

109TH CONGRESS  
1ST SESSION

# S. 1325

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

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## IN THE SENATE OF THE UNITED STATES

JUNE 28, 2005

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

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## A BILL

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

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Improved Nutrition  
5       and Physical Activity Act” or the “IMPACT Act”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

1           (1) In July 2004, the Secretary of Health and  
2           Human Service recognized “obesity is a critical pub-  
3           lic health problem in our country” and under the  
4           medicare program language was removed from the  
5           coverage manual stating that obesity is not an ill-  
6           ness.

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

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

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

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

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

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

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

1           (9) Another goal of Healthy People 2010 is to  
2 eliminate health disparities among different seg-  
3 ments of the population. Obesity is a health problem  
4 that disproportionately impacts medically underserved  
5 populations.

6           (10) The 2005 Surgeon General’s report “The  
7 Year of the Healthy Child” lists the treatment and  
8 prevention of obesity as a national priority.

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

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

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

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

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

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

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

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

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

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

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

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

## 11           **TITLE I—TRAINING GRANTS**

### 12   **SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH** 13                                   **PROFESSION STUDENTS.**

14          Section 747(c)(3) of the Public Health Service Act  
 15   (42 U.S.C. 293k(c)(3)) is amended by striking “and vic-  
 16   tims of domestic violence” and inserting “victims of do-  
 17   mestic violence, individuals (including children) who are  
 18   overweight or obese (as such terms are defined in section  
 19   399W(j)) and at risk for related serious and chronic med-  
 20   ical conditions, and individuals who suffer from eating dis-  
 21   orders”.

### 22   **SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH** 23                                   **PROFESSIONALS.**

24          Section 399Z of the Public Health Service Act (42  
 25   U.S.C. 280h–3) is amended—

1           (1) in subsection (b), by striking “2005” and  
2 inserting “2007”;

3           (2) by redesignating subsection (b) as sub-  
4 section (c); and

5           (3) by inserting after subsection (a) the fol-  
6 lowing:

7           “(b) GRANTS.—

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

14                 “(2) APPLICATION.—An entity that desires a  
15 grant under this subsection shall submit an applica-  
16 tion at such time, in such manner, and containing  
17 such information as the Secretary may require, in-  
18 cluding a plan for the use of funds that may be  
19 awarded and an evaluation of the training that will  
20 be provided.

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

24                         “(A) use evidence-based findings or rec-  
25 ommendations that pertain to the prevention

1 and treatment of obesity, being overweight, and  
2 eating disorders to conduct educational con-  
3 ferences, including Internet-based courses and  
4 teleconferences, on—

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

7 “(ii) the link between obesity, being  
8 overweight, eating disorders and related se-  
9 rious and chronic medical conditions;

10 “(iii) how to discuss varied strategies  
11 with patients from at-risk and diverse pop-  
12 ulations to promote positive behavior  
13 change and healthy lifestyles to avoid obe-  
14 sity, being overweight, and eating dis-  
15 orders;

16 “(iv) how to identify overweight,  
17 obese, individuals with eating disorders,  
18 and those who are at risk for obesity and  
19 being overweight or suffer from eating dis-  
20 orders and, therefore, at risk for related  
21 serious and chronic medical conditions; and

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

1           “(B) evaluate the effectiveness of the  
2           training provided by such entity in increasing  
3           knowledge and changing attitudes and behav-  
4           iors of trainees.

5           “(4) AUTHORIZATION OF APPROPRIATIONS.—  
6           There are authorized to be appropriated to carry out  
7           this subsection, \$10,000,000 for fiscal year 2006,  
8           and such sums as may be necessary for each of fis-  
9           cal years 2007 through 2010.”.

10 **TITLE        II—COMMUNITY-BASED**  
11 **SOLUTIONS    TO    INCREASE**  
12 **PHYSICAL     ACTIVITY,   IM-**  
13 **PROVE NUTRITION, AND PRO-**  
14 **MOTE HEALTHY EATING BE-**  
15 **HAVIORS**

16 **SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY, IM-**  
17 **PROVE NUTRITION, AND PROMOTE HEALTHY**  
18 **EATING BEHAVIORS.**

19       Part Q of title III of the Public Health Service Act  
20 (42 U.S.C. 280h et seq.) is amended by striking section  
21 399W and inserting the following:

22 **“SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY, IM-**  
23 **PROVE NUTRITION, AND PROMOTE HEALTHY**  
24 **EATING BEHAVIORS.**

25       “(a) ESTABLISHMENT.—

1           “(1) IN GENERAL.—The Secretary, acting  
2 through the Director of the Centers for Disease  
3 Control and Prevention and in coordination with the  
4 Administrator of the Health Resources and Services  
5 Administration, the Director of the Indian Health  
6 Service, the Secretary of Education, the Secretary of  
7 Agriculture, the Secretary of the Interior, the Direc-  
8 tor of the National Institutes of Health, the Director  
9 of the Office of Women’s Health, and the heads of  
10 other appropriate agencies, shall award competitive  
11 grants to eligible entities to plan and implement pro-  
12 grams that promote healthy eating behaviors and  
13 physical activity to prevent eating disorders, obesity,  
14 being overweight, and related serious and chronic  
15 medical conditions. Such grants may be awarded to  
16 target at-risk populations including youth, adoles-  
17 cent girls, health disparity populations (as defined in  
18 section 485E(d)), and the underserved.

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

22           “(b) AWARD OF GRANTS.—An eligible entity desiring  
23 a grant under this section shall submit an application to  
24 the Secretary at such time, in such manner, and con-

1 taining such information as the Secretary may require, in-  
2 cluding—

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

6 “(2) the manner in which the eligible entity will  
7 coordinate with appropriate State and local authori-  
8 ties, including—

9 “(A) State and local educational agencies;

10 “(B) departments of health;

11 “(C) chronic disease directors;

12 “(D) State directors of programs under  
13 section 17 of the Child Nutrition Act of 1966  
14 (42 U.S.C. 1786);

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

17 “(F) State and local parks and recreation  
18 departments; and

19 “(G) State and local departments of trans-  
20 portation and city planning; and

21 “(3) the manner in which the applicant will  
22 evaluate the effectiveness of the program carried out  
23 under this section.

24 “(c) COORDINATION.—In awarding grants under this  
25 section, the Secretary shall ensure that the proposed pro-

1 grams are coordinated in substance and format with pro-  
2 grams currently funded through other Federal agencies  
3 and operating within the community including the Phys-  
4 ical Education Program (PEP) of the Department of Edu-  
5 cation.

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

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

9 “(2) a State educational agency;

10 “(3) a tribal educational agency;

11 “(4) a local educational agency;

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

15 “(6) a rural health clinic;

16 “(7) a health department;

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

18 “(9) an Indian tribal health facility;

19 “(10) an urban Indian facility;

20 “(11) any health provider;

21 “(12) an accredited university or college;

22 “(13) a community-based organization;

23 “(14) a local city planning agency; or

24 “(15) any other entity determined appropriate  
25 by the Secretary.

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

4           “(1) carry out community-based activities in-  
5 cluding—

6           “(A) city planning, transportation initia-  
7 tives, and environmental changes that help pro-  
8 mote physical activity, such as increasing the  
9 use of walking or bicycling as a mode of trans-  
10 portation;

11           “(B) forming partnerships and activities  
12 with businesses and other entities to increase  
13 physical activity levels and promote healthy eat-  
14 ing behaviors at the workplace and while trav-  
15 eling to and from the workplace;

16           “(C) forming partnerships with entities, in-  
17 cluding schools, faith-based entities, and other  
18 facilities providing recreational services, to es-  
19 tablish programs that use their facilities for  
20 after school and weekend community activities;

21           “(D) establishing incentives for retail food  
22 stores, farmer’s markets, food co-ops, grocery  
23 stores, and other retail food outlets that offer  
24 nutritious foods to encourage such stores and

1 outlets to locate in economically depressed  
2 areas;

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

8 “(F) forming partnerships with daycare fa-  
9 cilities to establish programs that promote  
10 healthy eating behaviors and physical activity;  
11 and

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

15 “(2) carry out age-appropriate school-based ac-  
16 tivities including—

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

21 “(i) after hours physical activity pro-  
22 grams;

23 “(ii) increasing opportunities for stu-  
24 dents to make informed choices regarding  
25 healthy eating behaviors; and

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

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

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

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

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

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

4           “(B) providing patient education and coun-  
5           seling to increase physical activity and promote  
6           healthy eating behaviors; and

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

12          “(4) other activities determined appropriate by  
13          the Secretary (including evaluation or identification  
14          and dissemination of outcomes and best practices).

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

20          “(g) TECHNICAL ASSISTANCE.—The Secretary may  
21          set aside an amount not to exceed 10 percent of the total  
22          amount appropriated for a fiscal year under subsection (k)  
23          to permit the Director of the Centers for Disease Control  
24          and Prevention to provide grantees with technical support  
25          in the development, implementation, and evaluation of

1 programs under this section and to disseminate informa-  
2 tion about effective strategies and interventions in pre-  
3 venting and treating obesity and eating disorders through  
4 the promotion of healthy eating behaviors and physical ac-  
5 tivity.

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

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

23       “(j) DEFINITIONS.—In this section:

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

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

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

13           “(4) EATING DISORDERS.—The term ‘eating  
14 disorders’ means disorders of eating, including Ano-  
15 rexia Nervosa, Bulimia Nervosa, and binge eating  
16 disorder.

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

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

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

23                   “(C) eating comfortably in social environ-  
24 ments that promote healthy relationships with  
25 family, peers, and community; and

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

3           “(6) OBESE.—The term ‘obese’ means an adult  
4           with a Body Mass Index (BMI) of 30 kg/m<sup>2</sup> or  
5           greater.

6           “(7) OVERWEIGHT.—The term ‘overweight’  
7           means an adult with a Body Mass Index (BMI) of  
8           25 to 29.9 kg/m<sup>2</sup> and a child or adolescent with a  
9           BMI at or above the 95th percentile on the revised  
10          Centers for Disease Control and Prevention growth  
11          charts or another appropriate childhood definition,  
12          as defined by the Secretary.

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

15          “(k) AUTHORIZATION OF APPROPRIATIONS.—There  
16          are authorized to be appropriated to carry out this section,  
17          \$60,000,000 for fiscal year 2006 and such sums as may  
18          be necessary for each of fiscal years 2007 through 2010.  
19          Of the funds appropriated pursuant to this subsection, the  
20          following amounts shall be set aside for activities related  
21          to eating disorders:

22                 “(1) \$5,000,000 for fiscal year 2006.

23                 “(2) \$5,500,000 for fiscal year 2007.

24                 “(3) \$6,000,000 for fiscal year 2008.

25                 “(4) \$6,500,000 for fiscal year 2009.

1           “(5) \$1,000,000 for fiscal year 2010.”.

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

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

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

8           (2) by redesignating subsection (n) as sub-  
9           section (o); and

10          (3) by inserting after subsection (m) the fol-  
11          lowing:

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

14               “(A) collection of data for determining the fit-  
15               ness levels and energy expenditure of children and  
16               youth; and

17               “(B) analysis of data collected as part of the  
18               National Health and Nutrition Examination Survey  
19               and other data sources.

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

23          “(3) The Secretary, acting through the Center, may  
24          provide technical assistance, standards, and methodologies  
25          to grantees supported by this subsection in order to maxi-

1 mize the data quality and comparability with other stud-  
2 ies.”.

3 **SEC. 203. HEALTH DISPARITIES REPORT.**

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

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

14 Section 1904(a)(1) of the Public Health Service Act  
15 (42 U.S.C. 300w-3(a)(1)) is amended by adding at the  
16 end the following:

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

22 **SEC. 205. REPORT ON OBESITY AND EATING DISORDERS**  
23 **RESEARCH.**

24 (a) IN GENERAL.—Not later than 1 year after the  
25 date of enactment of this Act, the Secretary of Health and

1 Human Services shall submit to the Committee on Health,  
2 Education, Labor, and Pensions of the Senate and the  
3 Committee on Energy and Commerce of the House of  
4 Representatives a report on research conducted on causes  
5 and health implications (including mental health implica-  
6 tions) of being overweight, obesity, and eating disorders.

7 (b) CONTENT.—The report described in subsection  
8 (a) shall contain—

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

17 (2) information about what these studies have  
18 shown regarding the causes, prevention, and treat-  
19 ment of, being overweight, obesity, and eating dis-  
20 orders; and

21 (3) recommendations on further research that  
22 is needed, including research among diverse popu-  
23 lations, the plan of the Department of Health and  
24 Human Services for conducting such research, and  
25 how current knowledge can be disseminated.

1 **SEC. 206. REPORT ON A NATIONAL CAMPAIGN TO CHANGE**  
2 **CHILDREN'S HEALTH BEHAVIORS AND RE-**  
3 **DUCE OBESITY.**

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

6 (1) by redesignating subsection (b) as sub-  
7 section (c); and

8 (2) by inserting after subsection (a) the fol-  
9 lowing:

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

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