

114TH CONGRESS  
1ST SESSION

# H. R. 3772

To reduce childhood obesity, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 20, 2015

Mrs. LOWEY (for herself, Ms. BROWN of Florida, Mr. ENGEL, Ms. NORTON, Mr. KIND, Mr. NOLAN, Mr. RANGEL, Mr. TAKANO, Mr. HASTINGS, and Mr. COHEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To reduce childhood obesity, 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 “Stop Obesity in  
5 Schools Act of 2015”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) It is estimated that 34.9 percent (78.6 mil-  
9 lion) of American adults and 17 percent

1 (12,700,000) of American children are overweight or  
2 obese.

3 (2) The prevalence of obesity among children  
4 aged 6 to 11 more than doubled in the past 30  
5 years, going from 7 percent in 1980 to 17.7 percent  
6 in 2012. The rate among adolescents aged 12 to 19  
7 more than quadrupled, increasing from 5 percent to  
8 20.5 percent.

9 (3) An estimated 70 percent of overweight  
10 young people have at least 1 additional risk factor  
11 for heart disease, such as high cholesterol or high  
12 blood pressure. In addition, children who are over-  
13 weight are at greater risk for bone and joint prob-  
14 lems, sleep apnea, and social and psychological prob-  
15 lems such as stigmatization and poor self-esteem.

16 (4) According to the Centers for Disease Con-  
17 trol and Prevention (CDC), obesity-related medical  
18 costs in the United States are approximately  
19 \$147,000,000,000. On average, medical spending for  
20 an obese individual is \$1,429 higher per year than  
21 for someone of normal weight.

22 (5) A report released by Trust for America's  
23 Health, entitled "F as in Fat: How Obesity Policies  
24 are Failing in America", found that the United

1 States does not have an aggressive, coordinated na-  
2 tional strategy as needed to address this crisis.

3 **SEC. 3. NATIONAL STRATEGY TO REDUCE CHILDHOOD OBE-**  
4 **SITY.**

5 The Secretary of Health and Human Services, in co-  
6 operation with State, local, and tribal governments, Fed-  
7 eral agencies, local educational agencies, health care pro-  
8 viders, the research community, and the private sector,  
9 shall develop a national strategy to reduce childhood obe-  
10 sity in the United States. Such strategy shall—

11 (1) provide for the reduction of childhood obe-  
12 sity rates by 10 percent by the year 2020;

13 (2) address both short- and long-term solutions  
14 to reducing the rates of childhood obesity in the  
15 United States;

16 (3) identify how the Federal Government can  
17 work effectively with State, local, and tribal govern-  
18 ments, local educational agencies, health care pro-  
19 viders, the research community, the private sector,  
20 and other entities as necessary to implement the  
21 strategy; and

22 (4) include measures to identify and overcome  
23 all obstacles to achieving the goal of reducing child-  
24 hood obesity in the United States.

1 **SEC. 4. GRANTS TO LOCAL EDUCATIONAL AGENCIES AND**  
2 **TRIBAL GOVERNMENTS TO ADOPT WELLNESS**  
3 **POLICIES AND ANTI-OBESITY INITIATIVES.**

4 (a) GRANTS.—The Director of the Centers for Dis-  
5 ease Control and Prevention shall make grants to local  
6 educational agencies and tribal governments to reduce  
7 childhood obesity by adopting wellness policies and anti-  
8 obesity initiatives.

9 (b) USE OF FUNDS.—As a condition on the receipt  
10 of a grant under this section, a local educational agency  
11 or tribal government shall agree to use the grant to reduce  
12 childhood obesity by adopting wellness policies and anti-  
13 obesity initiatives, which may include one or more of the  
14 following:

15 (1) Strategies to improve the nutritional value  
16 of food served on school campuses.

17 (2) Innovative ways to incorporate nutrition  
18 education into the curriculum from prekindergarten  
19 through grade 12.

20 (3) Increased physical activity in during- and  
21 after-school activities.

22 (4) Any other measure that, in the determina-  
23 tion of the Director, may provide a significant im-  
24 provement in the health and wellness of children.

25 (c) COST SHARING.—As a condition on the receipt  
26 of a grant under this section, a local educational agency

1 or tribal government shall agree to pay, from funds de-  
2 rived from non-Federal sources, not less than 25 percent  
3 of the costs of the activities carried out with the grant.

4 (d) APPLICATION.—To seek a grant under this sec-  
5 tion, a local educational agency or tribal government shall  
6 submit an application to the Director at such time, in such  
7 manner, and containing such information as the Director  
8 may require.

9 (e) ANNUAL ACCOUNTABILITY REPORT.—As a condi-  
10 tion on the receipt of a grant under this section, a local  
11 educational agency or tribal government shall agree to  
12 submit an annual accountability report to the Director.  
13 Each such report shall include a description of the degree  
14 to which the agency or government, in using grant funds,  
15 has made progress in reducing childhood obesity.

16 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry  
17 out this section, there is authorized to be appropriated  
18 \$20,000,000 for each of fiscal years 2016 through 2020.

19 **SEC. 5. EVALUATION OF PROGRAMS FOR THE PREVENTION**  
20 **OF OBESITY IN CHILDREN AND ADOLES-**  
21 **CENTS.**

22 (a) IN GENERAL.—For the purpose described in sub-  
23 section (b), the Director shall (directly or through grants  
24 or contracts awarded to public or nonprofit private enti-  
25 ties) arrange for the evaluation of a wide variety of exist-

1 ing programs designed in whole or in part to prevent obe-  
2 sity in children and adolescents, including programs that  
3 do not receive grants from the Federal Government for  
4 operation.

5 (b) PURPOSE.—The purpose of the evaluation under  
6 this section shall be to determine the following:

7 (1) The effectiveness of programs in reducing  
8 obesity in children and adolescents.

9 (2) The factors contributing to the effectiveness  
10 of the programs.

11 (3) The feasibility of replicating the programs  
12 in other locations.

13 (c) REPORT.—Not later than 18 months after the  
14 date of the enactment of this Act, the Director shall sub-  
15 mit a report to the Congress on the results of the evalua-  
16 tion under this section.

17 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry  
18 out this section, there is authorized to be appropriated  
19 \$5,000,000 for each of fiscal years 2016 through 2020.

20 **SEC. 6. HEALTHY LIVING AND WELLNESS COORDINATING**  
21 **COUNCILS.**

22 (a) GRANTS.—The Director shall make grants on a  
23 competitive basis to State, local, or tribal governments,  
24 and consortia of such governments, to reduce childhood  
25 obesity through—

1           (1) establishing or expanding healthy living and  
2           wellness coordinating councils; and

3           (2) supporting regional workshops.

4           (b) USES OF FUNDS.—As a condition on the receipt  
5 of a grant under this section, an entity shall agree to use  
6 the grant to carry out one or more of the following:

7           (1) Establishing a healthy living and wellness  
8           coordinating council.

9           (2) Expanding the activities of a healthy living  
10          and wellness coordinating council, including by im-  
11          plementing State-based or regionwide activities that  
12          will reduce the rates of childhood obesity.

13          (3) Supporting regional workshops designed to  
14          permit educators, administrators, health care pro-  
15          viders, and other relevant parties to share successful  
16          research-based strategies for increasing healthy liv-  
17          ing and reducing obesity in elementary and sec-  
18          ondary schools.

19          (c) COUNCIL REQUIREMENTS.—In this section, the  
20 term “healthy living and wellness coordinating council”  
21 means an organization that—

22           (1) is charged by a State government, a local  
23           or tribal government, or a consortium of local or  
24           tribal governments, as applicable, to increase healthy

1 living and reduce obesity in elementary and sec-  
2 ondary schools; and

3 (2) is composed of educators, administrators,  
4 health care providers, and other relevant parties.

5 (d) COST SHARING.—As a condition on the receipt  
6 of a grant under this section, an entity shall agree to pay,  
7 from funds derived from non-Federal sources, not less  
8 than 25 percent of the costs of the activities carried out  
9 with the grant.

10 (e) ANNUAL ACCOUNTABILITY REPORT.—As a condi-  
11 tion on the receipt of a grant under this section, an entity  
12 shall agree to submit an annual accountability report to  
13 the Director. Each such report shall include a description  
14 of the degree to which the entity, in using grant funds,  
15 has made progress in increasing healthy living and reduc-  
16 ing obesity in elementary and secondary schools.

17 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry  
18 out this section, there is authorized to be appropriated  
19 \$10,000,000 for each of fiscal years 2016 through 2020.

20 **SEC. 7. DEFINITIONS.**

21 In this Act:

22 (1) The term “Director” means the Director of  
23 the Centers for Disease Control and Prevention.

24 (2) The term “local educational agency” has  
25 the meaning given to that term in section 9101 of

1 the Elementary and Secondary Education Act of  
2 1965 (20 U.S.C. 7801).

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