

111TH CONGRESS
1ST SESSION

H. R. 2276

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

IN THE HOUSE OF REPRESENTATIVES

MAY 6, 2009

Mrs. BONO MACK (for herself and Mrs. LOWEY) introduced the following bill;
which was referred to the Committee on Energy and Commerce

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:

8 (1) In July 2004, the Secretary of Health and
9 Human Services recognized “obesity is a critical

1 public health problem in our country” and under the
2 Medicare program language was removed from the
3 coverage manual stating that obesity is not an ill-
4 ness.

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

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

17 (4) According to Centers for Disease Control
18 and Prevention, children who are obese are at great-
19 er risk for psychological problems such as stig-
20 matization and poor self-esteem. Obese children and
21 adolescents are targets of early and systematic social
22 discrimination. The psychological stress of social
23 stigmatization can cause low self-esteem which, in
24 turn, can hinder academic and social functioning,
25 and persist into adulthood.

1 (5) The Ophelia Project reports that approxi-
2 mately 30 percent of youth in the United States are
3 estimated to be actively involved in bullying, either
4 as a bully, target, or both. ABC News reports that
5 58 percent of children admit that someone has said
6 mean or hurtful things to them online. The emo-
7 tional safety of children who are overweight or obese
8 is threatened since they are often the targets of bul-
9 lying and relational aggression, which can have seri-
10 ous effects on their physical and emotional health.

11 (6) The Institute of Medicine reports that the
12 prevalence of overweight and obesity is increasing
13 among all age groups. There is twice the number of
14 overweight children between 2 and 5 years of age
15 and adolescents between 12 and 19 years of age,
16 and 3 times the number of children between 6 and
17 11 years of age as there were 30 years ago.

18 (7) According to the Centers for Disease Con-
19 trol and Prevention, low income and minority girls
20 have the highest rates of childhood obesity. His-
21 panic, African-American, and Native-American chil-
22 dren are disproportionately affected by obesity, with
23 the highest prevalence found among African-Amer-
24 ican and Hispanic girls. (“The New Normal?: What
25 Girls Say about Healthy Living” 2006).

1 (8) 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 (9) 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 (10) 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 (11) The Centers for Disease Control and Pre-
20 vention reports that children spend a considerable
21 amount of time with media. One study found that
22 time spent watching TV, videos, DVDs, and movies
23 averaged slightly over 3 hours per day among chil-
24 dren aged 8–18 years. Several studies have found a
25 positive association between the time spent viewing

1 television and increased prevalence of obesity in chil-
2 dren. This time with the media can damage girls’
3 physical and emotional health. The Geena Davis In-
4 stitute on Gender in the Media reports that in many
5 forms of media, girls and women are often depicted
6 as sexualized objects, which can damage girls’ body
7 images.

8 (12) The Healthy People 2010 goals identify
9 overweight and obesity as one of the Nation’s lead-
10 ing health problems and include objectives for in-
11 creasing the proportion of adults who are at a
12 healthy weight, reducing the proportion of adults
13 who are obese, and reducing the proportion of chil-
14 dren and adolescents who are overweight or obese.

15 (13) Another goal of Healthy People 2010 is to
16 eliminate health disparities among different seg-
17 ments of the population. Obesity is a health problem
18 that disproportionally impacts medically underserved
19 populations.

20 (14) The 2005 Surgeon General’s report “The
21 Year of the Healthy Child” lists the treatment and
22 prevention of obesity as a national priority.

23 (15) The Institute of Medicine report “Pre-
24 venting Childhood Obesity” (2004) finds that
25 “Childhood obesity is a serious nationwide health

1 problem requiring urgent attention and a popu-
2 lation-based prevention approach”.

3 (16) The Centers for Disease Control and Pre-
4 vention estimates the annual expenditures related to
5 overweight and obesity in adults in the United
6 States to be \$264,000,000,000 (exceeding the cost
7 of tobacco-related illnesses) and appears to be rising
8 dramatically. This cost can potentially escalate
9 markedly as obesity rates continue to rise and the
10 medical complications of obesity are emerging at
11 even younger ages. Therefore, the total disease bur-
12 den will most likely increase, as well as the attend-
13 ant health-related costs.

14 (17) Weight control programs should promote a
15 healthy lifestyle including regular physical activity
16 and healthy eating, as consistently discussed and
17 identified in a variety of public and private con-
18 sensus documents, including the 2001 U.S. Surgeon
19 General’s report “A Call To Action” and other docu-
20 ments prepared by the Department of Health and
21 Human Services and other agencies.

22 (18) The Institute of Medicine reports that
23 poor eating habits are a risk factor for the develop-
24 ment of eating disorders and obesity. In 2002, more
25 than 35,000,000 Americans experienced limited ac-

1 cess to nutritious food on a regular basis. The avail-
2 ability of high-calorie, low-nutrient foods have in-
3 creased in low-income neighborhoods due to many
4 factors.

5 (19) Effective interventions for promoting
6 healthy eating behaviors should promote healthy life-
7 style and not inadvertently promote unhealthy
8 weight management techniques.

9 (20) The National Institutes of Health reports
10 that eating disorders are commonly associated with
11 substantial psychological problems, including depres-
12 sion, substance abuse, and suicide.

13 (21) The National Association of Anorexia
14 Nervosa and Associated Disorders estimates that
15 there are 8,000,000 Americans who experience eat-
16 ing disorders. Eating disorders of all types are more
17 common in women than men.

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

21 (23) According to the National Institute of
22 Mental Health, Binge Eating Disorder is character-
23 ized by frequent episodes of uncontrolled overeating,
24 with an estimated 2 to 5 percent of Americans expe-
25 riencing this disorder in a 6-month period.

1 (24) Additionally, the National Institute of
2 Mental Health reports that Anorexia Nervosa, an
3 eating disorder from which 0.5 to 3.7 percent of
4 American women will suffer in their lifetime, is asso-
5 ciated with serious health consequences including
6 heart failure, kidney failure, osteoporosis, and death.
7 According to the National Institute of Mental
8 Health, Anorexia Nervosa has one of the highest
9 mortality rates of all psychiatric disorders, placing a
10 young woman with Anorexia Nervosa at 12 times
11 the risk of death of other women her age.

12 (25) In 2001, the National Institute of Mental
13 Health reported that 1.1 to 4.2 percent of American
14 women will suffer from Bulimia Nervosa in their
15 lifetime. Bulimia Nervosa is an eating disorder that
16 is associated with cardiac, gastrointestinal, and den-
17 tal problems, including irregular heartbeats, gastric
18 ruptures, peptic ulcers, and tooth decay.

19 (26) On the 2007 Youth Risk Behavior Survey,
20 4.3 percent of high school students reported recent
21 use of laxatives or vomiting to control their weight.

22 (27) The Girl Scout Research Institute found
23 that most girls have a holistic view of health and be-
24 lieve physical and emotional health are of equal im-
25 portance. This connection is reflected in their behav-

1 ior and attitudes toward diet and exercise. Diet and
2 exercise patterns are linked to emotional health, self-
3 esteem, and body image, which all play a critical role
4 in how girls define health. (“The New Normal?:
5 What Girls Say about Healthy Living” 2006).

6 (28) A strict focus on physical health does not
7 resonate emotionally with girls. Any reframing or re-
8 defining of health needs, including nutrition and
9 physical activity, needs to focus on the positive emo-
10 tional outcomes that are likely to result from healthy
11 behavior (other than maintaining normal weight and
12 eating nourishing foods). For girls, being healthy
13 means not only eating right and looking good, but
14 also feeling good about oneself and having a good re-
15 lationship with one’s peers. (“The New Normal?:
16 What Girls Say about Healthy Living” 2006).

17 (29) The Girl Scout Research Institute reports
18 that emotional safety is a top concern for girls. Rela-
19 tional aggression, or emotional bullying, threatens
20 girls’ emotional and physical safety. Efforts to im-
21 prove girls’ health should include the prevention of
22 relational aggression, since most girls define safety
23 in terms of relationships and healthy relationships
24 are crucial to girls’ physical and emotional health.
25 (“Feeling Safe: What Girls Say” 2003 and “The

1 New Normal?: What Girls Say about Healthy Liv-
2 ing” 2006).

3 (30) Girls’ body images affects their emotional
4 and physical health, such as self-esteem and eating
5 and exercise habits. External factors such as family,
6 celebrities, and the media also have an effect on
7 girls’ perception of their bodies. Therefore, pro-
8 moting healthy media images of girls and woman
9 can help improve their physical and emotional
10 health. (“The New Normal?: What Girls Say about
11 Healthy Living” 2006).

12 (31) According to the Girl Scout Research In-
13 stitute, parents—especially mothers in the case of
14 girls—are important influences and role models. Ef-
15 forts to inspire and motive girls to make healthier
16 choices must focus on helping parents support their
17 children and teach parents that their choices model
18 behaviors for how to live a healthy life. (“The New
19 Normal?: What Girls Say about Healthy Living”
20 2006).

21 (32) There is a tension between health aware-
22 ness and behavior among children and youth. Al-
23 though girls demonstrate basic knowledge about
24 healthy foods and eating behaviors, they are not put-
25 ting this knowledge into practice and it is normal for

1 many girls to make poor choices with respect to diet
2 and exercise. Teaching healthy nutrition and exer-
3 cise habits should make healthy living seem reason-
4 able, socially acceptable, applicable and attainable.
5 (“The New Normal?: What Girls Say about Healthy
6 Living” 2006).

7 (33) According to the American Academy of
8 Pediatrics, the current epidemic of inactivity and the
9 associated epidemic of obesity are being driven by
10 multiple factors (societal, technologic, industrial,
11 commercial, financial) and must be addressed like-
12 wise on several fronts. Success is more likely to be
13 achieved by the implementation of sustainable, eco-
14 nomically viable, culturally acceptable active-living
15 policies that can be integrated into multiple sectors
16 of society. (“Pediatrics” Vol. 117 No. 5 May 2006,
17 pp. 1834–1842 (doi:10.1542/peds.2006–0472) (“Ac-
18 tive Healthy Living: Prevention of Childhood Obesity
19 Through Increased Physical Activity”)).

20 (34) According to the 2006 School Health Poli-
21 cies and Programs Study, conducted by the Centers
22 for Disease Control and Prevention, only 3.8 percent
23 of elementary schools, 7.9 percent of middle schools,
24 and 2.1 percent of high schools provided daily phys-
25 ical education or its equivalent for the entire school

1 year for students in all grades. Overall, about 22
2 percent of schools did not require students to take
3 any physical education.

4 (35) Additionally, the 2006 School Health Poli-
5 cies and Programs Study revealed that 64.4 percent
6 of schools with primary responsibility for food prepa-
7 ration reported they did not reduce the amount of
8 fats and oils used in recipes or use low-fat recipes
9 when preparing school meals. Nationwide, 21.1 per-
10 cent of elementary schools, 62.4 percent of middle
11 schools, and 85.8 percent of high schools had one or
12 more vending machines from which students could
13 purchase food or beverages.

14 (36) The Institute of Medicine reports that tak-
15 ing action against childhood obesity must address
16 the factors that influence both eating and physical
17 activity. According to the Institute of Medicine,
18 “[a]lthough a number of organizations, industries,
19 institutions, and agencies must be involved in de-
20 signing and implementing changes, efforts cannot
21 succeed unless they also engage the families, schools,
22 and communities that create the environments in
23 which children live and their behaviors are formed”.

1 **TITLE I—TRAINING GRANTS**

2 **SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH**
3 **PROFESSION STUDENTS.**

4 Section 747(c)(3) of the Public Health Service Act
5 (42 U.S.C. 293k(c)(3)) is amended by striking “and vic-
6 tims of domestic violence” and inserting “victims of do-
7 mestic violence, individuals (including children) who are
8 overweight or obese (as such terms are defined in section
9 399W(j)) and at-risk for related serious and chronic med-
10 ical conditions, and individuals who suffer from eating dis-
11 orders”.

12 **SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH**
13 **PROFESSIONALS.**

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

16 (1) in subsection (b), by striking “2005” and
17 inserting “2010”;

18 (2) by redesignating subsection (b) as sub-
19 section (c);

20 (3) by inserting after subsection (a) the fol-
21 lowing:

22 “(b) GRANTS.—

23 “(1) IN GENERAL.—The Secretary may award
24 grants to eligible entities to train primary care phy-
25 sicians and other licensed or certified health profes-

1 sionals on how to identify, properly refer or treat,
2 and prevent obesity or eating disorders and aid indi-
3 viduals who are overweight, obese, or who suffer
4 from eating disorders.

5 “(2) APPLICATION.—An entity that desires a
6 grant under this subsection shall submit an applica-
7 tion at such time, in such manner, and containing
8 such information as the Secretary may require, in-
9 cluding a plan for the use of funds that may be
10 awarded and an evaluation of the training that will
11 be provided.

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

15 “(A) use evidence-based findings or rec-
16 ommendations that pertain to the prevention
17 and treatment of obesity, being overweight, and
18 eating disorders to conduct educational con-
19 ferences, including Internet-based courses and
20 teleconferences, on—

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

23 “(ii) the link between obesity, being
24 overweight, eating disorders and related se-
25 rious and chronic medical conditions;

1 “(iii) holistic health: the connection
2 between emotional and physical health;

3 “(iv) how to discuss varied strategies
4 with patients from at-risk and diverse pop-
5 ulations to promote positive behavior
6 change and healthy lifestyles to avoid obe-
7 sity, being overweight, and eating dis-
8 orders;

9 “(v) how to identify overweight, obese,
10 individuals with eating disorders, and those
11 who are at risk for obesity and being over-
12 weight or suffer from eating disorders and,
13 therefore, at risk for related serious and
14 chronic medical conditions; and

15 “(vi) how to conduct a comprehensive
16 assessment of individual and familial
17 health risk factors; and

18 “(B) evaluate the effectiveness of the
19 training provided by such entity in increasing
20 knowledge and changing attitudes and behav-
21 iors of trainees.”; and

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

23 (A) by striking “There are authorized to
24 be appropriated to carry out this section” and

1 all that follows and inserting the following:

2 “There are authorized to be appropriated—

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

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

5 “(2) to carry out subsection (b), \$10,000,000

6 for fiscal year 2010, and such sums as may be nec-

7 essary for each of fiscal years 2011 through 2014.”.

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

15 **SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY AND**
 16 **EMOTIONAL WELLNESS, IMPROVE NUTRI-**
 17 **TION, AND PROMOTE HEALTHY EATING BE-**
 18 **HAVIORS.**

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:

1 **“SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY**
2 **AND EMOTIONAL WELLNESS, IMPROVE NU-**
3 **TRITION, AND PROMOTE HEALTHY EATING**
4 **BEHAVIORS AND HEALTHY LIVING.**

5 “(a) ESTABLISHMENT.—

6 “(1) IN GENERAL.—The Secretary, acting
7 through the Director of the Centers for Disease
8 Control and Prevention and in coordination with the
9 Administrator of the Health Resources and Services
10 Administration, the Director of the Indian Health
11 Service, the Secretary of Education, the Secretary of
12 Agriculture, the Secretary of the Interior, the Direc-
13 tor of the National Institutes of Health, the Director
14 of the Office of Women’s Health, and the heads of
15 other appropriate agencies, shall award competitive
16 grants to eligible entities to plan and implement pro-
17 grams that promote healthy eating behaviors, phys-
18 ical activity, emotional wellness, and healthy living,
19 and to prevent eating disorders, obesity, being over-
20 weight, and related serious and chronic medical con-
21 ditions. Such grants may be awarded to target at-
22 risk populations including youth, adolescent girls,
23 health disparity populations (as defined in section
24 485E(d)), and the underserved.

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

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

9 “(1) a plan describing a comprehensive pro-
10 gram of approaches to encourage healthy living,
11 emotional wellness, healthy eating behaviors, and
12 healthy levels of physical activity;

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

16 “(A) State and local educational agencies;

17 “(B) departments of health;

18 “(C) chronic disease directors;

19 “(D) State directors of programs under
20 section 17 of the Child Nutrition Act of 1966
21 (42 U.S.C. 1786);

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

24 “(F) State and local parks and recreation
25 departments;

1 “(G) State and local departments of trans-
2 portation and city planning; and

3 “(H) community-based organizations serv-
4 ing youth; and

5 “(3) the manner in which the applicant will
6 evaluate the effectiveness of the program carried out
7 under this section.

8 “(c) COORDINATION.—In awarding grants under this
9 section, the Secretary shall ensure that the proposed pro-
10 grams show a history of addressing these issues, have pro-
11 gram evaluations that show success, and are coordinated
12 in substance and format with programs currently funded
13 through other Federal agencies and operating within the
14 community including the Physical Education Program
15 (PEP) of the Department of Education.

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

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

19 “(2) a State educational agency;

20 “(3) a tribal educational agency;

21 “(4) a local educational agency;

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

25 “(6) a rural health clinic;

1 “(7) a health department;

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

3 “(9) an Indian tribal health facility;

4 “(10) an urban Indian facility;

5 “(11) any health provider;

6 “(12) an accredited university or college;

7 “(13) a youth serving organization;

8 “(14) a community-based organization;

9 “(15) a local city planning agency;

10 “(16) a State or local parks and recreation de-
11 partment; or

12 “(17) any other entity determined appropriate
13 by the Secretary.

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

17 “(1) carry out community-based activities in-
18 cluding—

19 “(A) city planning, transportation initia-
20 tives, and environmental changes that help pro-
21 mote physical activity, such as increasing the
22 use of walking or bicycling as a mode of trans-
23 portation;

24 “(B) forming partnerships and activities
25 with businesses, community-based organiza-

1 tions, and other entities to increase physical ac-
2 tivity levels and promote holistic health includ-
3 ing promote healthy eating behaviors and the
4 prevention of relational aggression in schools
5 and while traveling to and from schools;

6 “(C) forming partnerships with entities, in-
7 cluding schools, faith-based entities, commu-
8 nity-based organizations, and other organiza-
9 tions providing recreational services, to estab-
10 lish programs that use their facilities or other
11 resources for after-school, weekend, and sum-
12 mer community activities, especially those that
13 promote emotional and social wellness or involve
14 physical activity;

15 “(D) establishing incentives for retail food
16 stores, farmers’ markets, food co-ops, grocery
17 stores, and other retail food outlets that offer
18 fresh fruits and vegetables and other nutritious
19 foods to encourage such stores and outlets to
20 locate in economically depressed areas;

21 “(E) forming partnerships with senior cen-
22 ters, nursing facilities, retirement communities,
23 and assisted living facilities to establish pro-
24 grams for older people to foster physical activ-
25 ity and healthy eating behaviors;

1 “(F) forming partnerships with daycare
2 and after-school entities to establish programs
3 that promote healthy eating behaviors and
4 physical activity and that address health holis-
5 tically, including building strong and healthy re-
6 lationships;

7 “(G) developing and evaluating community
8 educational activities targeting healthy relation-
9 ships, good nutrition, and promoting healthy
10 eating behaviors to bridge the gap between chil-
11 dren’s behavior and their awareness and knowl-
12 edge of healthy eating and exercise habits;

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

17 “(I) identifying and combating issues such
18 as bullying and relational aggression, that cause
19 overeating, physical inactivity, eating disorders,
20 and other unhealthy behaviors;

21 “(J) forming partnerships with parents
22 and caregivers to form programs that educate
23 adults about healthy living and how to teach
24 their children self-esteem and healthy eating
25 and exercise habits; and

1 “(K) creating educational and media lit-
2 eracy programs to inform the public, busi-
3 nesses, community-based organizations, and
4 other entities about unhealthy media images
5 and their effect on girls’ body image and eating
6 habits;

7 “(2) carry out age-appropriate school-based ac-
8 tivities including—

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

13 “(i) after hours physical activity pro-
14 grams;

15 “(ii) increasing opportunities for stu-
16 dents to make informed choices regarding
17 healthy eating behaviors and forming
18 healthy lifestyles; and

19 “(iii) science-based interventions with
20 multiple components to prevent eating dis-
21 orders including nutritional content, under-
22 standing and responding to hunger and sa-
23 tiation, positive body image development,
24 positive self-esteem development, and
25 learning life skills (such as stress manage-

1 ment, media literacy, communication skills,
2 problem-solving and decisionmaking skills),
3 as well as consideration of cultural and de-
4 velopmental issues, and the role of family,
5 school, and community;

6 “(B) providing education and training to
7 educational professionals and adult volunteers
8 for community-based organizations regarding—

9 “(i) a healthy lifestyle and a healthy
10 school environment;

11 “(ii) healthy relationships and emo-
12 tional wellness through the prevention of
13 relational aggression;

14 “(iii) integrating eating disorder pre-
15 vention and awareness in physical edu-
16 cation, health, and after-school curriculum
17 to the maximum extent possible; and

18 “(iv) establishing policies on relational
19 aggression;

20 “(C) planning and implementing a healthy
21 lifestyle curriculum or program with an empha-
22 sis on healthy eating behaviors, physical activ-
23 ity, and emotional wellness, including the role
24 of healthy relationships and prevention of bul-

1 lying, such as relational aggression and
2 cyberbullying; and

3 “(D) planning and implementing healthy
4 lifestyle classes or programs for parents or
5 guardians, with an emphasis on healthy eating
6 behaviors, physical activity, emotional wellness,
7 and the connection between emotional and
8 physical health;

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

11 “(A) promoting healthy eating behaviors
12 and physical activity services and emotional
13 wellness to treat or prevent eating disorders,
14 being overweight, and obesity;

15 “(B) providing patient education and coun-
16 seling to increase physical activity, promote
17 healthy eating behaviors, and improve emotional
18 wellness; and

19 “(C) providing community education on
20 good nutrition, physical activity, and emotional
21 wellness to develop a better understanding of
22 the relationship between diet, physical activity,
23 and emotional wellness and eating disorders,
24 obesity, or being overweight; or

1 “(4) other activities determined appropriate by
2 the Secretary (including evaluation or identification
3 and dissemination of outcomes and best practices).

4 “(f) MATCHING FUNDS.—In awarding grants under
5 subsection (a), the Secretary may give priority to eligible
6 entities who provide matching contributions. Such non-
7 Federal contributions may be cash or in-kind, fairly evalu-
8 ated, including plant, equipment, training, curriculum, or
9 a preexisting evaluation framework.

10 “(g) TECHNICAL ASSISTANCE.—The Secretary may
11 set aside an amount not to exceed 10 percent of the total
12 amount appropriated for a fiscal year under subsection (k)
13 to permit the Director of the Centers for Disease Control
14 and Prevention to provide grantees with technical support
15 in the development, implementation, and evaluation of
16 programs under this section and to disseminate informa-
17 tion about effective strategies and interventions in pre-
18 venting and treating obesity and eating disorders through
19 the promotion of healthy eating behaviors, physical activ-
20 ity, and emotional wellness.

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

1 “(i) REPORT.—Not later than 6 years after the date
2 of enactment of the Improved Nutrition and Physical Ac-
3 tivity Act, the Director of the Centers for Disease Control
4 and Prevention shall review the results of the grants
5 awarded under this section and other related research and
6 identify programs that have demonstrated effectiveness in
7 promoting healthy eating behaviors, physical activity, and
8 emotional wellness in youth. Such review shall include an
9 identification of model curricula, best practices, and les-
10 sons learned, as well as recommendations for next steps
11 to reduce overweight, obesity, and eating disorders. Infor-
12 mation derived from such review, including model program
13 curricula, shall be disseminated to the public.

14 “(j) DEFINITIONS.—In this section:

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

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

21 “(3) BULIMIA NERVOSA.—The term ‘Bulimia
22 Nervosa’ means an eating disorder characterized by
23 excessive food consumption, followed by inappro-
24 priate compensatory behaviors, such as self-induced

1 vomiting, misuse of laxatives, fasting, or excessive
2 exercise.

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

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

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

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

13 “(C) eating comfortably in social environ-
14 ments that promote healthy relationships with
15 family, peers, and community; and

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

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

21 “(7) OVERWEIGHT.—The term ‘overweight’
22 means an adult with a Body Mass Index (BMI) of
23 25 to 29.9 kg/m² and a child or adolescent with a
24 BMI at or above the 95th percentile on the revised
25 Centers for Disease Control and Prevention growth

1 charts or another appropriate childhood definition,
2 as defined by the Secretary.

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

5 “(9) EMOTIONAL WELLNESS.—The term ‘emo-
6 tional wellness’ means the quality or state of being
7 in good mental health and maintaining high self-es-
8 teem, a strong self-image, and healthy relationships.

9 “(10) HOLISTIC HEALTH.—The term ‘holistic
10 health’ means the many components of health, in-
11 cluding physical, mental, emotional, and social
12 health.

13 “(11) RELATIONAL AGGRESSION.—The term
14 ‘relational aggression’ means behaviors that harm
15 youth by damaging, threatening, or manipulating re-
16 lationships with their peers or by injuring a child’s
17 feeling of social acceptance.

18 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section,
20 \$60,000,000 for fiscal year 2010, and such sums as may
21 be necessary for each of fiscal years 2011 through 2014.
22 Of the funds appropriated pursuant to this subsection, the
23 following amounts shall be set aside for activities related
24 to eating disorders:

25 “(1) \$5,000,000 for fiscal year 2010.

1 “(2) \$5,500,000 for fiscal year 2011.

2 “(3) \$6,000,000 for fiscal year 2012.

3 “(4) \$6,500,000 for fiscal year 2013.

4 “(5) \$1,000,000 for fiscal year 2014.”.

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

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

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

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

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

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

17 “(A) data collection of student fitness levels and
18 physical activity and nutritional behaviors among a
19 nationally representative sample of students from
20 grades 1–12 that can be linked to school-level data
21 on physical education, physical activity, and school
22 nutrition policies and programs, and with individual
23 data on academic performance;

1 “(B) collection and analysis of data for deter-
2 mining the connection between children and youth’s
3 physical and emotional health; and

4 “(C) analysis of data collected as part of the
5 National Health and Nutrition Examination Survey
6 and other data sources.

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

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

15 **SEC. 203. HEALTH DISPARITIES REPORT.**

16 Not later than 18 months after the date of enactment
17 of this Act, and annually thereafter, the Director of the
18 Agency for Healthcare Research and Quality shall review
19 all research that results from the activities carried out
20 under this Act (and the amendments made by this Act)
21 and determine if particular information may be important
22 to the report on health disparities required by section
23 903(c)(3) of the Public Health Service Act (42 U.S.C.
24 299a-1(c)(3)).

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

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

5 “(H) Activities and community education pro-
6 grams designed to address and prevent overweight,
7 obesity, and eating disorders through effective pro-
8 grams to promote healthy eating, and exercise habits
9 and behaviors, and emotional and social wellness.”.

10 **SEC. 205. REPORT ON OBESITY AND EATING DISORDERS**
11 **RESEARCH.**

12 (a) IN GENERAL.—Not later than 1 year after the
13 date of enactment of this Act, the Secretary of Health and
14 Human Services shall submit to the Committee on Health,
15 Education, Labor, and Pensions of the Senate and the
16 Committee on Energy and Commerce of the House of
17 Representatives a report on research conducted on causes
18 and health implications (including mental health implica-
19 tions) of being overweight, obesity, and eating disorders.

20 (b) CONTENT.—The report described in subsection
21 (a) shall contain—

22 (1) descriptions on the status of relevant, cur-
23 rent, ongoing research being conducted in the De-
24 partment of Health and Human Services including
25 research at the National Institutes of Health, the
26 Centers for Disease Control and Prevention, the

1 Agency for Healthcare Research and Quality, the
 2 Health Resources and Services Administration, and
 3 other offices and agencies;

4 (2) information about what these studies have
 5 shown regarding the causes, prevention, and treat-
 6 ment of, being overweight, obesity, and eating dis-
 7 order, as well as the connection between physical
 8 health and emotional health, especially in youths;

9 (3) recommendations on further research that
 10 is needed, including research among diverse popu-
 11 lations (including diverse women and girls), the plan
 12 of the Department of Health and Human Services
 13 for conducting such research, and how current
 14 knowledge can be disseminated; and

15 (4) information on the effect media images have
 16 on youth's body image, emotional health, and eating
 17 and exercise habits.

18 **SEC. 206. REPORT ON A NATIONAL CAMPAIGN TO CHANGE**
 19 **CHILDREN'S HEALTH BEHAVIORS AND RE-**
 20 **DUCE OBESITY.**

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

23 (1) by redesignating subsection (b) as sub-
 24 section (c); and

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

3 “(b) REPORT.—The Secretary shall evaluate the ef-
4 fectiveness of the campaign described in subsection (a) in
5 changing children’s behaviors, identifying the connection
6 between emotional and physical health, promoting both
7 emotional and physical health as a way to increase general
8 health in youth, including preventing and reducing child-
9 hood obesity and eating disorders, and reducing obesity
10 and shall report such results to the Committee on Health,
11 Education, Labor, and Pensions of the Senate and the
12 Committee on Energy and Commerce of the House of
13 Representatives.”.

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