

115TH CONGRESS
2D SESSION

H. R. 7136

To amend section 28 of the Food and Nutrition Act of 2008 to include eating disorders prevention within the nutrition education and obesity prevention grant program and the local wellness program; and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 15, 2018

Ms. ADAMS (for herself and Mr. FASO) introduced the following bill; which was referred to the Committee on Agriculture, 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

A BILL

To amend section 28 of the Food and Nutrition Act of 2008 to include eating disorders prevention within the nutrition education and obesity prevention grant program and the local wellness program; 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 “Long-Term InVest-
5 ment in Education for Wellness Act” or the “LIVE Well
6 Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Eating disorders affect 30 million Ameri-
4 cans during their lifetime and have the highest mor-
5 tality rate of any psychiatric illness.

6 (2) Eating disorders affect people of all body
7 sizes, ages, races, sexual orientations, ethnicities,
8 and socioeconomic statuses.

9 (3) Eating disorders are complex, biologically
10 based serious mental illnesses that include the spe-
11 cific disorders of anorexia nervosa, bulimia nervosa,
12 binge eating disorder, avoidant-restrictive food in-
13 take disorder, and other specified feeding or eating
14 disorders.

15 (4) Eighty percent of people with an eating dis-
16 order are normal or higher weight, and 81 percent
17 of people with binge eating disorder are clinically
18 higher weight or have obesity.

19 (5) One in 4 people seeking obesity treatment
20 has an underlying eating disorder that is often
21 undiagnosed.

22 (6) Children in higher weight bodies are more
23 likely to engage in unhealthy weight-control meas-
24 ures, and $\frac{2}{3}$ are at risk of an eating disorder.

25 (7) Research shows that focusing on weight
26 talk, weight stigma, and dieting does not result in

1 long-term reduction in weight; $\frac{2}{3}$ of dieters will re-
2 gain more weight than lost from dieting.

3 (8) Studies show that shifting prevention fo-
4 cuses from weight and dieting towards long-term
5 health practices, including a focus on body positivity,
6 nutrition, decreasing weight-based bullying or har-
7 assment, and physical activity, without a focus on
8 weight, BMI testing, or negative weight talk, re-
9 duces risk factors for populations affected by eating
10 disorders and populations affected by obesity.

11 **SEC. 3. EATING DISORDERS PREVENTION.**

12 (a) AMENDMENTS.—Section 28 of the Food and Nu-
13 trition Act of 2008 (7 U.S.C. 2036a) is amended—

14 (1) in the matter preceding paragraph (1) of
15 subsection (a), by striking “and” and inserting “,
16 eating disorders prevention, or”;

17 (2) by amending subsection (b) to read as fol-
18 lows:

19 “(b) GRANT PROGRAMS.—The Secretary, acting
20 through the Director of the National Institute of Food and
21 Agriculture, in consultation with the Administrator of the
22 Food and Nutrition Service, shall implement an evidence-
23 based nutrition education, eating disorders prevention, or
24 obesity prevention program for eligible individuals that

1 promotes healthy food choices and physical activity with
2 a focus on long-term health practices.”;

3 (3) in subsection (c)—

4 (A) in the heading by striking “AND” and
5 inserting “, EATING DISORDERS PREVENTION,
6 OR”;

7 (B) in paragraph (1)—

8 (i) by inserting “evidence-based” after
9 “deliver”; and

10 (ii) by striking “and” and by inserting
11 “, eating disorders prevention, or”;

12 (C) in paragraph (2)—

13 (i) in subparagraph (A) by striking
14 “and” and inserting “, eating disorders
15 prevention, or”; and

16 (ii) in subparagraph (B)—

17 (I) in clause (ii) by striking
18 “and” at the end;

19 (II) in clause (iii) by striking the
20 period at the end and inserting “;
21 and”; and

22 (III) by adding at the end the
23 following:

“(iv) ensure that interventions encourage assessment for eating disorders and include long-term health practices.”;

(D) in paragraph (3)—

(i) in subparagraph (A)—

(I) in clause (i) by inserting “eating disorders prevention and assessment,” after “education,”; and

(II) in clause (iii) by inserting “and long-term health practices” after “nutrition”; and

(ii) in subparagraph (B)—

(I) in the matter preceding clause

(i)—

(aa) by inserting “and eating disorders prevention,” after “education”; and

(bb) by inserting “, Assistant Secretary of the Substance Abuse and Mental Health Services Administration,” after “Centers for Disease Control and Prevention”; and

1 (II) in clause (ii) by inserting
 2 “and eating disorders” after “edu-
 3 cation”; and

4 (E) in paragraph (4)—

5 (i) by striking “and” after “edu-
 6 cation”; and

7 (ii) by inserting “, eating disorders
 8 prevention, or” after “nutrition edu-
 9 cation”;

10 (4) in subsection (d)—

11 (A) in paragraph (1) by striking “and” the
 12 first place it appears and inserting “, eating
 13 disorders prevention, or”;

14 (B) in paragraph (3)—

15 (i) in subparagraph (A) by striking
 16 “and” and inserting “, eating disorders
 17 prevention, or” after; and

18 (ii) in subparagraph (B) by striking
 19 “and” by inserting “, eating disorders pre-
 20 vention, or” after “nutrition education”;
 21 and

22 (C) by adding at the end the following:

23 “(4) AUTHORIZATION OF APPROPRIATIONS.—

24 There is authorized to be appropriated such sums as
 25 may be necessary to carry out this section.”; and

1 (5) by adding at the end the following:

2 “(f) DEFINITION.—In this section the term ‘long-
3 term health practices’ means long-lasting changes within
4 an individual focused on nutrition, body positivity, and
5 physical activity, focusing on overall health outcomes such
6 as changes in behavior and metabolic health instead of
7 weight.”.

8 **SEC. 4. LOCAL WELLNESS GRANTS.**

9 (a) IN GENERAL.—Section 9A of the Richard B.
10 Russell National School Lunch Act (42 U.S.C. 1758b) is
11 amended—

12 (1) in subsection (b)—

13 (A) in paragraph (2)(B)—

14 (i) by inserting “, through long-term
15 health practices (as such term is defined in
16 subsection (f) of section 28 of the Food
17 and Nutrition Act of 2008 (7 U.S.C.
18 2036a)),” after “promote”; and

19 (ii) by inserting “disordered eating
20 within children or” after “reduce”; and

21 (B) in paragraph (3), by inserting “li-
22 censed mental health professionals,” after “ad-
23 ministrators,”; and

24 (2) in subsection (d)—

25 (A) paragraph (1)—

1 (i) by inserting “and in coordination
2 with the Substance Abuse and Mental
3 Health Services Administration,” after
4 “Centers for Disease Control and Preven-
5 tion”; and

6 (ii) by inserting “school health profes-
7 sionals,” after “school food authorities,”;
8 (B) in paragraph (2)(C)—

9 (i) by inserting “and eating disorders
10 prevention and assessment” after “sound
11 nutrition”; and

12 (ii) by inserting “and long-term health
13 practices (as such term is defined in sub-
14 section (f) of section 28 of the Food and
15 Nutrition Act of 2008 (7 U.S.C. 2036a))”
16 after “nutrition environments”;

17 (C) in paragraph (3)—

18 (i) in subparagraph (A), by inserting
19 “and the Substance Abuse and Mental
20 Health Services Administration” after
21 “Centers for Disease Control and Preven-
22 tion”; and

23 (ii) in subparagraph (C), by striking
24 “2014” and inserting “2021”; and

1 (D) in subparagraph (D), by striking
2 “2011”, and inserting “2020”.

3 (b) APPLICABILITY.—The amendments made by sub-
4 section (a) shall apply beginning with the first school year
5 that begins at least 90 days after the date of the enact-
6 ment of this Act.

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