
IMPROVED NUTRITION AND PHYSICAL ACTIVITY ACT

MARCH 18, 2004.—Ordered to be printed

FILED, UNDER AUTHORITY OF THE ORDER OF THE SENATE OF MARCH 12, 2004

Mr. GREGG, from the Committee on Health, Education, Labor, and Pensions, submitted the following

R E P O R T

together with

ADDITIONAL VIEWS

[To accompany S. 1172]

The Committee on Health, Education, Labor, and Pensions, to which was referred the bill (S. 1172) to establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and recommends that the bill (as amended) do pass.

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I. PURPOSE AND NEED FOR LEGISLATION

Overweight and obesity result from daily lifestyle choices, the consequences of which gradually accumulate. Overweight and obesity are associated with increased risk for heart disease (the lead-

ing cause of death), cancer (the second leading cause of death), diabetes (the seventh leading cause of death), and musculoskeletal disorders. Public health officials are increasingly concerned that growing rates of obesity and overweight now affect over 60 percent of adults and 13 percent of children and adolescents—twice the levels seen 30 years ago.

Unfortunately, obesity is particularly prevalent among African-American, Hispanic-American and American Indian communities. On average, American Indian and Alaska Native adults are 2.6 times more likely to have diabetes than non-Hispanic whites of similar age. At current rates, nearly half of all African-American and Hispanic-American children will develop type-2 diabetes within their lifetimes.

Although the Federal role in preventing and reversing obesity may be limited, nonetheless, U.S. taxpayers will still bear a large share of the cost of responding to the consequences of obesity. A recent report estimated the annual medical costs attributed to obesity to be \$75 billion with approximately half of these costs financed by Medicare and Medicaid. As rates of obesity continue to mount, the morbidity, mortality and health care costs associated with obesity will skyrocket. It is estimated that one-tenth of all health care costs in the United States are associated with conditions related, in part, to overweight and obesity.

High rates of obesity and diabetes among adults can be countered by making positive choices, such as healthy eating and regular physical activity. There is a clear limit to what the Federal Government can do in this area. In addressing obesity among children, the fundamental responsibility for healthy choices rests with parents in their local communities. An increasing problem of overweight and obesity among children may suggest societal shifts with respect to parental supervision of nutrition and parental expectations regarding physical activity.

II. SUMMARY

S. 1172, the Improved Nutrition and Physical Activity (IMPACT) Act, addresses the problem of obesity, overweight and eating disorders, primarily by expanding existing authorities under which the Department of Health and Human Services operates programs that seek to reduce obesity.

Due to its multifaceted nature, the bill takes a broad approach to avoid relying on a single solution to this complex problem. Where scientific evidence suggests certain approaches, the legislation appropriately encourages programs and policies to align with these scientific approaches. Where such information is not available, the bill allows for the support of scientifically rigorous research. IMPACT takes a collaborative, rather than confrontational, approach with the private sector. The bill allows for communities to develop their own approaches to the problem and compete for dollars, rather than imposing a federal one-size-fits-all approach.

III. HISTORY OF LEGISLATION AND VOTES IN COMMITTEE

On June 3, 2003, Senator Frist, for himself and Senators Bingaman, Dodd, DeWine, Clinton, Warner, Murray, Lugar, Landrieu, Sessions and Alexander, introduced S. 1172, to establish grants to

provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes. On October 29, 2003, the committee held an executive session to consider S. 1172. The committee approved S. 1172 with amendment by unanimous voice vote.

IV. EXPLANATION OF BILL AND COMMITTEE VIEWS

The committee recognizes the growing epidemic of obesity and overweight in our country and this legislation seeks to address the problem by promoting programs to increase physical activity and improve nutrition. Reasons for the increase in obesity rates are linked to changes in families, employment trends, technological advances, consumer choices, and entertainment, among many other factors. While there is a limit to what the Federal Government can do in this area, it can play an important role in providing health information to the public and to health providers in order to facilitate informed decision-making, and to support basic and applied research.

Obesity will only be prevented or reversed by sustained behavior change in a variety of areas of life. However, the goals of improving nutrition and increasing physical activity do not allow for programs to target only one behavior.

Therefore, the bill supports programs and education to generally increase physical activity and improving nutrition. Because the causes of obesity are complex, there is no one targeted food or behavior to blame. Funds received under this act should not be used to convey negative messages about specific foods, beverages, or commodities. Moreover, it is critical that the government not make the mistake of promoting an oversimplified message unsupported by long-term scientific data.

The bill requires a report on the Department's Youth Media Campaign. This program has been appropriated a total of more than \$200 million during the past 3 years. First-year evaluation results are encouraging in that certain groups within the targeted populations appear to have added some physical activity to their lives in response to the campaign. The committee expects that the report required in the bill will address not only the physical activity changes in targeted populations, but also the impact of the campaign on actual obesity rates.

V. COST ESTIMATE

Due to time constraints the Congressional Budget Office estimate was not included in the report. When received by the committee, it will appear in the Congressional Record at a later time.

VI. REGULATORY IMPACT STATEMENT

In accordance with paragraph 11(b) of rule XXVI of the Standing Rules of the Senate, the committee has determined that there will be minimal increases in the regulatory burden imposed by the bill.

VII. APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

The committee has determined that there is no legislative impact.

VIII. SECTION-BY-SECTION ANALYSIS

SECTION 1. SHORT TITLE

Section 1 establishes the short title as the “Improved Nutrition and Physical Activity Act” or the “IMPACT Act.”

SECTION 2. FINDINGS

Section 2 makes certain findings regarding the prevalence and issues related to obesity, being overweight, and eating disorders.

Title I—Training Grants

This title has 2 sections—(1) adding obesity, being overweight, and eating disorders to the list of priority conditions to be addressed in health professions Title VII training grants and (2) training practicing health professionals about proper methods to diagnose, treat and prevent obesity, being overweight, and eating disorders among their patients. Both of these new training activities are written into current grant programs. As such, no additional authorization of appropriations is required.

Title II—Community-Based Solutions to Increase Physical Activity and Improve Nutrition

SECTION 201. GRANTS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION

This section creates a demonstration program that funds community organizations to conduct programs to curb obesity, overweight and eating disorders. These programs focus on providing specific community interventions, school-based activities, and health care delivery system programs, while focusing on education, outreach, and interventional techniques. This program is authorized for \$60 M in FY04, with \$5 M being allocated to eating disorder activities during that period.

SECTION 202. NATIONAL CENTER FOR HEALTH STATISTICS

Section 202 provides additional authority for the CDC to collect information regarding fitness levels and energy expenditure among children. This additional authorization is added to a current program; and thus, requires no additional authorization of appropriations.

SECTION 203. HEALTH DISPARITIES REPORT

Section 203 states that the Agency for Healthcare Research and Quality should review any new information relating to obesity trends among various sub-populations and include such information, where it is relevant, in its health disparities report.

SECTION 204. PREVENTIVE HEALTH SERVICES BLOCK GRANT

This section allows states to use their Preventive Services Block Grant money for community education on nutrition and increased physical activity. State block grants can be use for a variety of purposes, and this section only adds obesity to the list of alternatives. States still decide how to use their block grants.

SECTION 205. REPORT ON OBESITY RESEARCH

This section instructs the Secretary to report on what research has been conducted on obesity treatment and prevention, what has been learned from this research, and what future research should be conducted. Given that obesity research is conducted in several agencies and institutes, this study will assist in collating the results of this research and coordinating departmental research in the future.

SECTION 206. REPORT ON A NATIONAL CAMPAIGN TO CHANGE
CHILDREN'S HEALTH BEHAVIORS AND REDUCE OBESITY

Given the widespread use of the Youth Media Campaign, this section asks the Secretary to report on its effectiveness in changing children's behaviors and reducing obesity.

IX. ADDITIONAL VIEWS OF SENATORS KENNEDY, BINGAMAN, DODD, CLINTON, MURRAY, MIKULSKI, REED AND HARKIN

Underlying Causative Factors for Overweight and Obesity

The signatories of these “Additional Views” believe that this report’s opening statement, “overweight and obesity result from daily lifestyle choices,” is overly simplistic. Expert reports, including those from the Federal health agencies, the Institute of Medicine, and a host of other academic centers and professional organizations, uniformly describe a complex interplay of behavioral, environmental and genetic factors that leads to the development of overweight and obesity.

Behavioral and environmental factors, which are modifiable risk factors for overweight and obesity, are receiving dramatically increased attention from scientific investigators. According to the National Institutes of Health, these factors can be described as technological advances in the workplace and activities of daily living that reduce the need for physical labor; increased time spent in sedentary activities due to television watching and computer use; a bountiful food supply with abundant choices of relatively inexpensive, calorically-dense food products that are convenient and tasty; and increases in the sizes of food portions in restaurants and at home.

Federal Role in Reducing Overweight and Obesity

It is unreasonable to expect that Americans will easily improve their “daily lifestyle choices” when so many forces in the social, cultural, and physical environment work against such change. Building an infrastructure to support healthy diets and regular physical activity requires a commitment on the local, State and Federal level to develop and sustain health promotion policies, resources, and practices. The signatories of these “Additional Views” strongly disagree with this report’s assertion that the role of the Federal government may be limited. On the contrary, the tremendous health and financial consequences of overweight and obesity compel a greater Federal role in the war against obesity. As stated by HHS Secretary Tommy Thompson (September 2001) “We need to act, individually and as a nation, to prevent obesity and diabetes.”

A number of Federal initiatives could meaningfully effect change in the levels of overweight and obesity across the nation. This bill provides a minimum of support for education, research, and community-based interventions, which certainly represent an important first step. However, scientific and medical experts have recommended additional Federal strategies that could have an even greater impact. A few examples of such strategies include the following:

- Require all foods sold in schools to meet established dietary guidelines for nutrition and portion size;
- Restrict the extent and type of advertising to which children are exposed;
- Require all schools to provide daily physical activity for K–12 children;
- Provide tax incentives for worksites to develop and implement wellness programs;
- Encourage food labeling for nutritional content of foods sold in worksites, chain restaurants and other commercial food outlets;
- Design transportation infrastructure and public policy that supports active modes of transportation, such as walking and biking, for both utilitarian and recreational purposes; and
- Require that zoning regulations support the creation and maintenance of green space and public parks.

Parental Role in Childhood Obesity

The signatories of these “Additional Views” agree with the report language that states that the increase in overweight and obesity among children may reflect reduced parental supervision of nutrition and parental expectations of physical activity. However, once again, this statement is overly simplistic and should be greatly expanded to include discussion of other causative factors. For example, school policies have a tremendous influence on the nutrition of children. Because of budget shortfalls, many schools rely upon sales of competitive foods, including those in vending machines, for additional revenue. Competitive foods, which typically are “junk foods” with minimal nutritional value, are not required to meet federal guidelines for nutrition or portion sizes. Similarly, budget constraints have eliminated physical education for children in many schools—only one school-aged child in four gets the recommended amount of physical activity. Unfortunately, this bill makes no attempt to meaningfully address these serious issues.

Even if one did ignore the impact of school policies on the nutrition and physical activity of children, one could hardly fault parents when considering the barriers that they encounter when trying to keep their children healthy. Many parents, particularly those in low-income neighborhoods, do not enjoy access to public spaces and facilities where their children can engage safely in physical activity. Moreover, adequate information is frequently unavailable to help parents make appropriate nutritional choices for their children, particularly for meals outside of the home.

In one study conducted by the Center for Science in the Public Interest and New York University, researchers found that even well-trained nutrition professionals could not accurately estimate the calorie content of typical restaurant meals. These professionals underestimated total calories by up to 48 percent. If experts in the field of nutrition are unable to accurately estimate the caloric content of restaurant foods, parents are unlikely to do better. Parents need substantial help, which this bill does not provide.

Healthy Foods

This report states that because the causes of obesity are complex, there is no one targeted food or behavior to blame. The signatories of these “Additional Views” agree that no one food should be blamed in isolation for the obesity epidemic. However, we also note what some experts have described as a “toxic food environment,” in which there is unprecedented exposure to energy dense, oversized, “fast or junk foods” that are inexpensive, heavily marketed, and ubiquitous. The Federal government should aggressively support interventions that minimize the effects of this environment on the nutrition of adults and children alike.

Scientific Investigation

The report’s assertion that promotion of “over-simplified message[s] unsupported by long-term scientific data” would be a “mistake” is unclear and potentially dangerous to the health of Americans. If rigorous scientific investigation finds that certain foods or activities are harmful, then there should be no requirement that the study is “long-term” for government to act and protect the health of consumers. Decisions relating to conduct of scientific studies are best left to scientists and not to Congress.

The CDC Youth Media Campaign

Although the report is correct in noting that the Youth Media Campaign has received approximately \$200 million in appropriations, it fails to mention that only the first year of this campaign received full funding at \$125 million. Because of reduced funding, the campaign was significantly reduced in magnitude and scope, which will undoubtedly affect second and third year evaluative findings. The report also downplays the first-year evaluation results, which should not be described as “encouraging” but instead as statistically significant. Target groups significantly increased their physical activity when compared to control populations. Experts have noted that the Youth Media Campaign has been the most successful media campaign to date. The signatories of these “Additional Views” support continued investment in proven and effective strategies to increase physical activity in children.

This bill only mandates an evaluation of the effectiveness of the campaign in changing children’s behaviors and reducing obesity, and not an evaluation of actual obesity rates. The signatories of these “Additional Views” understand that the primary focus of this campaign is on increasing levels of physical activity in tweens, which correlates with long-term healthy lifestyles, including weight control. It would be unreasonable to expect to find changes in actual obesity rates on such a short-term basis, particularly with insufficient campaign funding and without controlling for other factors that may or may not affect rates of obesity.

PATTY MURRAY.
 HILLARY RODHAM CLINTON.
 JEFF BINGAMAN.
 BARBARA A. MIKULSKI.
 JACK REED.
 TOM HARKIN.
 CHRIS DODD.
 TED KENNEDY.

X. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

Improved Nutrition and Physical Activity Act

NATIONAL CENTER FOR HEALTH STATISTICS

SEC. 306. (a) * * *

* * * * *

(m)(I) * * *

* * * * *

(4)(A) * * *

(B) The provisions of subparagraph (A) shall be effective with respect to a fiscal year only to the extent that funds are appropriated pursuant to paragraph (3) of **subsection (n)** *subsection (o)*, and only if the amounts appropriated for such fiscal year pursuant to each of paragraphs (1) and (2) of **subsection (n)** *subsection (o)* equal or exceed the amounts so appropriated for fiscal year 1997.

(n) (1) *The Secretary, acting through the Center, may provide for the —*

(A) *collection of data for determining the fitness levels and energy expenditure of children and youth; and*

(B) *analysis of data collected as part of the National Health and Nutrition Examination Survey and other data sources.*

(2) *In carrying out paragraph (1), the Secretary, acting through the Center, may make grants to States, public entities, and non-profit entities.*

(3) *The Secretary, acting through the Center, may provide technical assistance, standards, and methodologies to grantees supported by this subsection in order to maximize the data quality and comparability with other studies.*

[(n)](o)(1) For health statistical and epidemiological activities undertaken or supported under subsections (a) through (l), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1991 through 2003.

* * * * *

PART Q—PROGRAMS TO IMPROVE THE HEALTH OF CHILDREN

[(SEC. 399W. GRANTS TO PROMOTE CHILDHOOD NUTRITION AND PHYSICAL ACTIVITY.

[(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award competitive grants to States and political subdivisions of States for the development and implementation of State and community-based intervention programs to promote good nutrition and physical activity in children and adolescents.

[(b) ELIGIBILITY.—To be eligible to receive a grant under this section a State or political subdivision of a State shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a plan that describes—

[(1) how the applicant proposes to develop a comprehensive program of school- and community-based approaches to encourage and promote good nutrition and appropriate levels of physical activity with respect to children or adolescents in local communities;

[(2) the manner in which the applicant shall coordinate with appropriate State and local authorities, such as State and local school departments, State departments of health, chronic disease directors, State directors of programs under section 17 of the Child Nutrition Act of 1966, 5-a-day coordinators, governors councils for physical activity and good nutrition, and State and local parks and recreation departments; and

[(3) the manner in which the applicant will evaluate the effectiveness of the program carried out under this section.

[(c) USE OF FUNDS.—A State or political subdivision of a State shall use amount received under a grant under this section to—

[(1) develop, implement, disseminate, and evaluate school- and community-based strategies in States to reduce inactivity and improve dietary choices among children and adolescents;

[(2) expand opportunities for physical activity programs in school- and community-based settings; and

[(3) develop, implement, and evaluate programs that promote good eating habits and physical activity including opportunities for children with cognitive and physical disabilities.

[(d) TECHNICAL ASSISTANCE.—The Secretary may set-aside an amount not to exceed 10 percent of the amount appropriated for a fiscal year under subsection (h) to permit the Director of the Centers for Disease Control and Prevention to—

[(1) provide States and political subdivisions of States with technical support in the development and implementation of programs under this section; and

[(2) disseminate information about effective strategies and interventions in preventing and treating obesity through the promotion of good nutrition and physical activity.

[(e) LIMITATION ON ADMINISTRATIVE COSTS.—Not to exceed 10 percent of the amount of a grant awarded to the State or political subdivision under subsection (a) for a fiscal year may be used by the State or political subdivision for administrative expenses.

[(f) TERM.—A grant awarded under subsection (a) shall be for a term of 3 years.]

[(g) DEFINITION.—In this section, the term “children and adolescents” means individuals who do not exceed 18 years of age.]

[(h) 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 2001 through 2005.]

SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION.

(a) *ESTABLISHMENT.*—

(1) *IN GENERAL.*—*The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the Administrator of the Health Resources and Services Administration, the Director of the Indian Health Service, the Secretary of Education, the Secretary of Agriculture, the Secretary of the Interior, the Director of the National Institutes of Health, the Director of the Office of Women’s Health, and the heads of other appropriate agencies, shall award competitive grants to eligible entities to plan and implement programs that promote healthy eating behaviors and physical activity to prevent eating disorders, obesity, being overweight, and related serious and chronic medical conditions. Such grants may be awarded to target at-risk populations including youth, adolescent girls, health disparity populations (as defined in section 485E(d)), and the underserved.*

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

(b) *AWARD OF GRANTS.*—*An eligible entity desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including—*

(1) *a plan describing a comprehensive program of approaches to encourage healthy eating behaviors and healthy levels of physical activity;*

(2) *the manner in which the eligible entity will coordinate with appropriate State and local authorities, including—*

(A) *State and local educational agencies;*

(B) *departments of health;*

(C) *chronic disease directors;*

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

(E) *5-a-day coordinators;*

(F) *Governors’ councils for physical activity and good nutrition;*

(G) *State and local parks and recreation departments;*

and

(H) *State and local departments of transportation and city planning; and*

(3) *the manner in which the applicant will evaluate the effectiveness of the program carried out under this section.*

(c) *COORDINATION.*—*In awarding grants under this section, the Secretary shall ensure that the proposed programs are coordinated in substance and format with programs currently funded through other Federal agencies and operating within the community includ-*

ing the Physical Education Program (PEP) of the Department of Education.

(d) *ELIGIBLE ENTITY.*—In this section, the term “eligible entity” means—

- (1) a city, county, tribe, territory, or State;
- (2) a State educational agency;
- (3) a tribal educational agency;
- (4) a local educational agency;
- (5) a federally qualified health center (as defined in section 1861(aa)(4) of the Social Security Act (42 U.S.C. 1395x(aa)(3));
- (6) a rural health clinic;
- (7) a health department;
- (8) an Indian Health Service hospital or clinic;
- (9) an Indian tribal health facility;
- (10) an urban Indian facility;
- (11) any health provider;
- (12) an accredited university or college;
- (13) a community-based organization;
- (14) a local city planning agency; or
- (15) any other entity determined appropriate by the Secretary.

(e) *USE OF FUNDS.*—An eligible entity that receives a grant under this section shall use the funds made available through the grant to—

(1) carry out community-based activities including—

(A) city planning, transportation initiatives, and environmental changes that help promote physical activity, such as increasing the use of walking or bicycling as a mode of transportation;

(B) forming partnerships and activities with businesses and other entities to increase physical activity levels and promote healthy eating behaviors at the workplace and while traveling to and from the workplace;

(C) forming partnerships with entities, including schools, faith-based entities, and other facilities providing recreational services, to establish programs that use their facilities for after school and weekend community activities;

(D) establishing incentives for retail food stores, farmer’s markets, food co-ops, grocery stores, and other retail food outlets that offer nutritious foods to encourage such stores and outlets to locate in economically depressed areas;

(E) forming partnerships with senior centers and nursing homes to establish programs for older people to foster physical activity and healthy eating behaviors;

(F) forming partnerships with daycare facilities to establish programs that promote healthy eating behaviors and physical activity; and

(G) providing community educational activities targeting good nutrition;

(2) carry out age-appropriate school-based activities including—

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

(i) after hours physical activity programs;

(ii) increasing opportunities for students to make informed choices regarding healthy eating behaviors; and

(iii) science-based interventions with multiple components to prevent eating disorders including nutritional content, understanding and responding to hunger and satiety, positive body image development, positive self-esteem development, and learning life skills (such as stress management, communication skills, problem-solving and decisionmaking skills), as well as consideration of cultural and developmental issues, and the role of family, school, and community;

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

(C) planning and implementing a healthy lifestyle curriculum or program with an emphasis on healthy eating behaviors and physical activity; and

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

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

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

(B) providing patient education and counseling to increase physical activity and promote healthy eating behaviors; and

(C) providing community education on good nutrition and physical activity to develop a better understanding of the relationship between diet, physical activity, and eating disorders, obesity, or being overweight; or

(4) other activities determined appropriate by the Secretary.

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

(g) **TECHNICAL ASSISTANCE.**—The Secretary may set aside an amount not to exceed 10 percent of the total amount appropriated for a fiscal year under subsection (k) to permit the Director of the Centers for Disease Control and Prevention to provide grantees with technical support in the development, implementation, and evaluation of programs under this section and to disseminate information about effective strategies and interventions in preventing and treating obesity and eating disorders through the promotion of healthy eating behaviors and physical activity.

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

(i) **REPORT.**—Not later than 6 years after the date of enactment of the Improved Nutrition and Physical Activity Act, the Director of the Centers for Disease Control and Prevention shall review the re-

sults of the grants awarded under this section and other related research and identify programs that have demonstrated effectiveness in healthy eating behaviors and physical activity in youth.

(j) **DEFINITIONS.**—In this section:

(1) **ANOREXIA NERVOSA.**—The term “Anorexia Nervosa” means an eating disorder characterized by self-starvation and excessive weight loss.

(2) **BINGE EATING DISORDER.**—The term “binge eating disorder” means a disorder characterized by frequent episodes of uncontrolled eating.

(3) **BULIMIA NERVOSA.**—The term “Bulimia Nervosa” means an eating disorder characterized by excessive food consumption, followed by inappropriate compensatory behaviors, such as self-induced vomiting, misuse of laxatives, fasting, or excessive exercise.

(4) **EATING DISORDERS.**—The term “eating disorders” means disorders of eating, including Anorexia Nervosa, Bulimia Nervosa, and binge eating disorder.

(5) **HEALTHY EATING BEHAVIORS.**—The term “healthy eating behaviors” means—

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

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

(C) eating comfortably in social environments that promote healthy relationships with family, peers, and community; and

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

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

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

(8) **YOUTH.**—The term “youth” means individuals not more than 18 years old.

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

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

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

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

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

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

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SEC. 399Y. EDUCATION CAMPAIGN.

(a) **IN GENERAL.**— * * *

* * * * *

(b) *REPORT.*—The Secretary shall evaluate the effectiveness of the campaign described in subsection (a) in changing children’s behaviors and reducing obesity and shall report such results to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

[b] (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 2001 through 2005.

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SEC. 399Z. HEALTH PROFESSIONAL EDUCATION AND TRAINING.

(a) *IN GENERAL.*—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, in collaboration with 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) * * *
- (2) * * *
- (3) * * *

(b) *GRANTS.*—

(1) *IN GENERAL.*—The Secretary may award grants to eligible entities to train primary care physicians and other licensed or certified health professionals on how to identify, treat, and prevent obesity or eating disorders and aid individuals who are overweight, obese, or who suffer from eating disorders.

(2) *APPLICATION.*—An entity that desires a grant under this subsection shall submit an application at such time, in such manner, and containing such information as the Secretary may require, including a plan for the use of funds that may be awarded and an evaluation of the training that will be provided.

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

(A) use evidence-based findings or recommendations that pertain to the prevention and treatment of obesity, being overweight, and eating disorders to conduct educational conferences, including Internet-based courses and teleconferences, on—

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

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

(iii) how to discuss varied strategies with patients from at-risk and diverse populations to promote positive behavior change and healthy lifestyles to avoid obesity, being overweight, and eating disorders;

(iv) how to identify overweight and obese patients and those who are at risk for obesity and being overweight or suffer from eating disorders and, therefore,

at risk for related serious and chronic medical conditions;

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

(B) evaluate the effectiveness of the training provided by such entity in increasing knowledge and changing attitudes and behaviors of trainees.

[(b)] (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 2001 through [2005] 2007.

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PART C—TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PHYSICIAN ASSISTANTS, GENERAL DENTISTRY, AND PEDIATRIC DENTISTRY

SEC. 747. FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, GENERAL DENTISTRY, PEDIATRIC DENTISTRY, AND PHYSICIAN ASSISTANTS.

(a) TRAINING GENERALLY.—* * *

* * * * *

(c) PRIORITY.—

(1) IN GENERAL.—* * *

(2) * * *

(3) SPECIAL CONSIDERATION.—In awarding grants under this section the Secretary shall give special consideration to projects which prepare practitioners to care for underserved populations and other high risk groups such as the elderly, individuals with HIV–AIDS, substance abusers, homeless, [and victims of domestic violence] *victims of domestic violence, individuals (including children) who are overweight or obese (as such terms are defined in section 399W(j)) and at risk for related serious and chronic medical conditions, and individuals who suffer from eating disorders.*

* * * * *

USE OF ALLOTMENTS

SEC. 1904. (a)(1) Except as provided in subsections (b) and (c), payments made to a State under section 1903 may be used for the following:

(A) * * *

* * * * *

(H) Activities and community education programs designed to address and prevent overweight, obesity, and eating disorders

through effective programs to promote healthy eating, and exercise habits and behaviors.

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