

112TH CONGRESS
2D SESSION

H. R. 6461

To prevent childhood obesity.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 20, 2012

Ms. FUDGE introduced the following bill; which was referred to the Committee
on Energy and Commerce

A BILL

To prevent childhood obesity.

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 “Measures to Prevent
5 Childhood Obesity Act of 2012”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Obesity is related to more than 30 chronic
9 conditions, including diabetes, cancer, cardiovascular
10 disease, and arthritis.

11 (2) Obesity has become a major health concern
12 for millions of Americans, as 1 in 3 adults and near-

1 ly 1 in 5 children have obesity, according to the Cen-
2 ters for Disease Control and Prevention.

3 (3) Left unchecked, nearly 50 percent of Ameri-
4 cans will be obese by 2030, according to a recent
5 study.

6 (4) Rates of obesity among children and adoles-
7 cents have nearly tripled since 1980, according to
8 the Centers for Disease Control and Prevention.

9 (5) The Centers for Disease Control and Pre-
10 vention estimates that more than 75 percent of
11 health care costs are due to chronic conditions.

12 (6) A recent study conducted by researchers at
13 Cornell University and Lehigh University concluded
14 that obesity accounts for nearly 21 percent of health
15 care costs in America.

16 (7) Direct medical spending on obesity could ex-
17 ceed \$300,000,000,000 annually by 2018, according
18 to an analysis conducted by McKinsey and Com-
19 pany.

20 (8) Obesity has become a threat to national se-
21 curity and is the leading medical reason for appli-
22 cants failing to qualify for military service, according
23 to a report issued by Mission:Readiness.

24 (9) A report issued by the Trust for America's
25 Health concludes that reducing the average body

1 mass index by 5 percent in the United States could
2 lead to more than \$29,000,000,000 in health care
3 savings in five years.

4 (10) Studies show that an overweight or obese
5 child or adolescent is significantly more likely to
6 have obesity as an adult.

7 (11) Tracking, measuring, and monitoring body
8 mass index for children is vital in facilitating a life-
9 time of healthy behaviors.

10 (12) Body mass index should be considered as
11 a vital sign.

12 **SEC. 3. MEASURES TO PREVENT CHILDHOOD OBESITY ACT.**

13 (a) REPORTING OF BODY MASS INDEX INFORMATION
14 REQUIREMENT FOR CHILDREN.—

15 (1) IN GENERAL.—Subsection (a) of section
16 2125 of the Public Health Service Act (42 U.S.C.
17 300aa–25) is amended—

18 (A) by striking “and” at the end of para-
19 graph (3);

20 (B) by striking the period and adding “,
21 and” at the end of paragraph (4); and

22 (C) by adding at the end the following new
23 paragraph:

1 “(5) the age, gender, height, and weight of each
2 person vaccinated to calculate the body mass index
3 of such person.”.

4 (2) REPORTING.—Subsection (b) of such sec-
5 tion is amended—

6 (A) in paragraph (1)—

7 (i) by striking “and” at the end of
8 subparagraph (B);

9 (ii) by redesignating subparagraph
10 (C) as subparagraph (D); and

11 (iii) by inserting after subparagraph
12 (B) the following new subparagraph:

13 “(C) the information recorded under sub-
14 section (a)(5), and”; and

15 (B) by adding at the end the following new
16 paragraph:

17 “(4) Each health provider shall also report to
18 the relevant department of the State in which such
19 health care provider practices the data collected
20 under subsection (a)(5).”.

21 (b) GRANTS FOR BODY MASS INDEX DATA ANAL-
22 YSIS.—

23 (1) ESTABLISHMENT.—The Secretary of Health
24 and Human Services (in this subsection referred to
25 as the “Secretary”) may make grants to not more

1 than 20 eligible entities to analyze body mass index
2 (in this section referred to as “BMI”) measurements
3 of children, ages 2 through 18.

4 (2) ELIGIBILITY.—An eligible entity for pur-
5 poses of this section is a State (including the Dis-
6 trict of Columbia, the Commonwealth of Puerto
7 Rico, and each territory of the United States) that
8 has a statewide immunization information system
9 that—

10 (A) has the capacity to store basic demo-
11 graphic information (including date of birth,
12 gender, and geographic area of residence),
13 height, weight, and immunization data for each
14 resident of the State;

15 (B) is accessible to doctors, nurses, other
16 licensed health care professionals, and officials
17 of the relevant department in the State charged
18 with maintaining health and immunization
19 records; and

20 (C) has the capacity to integrate large
21 amounts of data for the analysis of BMI meas-
22 urements.

23 (3) USE OF FUNDS.—A State that receives a
24 grant under this section shall use the grant for the
25 following purposes:

1 (A) Analyzing the effectiveness of obesity
2 prevention programs and wellness policies car-
3 ried out in the State.

4 (B) Purchasing new computers, computer
5 equipment, and software to upgrade computers
6 to be used for a statewide immunization infor-
7 mation system.

8 (C) The hiring and employment of per-
9 sonnel to maintain and analyze BMI data.

10 (D) The development and implementation
11 of training programs for health care profes-
12 sionals to aid such professionals in taking BMI
13 measurements and discussing such measure-
14 ments with patients.

15 (E) Providing information to parents and
16 legal guardians in accordance with paragraph
17 (5)(B).

18 (4) SELECTION CRITERIA.—In selecting recipi-
19 ents of grants under this section, the Secretary shall
20 give priority to States in which a high percentage of
21 public and private health care providers submit data
22 to a statewide immunization information system
23 that—

1 (A) contains immunization data for not
2 less than 20 percent of the population of such
3 State that is under the age of 18; and

4 (B) includes data collected from men and
5 women who are of a wide variety of ages and
6 who reside in a wide variety of geographic areas
7 in a State (as determined by the Secretary).

8 (5) CONDITIONS.—As a condition of receiving a
9 grant under this section, a State shall—

10 (A) ensure that BMI measurements will be
11 recorded for children ages 2 through 18—

12 (i) on an annual basis by a licensed
13 physician, nurse, nurse practitioner, or
14 physicians assistant during an annual
15 physical examination, wellness visit, or
16 similar visit with a physician; and

17 (ii) in accordance with data collection
18 protocols published by the American Acad-
19 emy of Pediatrics in the 2007 Expert Com-
20 mittee Recommendations; and

21 (B) for each child in the State for whom
22 such measurements indicate a BMI greater
23 than the 95th percentile for such child's age
24 and gender, provide to the parents or legal
25 guardians of such child information on how to

1 lower BMI and information on State and local
2 obesity prevention programs.

3 (6) REPORTS.—

4 (A) REPORTS TO THE SECRETARY.—Not
5 later than 5 years after the receipt of a grant
6 under this section, the State receiving such
7 grant shall submit to the Secretary the fol-
8 lowing reports:

9 (i) A report containing an analysis of
10 BMI data collected using the grant, includ-
11 ing—

12 (I) the differences in obesity
13 trends by gender, disability, geo-
14 graphic area (as determined by the
15 State), and socioeconomic status with-
16 in such State; and

17 (II) the demographic groups and
18 geographic areas most affected by
19 obesity within such State.

20 (ii) A report containing an analysis of
21 the effectiveness of obesity prevention pro-
22 grams and State wellness policies, includ-
23 ing—

(I) an analysis of the success of such programs and policies prior to the receipt of the grant; and

(II) a discussion of the means to determine the most effective strategies to combat obesity in the geographic areas identified under clause (i).

(B) REPORT TO CONGRESS AND CERTAIN EXECUTIVE AGENCIES.—Not later than 1 year after the Secretary receives all the reports required pursuant to subparagraph (A), the Secretary shall submit to the Secretary of Education, the Secretary of Agriculture, and to Congress a report that contains the following:

(i) An analysis of trends in childhood obesity, including how such trends vary across regions of the United States, and how such trends vary by gender and socioeconomic status.

(ii) A description of any programs that—

(I) the Secretary has determined significantly lower childhood obesity rates for certain geographic areas in

1 the United States, including urban,
2 rural, and suburban areas; and

3 (II) the Secretary recommends to
4 be implemented by the States (includ-
5 ing States that did not receive a grant
6 under this section).

7 (7) AUTHORIZATION OF APPROPRIATIONS.—
8 There are authorized to be appropriated to the Sec-
9 retary such sums as may be necessary to carry out
10 this section for each of fiscal years 2013 through
11 2018.

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