduction goal that youth tobacco use be reduced by at
least 5 percent or a level determined significantly sufficient by the Secretary between the most recent NSDUH referred to in subsection (a)(2)(A) and the completion of the first annual cigarette survey (and such subsequent surveys as compared to the previous year’s survey) referred to in subsection (a)(1).

(2) NONCOMPLIANCE.—

(A) INDUSTRY-WIDE PENALTY.—If the Secretary determines that the tobacco use reduction goal under paragraph (1) has not been achieved, the Secretary shall, not later than September 10, 2014, and September 10 of each year thereafter, impose an industry-wide penalty on the manufacturers of cigarettes in an amount that is in the aggregate equal to $3,000,000,000.

(B) PAYMENT.—The industry-wide penalty imposed under this subsection shall be paid by each manufacturer based on the brand share among youth ages 12–17 (as determined by the survey described in subsection (a)(1)) as such percentage relates to the total amount to be paid by all manufacturers.

(C) FINAL DETERMINATION.—The determination of the Secretary as to the amount and
allocation of a surcharge under this section shall be final and the manufacturer shall pay such surcharge within 10 days of the date on which the manufacturer is assessed. Such payment shall be retained by the Secretary pending final judicial review of what, if any, change in the surcharge is appropriate.

(D) LIMITATION.—With respect to cigarettes, a manufacturer with a market share of 1 percent or less of youth tobacco use shall not be liable for the payment of a surcharge under this paragraph.

(E) USE OF AMOUNTS.—Amounts collected under subparagraph (A) shall be deposited into the Prevention and Public Health Fund established under section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u–11). Such funds shall remain available for transfer through September 30th of the fifth fiscal year following their collection, subject to the terms and conditions of such section 4002.

(3) PENALTIES NONDEDUCTIBLE.—The payment of penalties under this section shall not be considered to be an ordinary and necessary expense in carrying on a trade or business for purposes of the
Internal Revenue Code of 1986 and shall not be de-
ductible.

(4) Judicial review.—

(A) After payment.—A manufacturer of
cigarettes may seek judicial review of any action
under this section only after the assessment in-
volved has been paid by the manufacturer to
the Department of the Treasury and only in the
United States District Court for the District of
Columbia.

(B) Review by Attorney General.—
Prior to the filing of an action by a manufac-
turer seeking judicial review of an action under
this section, the manufacturer shall notify the
Attorney General of such intent to file and the
Attorney General shall have 30 days in which to
respond to the action.

(C) Review.—The amount of any sur-
charge paid under this section shall be subject
to judicial review by the United States Court of
Appeals for the District of Columbia Circuit,
based on the arbitrary and capricious standard
of section 706 of title 5, United States Code.
Notwithstanding any other provision of law, no
court shall have the authority to stay any sur-
charge payment due to the Secretary under this section pending judicial review until the Secretary has made or failed to make a compliance determination, as described under this section, that has adversely affected the person seeking the review.

(c) Enforcement.—

(1) Initial Penalty.—There is hereby imposed an initial penalty on the failure of any manufacturer to make any payment required under this section not later than a period determined sufficient by the Secretary after the date on which such payment is due.

(2) Amount of Penalty.—The amount of the penalty imposed by paragraph (1) on any failure with respect to a manufacturer shall be an amount equal to 2 percent of the penalty owed under subsection (b) for each day during the noncompliance period.

(3) Noncompliance Period.—For purposes of this subsection, the term “noncompliance period” means, with respect to any failure to make the surcharge payment required under this section, the period—
(A) beginning on the due date for such payment; and

(B) ending on the date on which such payment is paid in full.

(4) LIMITATIONS.—No penalty shall be imposed by paragraph (1) on—

(A) any failure to make a surcharge payment under this section during any period for which it is established to the satisfaction of the Secretary that none of the persons responsible for such failure knew or, exercising reasonable diligence, would have known, that such failure existed; or

(B) any manufacturer that produces less than 1 percent of cigarettes used by youth in that year (as determined by the annual survey).

SEC. 308. VOLUNTARY STANDARDS ON FOOD MARKETING TO CHILDREN.

(a) IN GENERAL.—The Interagency Working Group on Food Marketed to Children (as established by the Omnibus Appropriations Act, 2009 (Public Law 109–8)) and constituted by the Commissioner of the Federal Trade Commission, together with the Commissioner of the Food and Drug Administration, the Director of the Centers for Disease Control and Prevention, and the Secretary of Ag-
riculture, shall develop recommendations for standards for
the marketing of food when such marketing targets chil-
dren who are 17 years of age or younger or when such
food represents a significant component of the diets of
children.

(b) CONSIDERATIONS.—In developing standards
under subsection (a), the Working Group shall consider—

(1) positive and negative contributions of nutri-
ents, ingredients, and food (including calories, por-
tion size, saturated fat, trans fat, sodium, added
sugars, and the presence of nutrients, fruits, vegeta-
bles, and whole grains) to the diets of such children;
and

(2) evidence concerning the role of the con-
sumption of nutrients, ingredients, and foods in pre-
venting or promoting the development of obesity
among such children.

(c) SCOPE.—The Working Group shall determine the
scope of the media to which the standards developed under
subsection (a) should apply.

(d) SUBMISSION TO CONGRESS.—Not later than July
15, 2014, the Working Group shall submit to the relevant
Committees of Congress a report containing the findings
and recommendations of the Working Group under this
section.
TITLE IV—EXPANDED COVERAGE OF PREVENTIVE SERVICES

SEC. 401. REQUIRED COVERAGE OF PREVENTIVE SERVICES UNDER THE MEDICAID PROGRAM.

(a) MANDATORY COVERAGE.—Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by section 4107(a)(1) of the Patient Protection and Affordable Care Act (Public Law 111–148), is amended—

(1) in subsection (a)(4)—

(A) by striking “and” before “(D)”; and

(B) by inserting before the semicolon at the end the following new subparagraph: “; and

(E) preventive services described in subsection (ee);”;

(2) by adding at the end the following new subsection:

“(ee) PREVENTIVE SERVICES.—For purposes of subsection (a)(4)(E), the preventive services described in this subsection are diagnostic, screening, preventive, and rehabilitative services not otherwise described in subsection (a) or (r) that the Secretary determines are appropriate for individuals entitled to medical assistance under this title, including—

...
“(1) evidence-based services that are assigned a grade of A or B by the United States Preventive Services Task Force; and

“(2) with respect to an adult individual, approved vaccines recommended for routine use by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.”.

(b) ELIMINATION OF COST-SHARING.—

(1) Subsections (a)(2)(D) and (b)(2)(D) of section 1916 of the Social Security Act (42 U.S.C. 1396o) are each amended by inserting “preventive services described in section 1905(ee),” after “emergency services (as defined by the Secretary),”.

(2) Section 1916A(a)(1) of such Act (42 U.S.C. 1396o–1(a)(1)) is amended by inserting “, preventive services described in section 1905(ee),” after “subsection (c)”.

(c) CONFORMING AMENDMENT.—Effective as if included in the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148), the provisions of, and amendments made by, section 4106 of such Act are repealed.

(d) INTERVAL PERIOD FOR INCLUSION OF NEW RECOMMENDATIONS IN STATE PLANS.—With respect to a recommendation issued on or after the date of enactment of
this Act by an organization described in subsection (ee) of section 1905 of the Social Security Act for a preventive service included under such subsection, the Secretary of Health and Human Services shall establish a minimum interval period, which shall be not less than 12 months, between the date on which the recommendation is issued and the plan year for which a State plan for medical assistance under title XIX of the Social Security Act shall be required to include such preventive service.

(e) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by subsections (a) and (b) take effect on the date of enactment of this Act.

(2) EXTENSION OF EFFECTIVE DATE FOR STATE LAW AMENDMENT.—In the case of a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) which the Secretary of Health and Human Services determines requires State legislation or State regulation in order for the plan to meet the additional requirements imposed by the amendments made by subsections (a) and (b), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional require-
ments before the first day of the first calendar quar-
ter beginning after the close of the first regular ses-
sion of the State legislature that begins after the
date of enactment of this Act. For purposes of the
previous sentence, in the case of a State that has a
2-year legislative session, each year of the session is
considered to be a separate regular session of the
State legislature.

SEC. 402. COVERAGE FOR COMPREHENSIVE WORKPLACE
WELLNESS PROGRAM AND PREVENTIVE
SERVICES.

Section 8904(a) of title 5, United States Code, is
amended—

(1) in paragraph (1), by adding at the end the
following:

“(G) Comprehensive workplace wellness
program benefits that meet the requirements of
section 10408 of the Patient Protection and Af-
fordable Care Act (Public Law 111–148).

“(H) Preventive services benefits deemed
an ‘A’ or ‘B’ service by the United States Pre-
ventive Services Taskforce.

“(I) Immunizations that have in effect a
recommendation from the Advisory Committee
on Immunization Practices of the Centers for
Disease Control and Prevention with respect to the individuals involved.

“(J) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration of the Department of Health and Human Services.”; and (2) in paragraph (2), by adding at the end the following:

“(G) Comprehensive workplace wellness program benefits that meet the requirements of section 10408 of the Patient Protection and Affordable Care Act (Public Law 111–148).

“(H) Preventive services benefits deemed an ‘A’ or ‘B’ service by the United States Preventive Services Taskforce.

“(I) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individuals involved.

“(J) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehen-
sive guidelines supported by the Health Resources and Services Administration of the Department of Health and Human Services.”.

SEC. 403. HEALTH PROFESSIONAL EDUCATION AND TRAINING IN HEALTHY EATING.

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

“SEC. 399Z. HEALTH PROFESSIONAL EDUCATION AND TRAINING IN HEALTHY EATING.

“(a) In General.—The Secretary, in collaboration with the Director of the Centers for Disease Control and Prevention, the Administrator of the Health Resources and Services Administration, and the heads of other agencies, and in consultation with appropriate health professional associations, shall develop and carry out a program to educate and train health professionals in effective strategies to—

“(1) better identify patients at-risk of becoming overweight or obese or developing an eating disorder;

“(2) detect overweight or obesity or eating disorders among a diverse patient population;

“(3) counsel, refer, or treat patients with overweight or obesity or an eating disorder;
“(4) educate patients and the families of patients about effective strategies to establish healthy eating habits and appropriate levels of physical activity; and

“(5) assist in the creation and administration of community-based overweight and obesity and eating disorder prevention efforts.

“(b) Eating disorder.—In this section, the term ‘eating disorder’ includes anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorders not otherwise specified, as defined in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders or any subsequent edition.

“(c) Authorization of Appropriations.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2014 through 2018.”.

SEC. 404. INTEGRATIVE MEDICINE TRAINING PROGRAM.

Title VII of the Public Health Service Act is amended by inserting after section 768 (42 U.S.C. 295e) the following:

“SEC. 768A. INTEGRATIVE MEDICINE TRAINING PROGRAM.

“(a) National Coordinating Center for Training in Integrative Medicine.—
“(1) IN GENERAL.—the Secretary, acting through the Administrator, shall award a single grant to an eligible entity that shall serve as the National Coordinating Center for Training in Integrative Medicine.

“(2) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1), an entity shall—

“(A) be—

“(i) an accredited school of medicine or osteopathic medicine;

“(ii) an accredited public or private nonprofit hospital;

“(iii) a State, local, or tribal health department; or

“(iv) a consortium of 2 or more of the entities described in clause (i) or (ii);

“(B) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require; and

“(C) demonstrate a capacity to perform the duties described in paragraph (3).

“(3) DUTIES.—An entity that receives a grant under paragraph (2) shall—
“(A) plan, develop, or design an integrative medicine curriculum that can be incorporated into an accredited residency training program in specialties, including family medicine, internal medicine, pediatrics, and obstetrics and gynecology, physical medicine and rehabilitation and psychiatry;

“(B) provide technical assistance to the network of grantees under subsection (b);

“(C) develop, administer, and coordinate the network of grantees under such subsection;

“(D) conduct an evaluation and oversee data collection of integrative medicine training programs; and

“(E) develop, distribute, and provide educational and faculty development materials and programs to train medical professionals in integrative medicine.

“(b) GRANTS TO INCORPORATE INTEGRATIVE MEDICINE INTO RESIDENCY TRAINING PROGRAMS.—

“(1) IN GENERAL.—The Secretary shall award grants to, or enter into contracts with, eligible entities to develop graduate medical education training programs in integrative medicine.
“(2) Eligibility.—To be eligible to receive a grant or contract under paragraph (1) an entity shall—

“(A) operate an accredited medical residency program; and

“(B) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

“(3) Use of Funds.—Amounts received under a grant or contract under this subsection shall be used to incorporate curriculum in integrative medicine into residency programs to enhance teaching in prevention and wellness and to work collaboratively with other grantees and the national coordinating center to evaluate outcomes and best practices in teaching Integrative Medicine.

“(c) Definition.—In this section, the term ‘integrative medicine’ means the integration of alternative treatment, diagnostic and prevention systems, modalities, and disciplines with the practice of conventional medicine as a complement to such medicine and into health care delivery systems in the United States.

“(d) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section,
such sums as may be necessary for each of fiscal years 2014 through 2018.”

**TITLE V—RESEARCH**

**SEC. 501. NATIONAL CONSORTIUM ON BREASTFEEDING RESEARCH.**

(a) **Establishment.**—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall establish a national consortium on breastfeeding research (referred to in this section as the “consortium”), to be composed of researchers determined appropriate by the Secretary, in consultation with the Director, to—

1. assist in overcoming the limitations faced by researchers in designing breastfeeding studies;
2. increase the generalizability of research on breastfeeding;
3. assist in prioritizing key breastfeeding research areas;
4. enable the performance of expanded and advanced breastfeeding research; and
5. foster the timely translation of such research into practice.

(b) **Requirements.**—The consortium shall seek to—
(1) standardize definitions of specific terms and measures used to classify the variables used in research on breastfeeding;

(2) promote the use of the definitions standardized under paragraph (1);

(3) identify ethical study designs that would expand the knowledge that has been generated from observational breastfeeding studies;

(4) develop and update national agendas for surveillance and research on topics related to breastfeeding and infant nutrition;

(5) spearhead funding strategies to help accomplish the agenda developed by the consortium;

(6) facilitate communication among researchers; and

(7) promote the dissemination of research findings and monitor the translation of research into best practices.

(c) Authorization of Appropriations.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 2014 through 2018.
SEC. 502. NATIONAL ASSESSMENT OF MENTAL HEALTH NEEDS.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by inserting after section 506B (42 U.S.C. 290aa–5b) the following:

"SEC. 506C. NATIONAL ASSESSMENT OF MENTAL HEALTH NEEDS.

"(a) IN GENERAL.—The Secretary, in consultation with the Administrator, the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health, shall establish and implement public health monitoring measures to address the mental health and substance use disorder status of the population of the United States and other populations served by the Administration, that include—

"(1) monitoring the mental health status of the population, including the incidence and prevalence of mental health conditions and substance use disorders across the lifespan;

"(2) monitoring access to appropriate diagnostic and treatment services for mental health conditions and substance use disorders, including trends in unmet need for services;

"(3) monitoring mental health conditions as risk factors for obesity and chronic diseases to the extent practicable;
“(4) enhancing existing public health monitoring systems by including measures assessing mental health and substance use disorders and associated risk factors; and

“(5) to the extent practicable, monitoring the immediate and long-term impact of disasters or catastrophic events, whether natural or man-made on the mental health of affected populations.

“(b) DISTINGUISHING AMONG AGE GROUPS.—In designing and implementing the measures described in subsection (a) the Secretary shall ensure that data collection and reporting standards stratify data by age groups, in particular, to the extent practicable, children under the age of 5 years.

“(c) REPORT.—Not later than 1 year after the date of enactment of this section, the Secretary shall submit a report to Congress that describes the progress on the implementation of the monitoring measures described in subsection (a).

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section such sums as may be necessary to carry out this section for each of fiscal years 2014 through 2018.”.