

111TH CONGRESS
1ST SESSION

S. 1001

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

IN THE SENATE OF THE UNITED STATES

MAY 7, 2009

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

A BILL

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

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 “Health Promotion
5 Funding Integrated Research, Synthesis, and Training
6 Act” or the “Health Promotion FIRST Act”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

1 (1) Lifestyle factors are responsible for almost
2 half of the premature deaths in developed nations,
3 and a large portion of the deaths in developing na-
4 tions.

5 (2) Lifestyle factors are a primary cause of the
6 6 leading causes of death in the United States, in-
7 cluding heart disease, cancer, stroke, respiratory dis-
8 eases, accidents, and diabetes, which account for al-
9 most 75 percent of all deaths in the United States.

10 (3) A significant portion of the health dispari-
11 ties in the United States are caused by lifestyle fac-
12 tors, which could be improved by health promotion
13 programs.

14 (4) The United States is experiencing epidemics
15 in diabetes and obesity among adults and children,
16 at the same time a majority of the population is sed-
17 entary and eats an unhealthy diet.

18 (5) Per capita medical care costs in the United
19 States are more than double those of all but 4 other
20 countries in the world, yet the United States ranks
21 42d in the world in life expectancy.

22 (6) Medical care costs are second only to edu-
23 cation in State government budgets.

1 (7) Lifestyle factors are responsible for at least
2 25 percent of employer's medical care costs in the
3 United States.

4 (8) National costs of obesity account for 9.1
5 percent of all medical costs, reaching \$93,000,000 in
6 2002. Approximately $\frac{1}{2}$ of these costs were paid by
7 the Medicare & Medicaid programs.

8 (9) More than 440,000 people die each year
9 from tobacco use and more than 12,000,000 are liv-
10 ing with chronic conditions caused by tobacco. To-
11 bacco accounts for at least \$96,000,000,000 in di-
12 rect medical expenditures.

13 (10) Significant gaps exist in the basic and ap-
14 plied research base of health promotion regarding
15 how to best reach and serve people of color, low-in-
16 come people, people with little formal education, chil-
17 dren, and older adults, how to create long-term
18 health improvements, how to create supportive envi-
19 ronments, and how to address gender issues. More
20 focused research can reduce these gaps.

21 (11) Significant gaps exist between the best and
22 the typical health promotion programs. Better syn-
23 thesis and dissemination of results can reduce these
24 gaps.

1 (12) Health promotion is the art and science of
2 motivating people to enhance their lifestyles to
3 achieve complete health, not just the absence of dis-
4 ease. Complete health involves a balance of physical,
5 mental, and social health.

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

13 (14) The most effective health promotion pro-
14 grams include a combination of strategies to in-
15 crease awareness, enhance motivation, facilitate be-
16 havior change, and develop cultures and physical en-
17 vironments that encourage and support healthy life-
18 style practices.

19 (15) Health promotion programs can be pro-
20 vided in family, clinical, child care, school, work-
21 place, Federal, State, and community settings.

22 (16) People living in rural areas have additional
23 unique challenges of high risk work environments,
24 more limited access to major educational and med-
25 ical complexes, as well as facilities for fitness and

1 recreational facilities and in some cases to grocery
2 stores.

3 (17) Individuals with physical disabilities re-
4 spond very well to exercise treatment. This is a core
5 component of all high-quality physical therapy pro-
6 grams. However, additional research and more in-
7 tensive efforts to disseminate information in this
8 area are necessary.

9 **SEC. 3. HEALTH PROMOTION RESEARCH AND DISSEMINA-**
10 **TION.**

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

13 **“TITLE XXXI—HEALTH PRO-**
14 **MOTION RESEARCH AND DIS-**
15 **SEMINATION**

16 **“Subtitle A—Coordination of Pro-**
17 **grams of the Department of**
18 **Health and Human Services**

19 **“SEC. 3101. PLAN FOR HEALTH PROMOTION PROGRAMS.**

20 “(a) IN GENERAL.—The Secretary shall develop, and
21 periodically review and as appropriate revise, a plan in ac-
22 cordance with this section for activities of the Department
23 of Health and Human Services relating to health pro-
24 motion. The plan shall include provisions for coordinating

1 all such activities of the Department, including activities
2 under section 1701 to—

3 “(1) formulate national goals, and a strategy to
4 achieve such goals, with respect to health informa-
5 tion and health promotion, preventive health serv-
6 ices, and education in the appropriate use of health
7 care;

8 “(2) analyze the necessary and available re-
9 sources for implementing the goals and strategy for-
10 mulated pursuant to paragraph (1), and recommend
11 appropriate educational and quality assurance poli-
12 cies for the needed manpower resources identified by
13 such analysis;

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

16 “(A) incorporate appropriate health pro-
17 motion concepts into our society, especially into
18 all aspects of education and health care;

19 “(B) increase the application and use of
20 health knowledge, skills, and practices by the
21 general population in its patterns of daily liv-
22 ing; and

23 “(C) establish systematic processes for the
24 exploration, development, demonstration, and

1 evaluation of innovative health promotion con-
2 cepts; and

3 “(4) undertake and support research and dem-
4 onstration programs relating to health information
5 and health promotion, preventive health services,
6 and education in the appropriate use of health care.

7 “(b) BASIC AND APPLIED SCIENCE.—The plan devel-
8 oped under subsection (a) shall contain provisions to ad-
9 dress how to best develop the basic and applied science
10 of health promotion, including—

11 “(1) a research agenda;

12 “(2) an identification of the best combination of
13 Federal agency, university, and other community re-
14 sources most qualified to pursue each of the compo-
15 nents of such agenda;

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

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

21 “(c) DISSEMINATION OF INFORMATION.—The plan
22 developed under subsection (a) shall contain provisions to
23 address how to best synthesize and disseminate health
24 promotion research findings to scientists, professionals,
25 and the public, including provisions for the following:

1 “(1) Protocols for ongoing monitoring of all
2 health promotion research.

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

5 “(3) Distillation of findings into practice guide-
6 lines for programs offered in clinical, workplace,
7 school, home, neighborhood, municipal, and State
8 settings.

9 “(4) Strategies to incorporate findings into col-
10 lege, university, and continuing educational cur-
11 riculum for all related health professions.

12 “(5) Communication of key findings to policy
13 makers in business, government, educational, and
14 community settings who influence investment deci-
15 sions.

16 “(6) Identification of the optimal combination
17 of government agencies to coordinate the matters re-
18 ferred to in paragraphs (1) through (5).

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

23 “(e) SUPPORT AND DEVELOPMENT OF PROFES-
24 SIONAL AND SCIENTIFIC COMMUNITY.—The plan devel-
25 oped under subsection (a) shall contain provisions to ad-

1 dress how to best support and develop the health pro-
2 motion professional and scientific community through en-
3 hancement of existing or development of new professional
4 organizations.

5 “(f) INTEGRATION OF HEALTH PROMOTION; INTER-
6 NAL DEPARTMENT ACTIVITIES.—The plan developed
7 under subsection (a) shall contain provisions to address
8 how resources, policies, structures, and legislation within
9 the Department of Health and Human Services can best
10 be modified or developed to integrate health promotion
11 into all health professions and sectors of society and make
12 health promoting opportunities available to all members
13 of the public.

14 “(g) INTEGRATION OF HEALTH PROMOTION EXTER-
15 NAL ACTIVITIES.—The plan developed under subsection
16 (a) shall contain provisions to address how overall Federal
17 Government policies, structures, and legislation external
18 to the Department of Health and Human Services can
19 best be modified or developed to integrate health pro-
20 motion into all health professions and sectors of society
21 and to make health promoting opportunities available to
22 all individuals.

23 “(h) OTHER FEDERAL STRATEGIC PLANS.—The
24 Secretary shall request the Secretary of Agriculture, the
25 Secretary of the Interior, the Secretary of Commerce, the

1 Attorney General, the Secretary of Defense, the Secretary
2 of Labor, the Secretary of Education, the Secretary of
3 State, the Secretary of Energy, the Secretary of Transpor-
4 tation, the Secretary of the Treasury, the Secretary of
5 Homeland Security, the Secretary of Veterans Affairs, and
6 the Secretary of Housing and Urban Development to de-
7 velop strategic plans for the use by each respective Federal
8 agency of the resources and authorities of such agency to
9 enhance the health and well-being of the American people
10 by providing access to more opportunities for physical ac-
11 tivity, enhancing access to more nutritious foods at more
12 affordable prices, and reducing exposure to toxic sub-
13 stances such as secondhand smoke. Each such Secretary
14 shall solicit suggestions and advice from experts of the
15 type described in subsection (i).

16 “(i) PERSPECTIVES.—Due to 30 years of experience
17 showing that traditional medical and educational ap-
18 proaches are not sufficient to motivate people to make and
19 sustain basic health behavior changes, in developing the
20 plan under subsection (a), the Secretary shall seek per-
21 spectives from individuals representing a diverse range of
22 disciplines, including the following areas:

- 23 “(1) Agriculture.
24 “(2) Anthropology.
25 “(3) Child development.

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

17 **“Subtitle B—Science Programs**
 18 **Through National Institutes of**
 19 **Health**

20 **“SEC. 3111. SCIENCE OF HEALTH PROMOTION.**

21 “(a) PLAN.—The Director of the National Institutes
 22 of Health (referred to in this subtitle as ‘NIH’), acting
 23 through the Office of Behavioral and Social Sciences Re-
 24 search, shall develop, and periodically review and as appro-
 25 priate revise, a plan on how to best develop the science

1 of health promotion through the NIH agencies. The plan
2 shall be consistent with and shall elaborate upon applica-
3 ble provisions of the Departmental plan under section
4 3101(a).

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

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

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

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

15 “(c) ALLOCATION OF RESOURCES.—Subject to com-
16 pliance with appropriation Acts, the plan developed under
17 subsection (a) shall provide for the allocation of resources
18 for research under such plan relative to other areas of
19 health, as appropriate taking into account the burden of
20 lifestyle factors on morbidity and mortality, and the
21 progress likely in advancing the science of health pro-
22 motion given the current and evolving level of science on
23 health promotion, and the relative cost of conducting re-
24 search on health promotion compared to other areas of
25 research.

1 **“SEC. 3112. EARLY RESEARCH PROGRAMS.**

2 “The Director of NIH, acting through the Office of
3 Behavioral and Social Sciences Research, shall conduct or
4 support early research programs and research training re-
5 garding health promotion.

6 **“Subtitle C—Applied Research Pro-**
7 **grams Through Centers for Dis-**
8 **ease Control and Prevention**

9 **“SEC. 3121. RESEARCH AGENDA.**

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

18 **“SEC. 3122. PREVENTION RESEARCH CENTERS.**

19 “(a) IN GENERAL.—The Director of the National
20 Center for Chronic Disease Prevention and Health Pro-
21 motion (referred to in this section as the ‘Director’) shall
22 expand the eligibility of entities for Prevention Research
23 Centers (referred to in this section as ‘Centers’) grants
24 to include the entities described in subsection (b). The
25 Center for Chronic Disease Prevention and Health Pro-
26 motion shall retain the authority to specify the qualities

1 of entities it deems to be most important in performing
 2 the responsibilities of Centers and shall retain the respon-
 3 sibility for judging which organizations possess these
 4 qualities.

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

7 “(1) institutions of higher education;

8 “(2) public and private research institutions;

9 “(3) departments or schools of—

10 “(A) agriculture;

11 “(B) architecture;

12 “(C) business;

13 “(D) city planning;

14 “(E) education;

15 “(F) engineering;

16 “(G) exercise science;

17 “(H) health promotion;

18 “(I) nursing;

19 “(J) nutrition;

20 “(K) population health;

21 “(L) preventive medicine;

22 “(M) psychology;

23 “(N) public health;

24 “(O) public policy;

25 “(P) social work; and

1 “(Q) transportation; and
2 “(4) private research, membership, or service
3 organizations.

4 **“Subtitle D—Other Programs and**
5 **Policies**

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

10 “(a) MODIFICATION OF AWARDS APPLICATION PROC-
11 ESS.—In awarding grants, cooperative agreements, and
12 contracts under this title, the Secretary shall modify the
13 application process to attract the most qualified individ-
14 uals and organizations.

15 “(b) GENERAL PRIORITY OF DEVELOPING HEALTH
16 PROMOTION INFRASTRUCTURE.—The Secretary shall en-
17 sure that programs carried out pursuant to this title are
18 consistent with the general priority of developing the
19 health promotion infrastructure among universities, non-
20 profit organizations, and for-profit organizations, rather
21 than increasing the size of State or local governments or
22 the Federal Government.”.

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