

cared about them. He won his last Senate race by almost 1 million votes.

A few Washington types, and a few well-known Chicago politicians, still believe it was an act, that Simon was just another pol who had perfected a gee-whiz persona and the public got snookered into buying it. And while I always liked Paul Simon, I was also suspicious enough of politics in general to keep alive the prospect that they might be right.

OK, now that he's retired, it's safe to say that they are wrong.

When Simon left the Senate and there was no electoral advantage to being pure, he still did the right thing.

He turned down offers to lobby in Washington—one offer was for \$600,000 a year to work for foreign governments. I'm taking his word on this—there's that suspicion rising again. But in the years I've known him he hasn't given me reason not to take his word.

He also turned down several teaching offers at better-known schools around the country to take a job running the new Public Policy Institute at Southern Illinois University in Carbondale, near his home.

Nobody needs to hold a tag day for him, since he's drawing \$120,000 a year from SIU. But they offered him \$140,000 and he requested a \$20,000 cut so he wouldn't be paid more than the chancellor. That's the kind of gesture that makes the political cynics snicker, and makes the rest of the world think Paul Simon is a very decent guy.

Now that Simon's back home and doesn't have to be concerned about his own elections, he could be more of a political broker in this state.

He proved he could transfer his credibility and popularity last year when Richard Durbin was a relatively unknown central Illinois congressman making his introductions to Chicagoans at the same time he was asking them to send him to the Senate. Nobody up here knew Richard Durbin from Richard Burton. But Simon's endorsement, repeated on television commercials, was gold. It gave Durbin instant credibility and carried him to the election.

So Simon could throw his weight around. He intends not to. Other than supporting Sen. Carol Moseley-Braun's re-election bid, he's planning to lay low in politics.

He could be a big factor in the Democratic primary for governor next year. Lots of people want to run. But it looks like Simon won't play the game. He told me this week he's been approached by several potential candidates, but doesn't plan to endorse anybody. He's happy teaching his government and non-fiction writing courses and doesn't want to taint his new institute with the smell of partisan politics.

"I anticipate I will be less involved in party activities than I was before," he said. "I have to be reaching out to both political parties."

For a political writer in Chicago, saying something kind about a politician is akin to volunteering to put a kick-me sign on your back. But here goes: the people were right all along, Paul Simon really is a very decent guy.

Mr. FITZGERALD. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DEWINE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DEWINE. Mr. President, we have all just heard the sad news about our

former colleague, Senator Simon, from the Senator from Illinois. There will be opportunities in the future for more formal comments from many Members of the Senate, but I thought this afternoon I would make a few brief comments about our colleague Paul Simon.

I had the opportunity to serve in the Senate with Paul, but I also had the opportunity for a few years to serve in the House of Representatives with Paul. What a treat it was to serve in both bodies with Paul. Shortly after I came to the House, I discovered that when Paul Simon came to the well of the House of Representatives, he was someone to come into the House Chamber and listen to because no matter what the topic, we could count on the fact that he was going to give a thoughtful speech. You might agree with him, you might not agree with him, but you could bet that this man of great integrity had thought through what he was going to say. You can bet that he truly believed what he was saying.

Members would listen to Paul Simon, whether it was in the House or Senate. Paul Simon was a man of great integrity. When he spoke, it was clear he was a man of great moral clarity in his comments and thoughts. There was great precision to those thoughts.

We all know that Paul Simon was first, in his career, maybe first and foremost, a writer. He started, as my colleague from Illinois has just said, at a newspaper. Some have labeled him as a crusading newspaper editor. That is how he got his start. He continued to write throughout his career, writing his columns back to his home State and writing books.

I was back home in Ohio at the house of my daughter and son-in-law this past weekend and I happened to look down and there was what I took to be one of Paul's newest books. I picked it up and read a few pages. There was Paul again, being very provocative, being very thoughtful. He made me think. That was Paul.

One of the books Paul wrote many, many years ago continues to be cited today. Anybody who reads a biography of Abraham Lincoln will find the work of Paul Simon in that book because, you see, Paul Simon wrote the definitive book about Abraham Lincoln's time in the Illinois Legislature. So whatever definitive biography you read of Abraham Lincoln, it will cite Paul Simon's book for that period of Abraham Lincoln's life.

Paul Simon was asked once why he wrote the book. He said he had discovered there just hadn't been a good book written on that period of Abraham Lincoln's life, so Paul Simon wrote it. He did the research, dug the information out, and wrote the book. It is still the definitive book.

Paul Simon was, more than anything else, a teacher. You could see that in his speeches on the Senate floor and the House floor before that. You could see that, really, in his columns, his

writings. So I think it is fitting that at the end of his career, as Senator FITZGERALD said, he went home. He went home to southern Illinois. He created this great institute at southern Illinois, his home community. He brought in great speakers, talked about big topics, great topics that we have to deal with in our country. He headed that up, put it together, and dealt with those issues.

He ended his life as a teacher, what he really was throughout his entire career, beginning as a newspaper man: Paul Simon the teacher. So as he taught us in the Senate, as he taught us in the House of Representatives, he ended his life as a teacher to young people in his home of Carbondale, in southern Illinois. I think that is clearly the way Paul Simon wanted it. I think it is fitting that is how he ended his life.

This is a sad day for the Senate. It is a sad day, certainly, for Illinois, and for his country. But we can take joy in this very good man's life and what he has done for our country and what he ended his life doing for our young people.

I yield the floor.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

IMPROVED NUTRITION AND PHYSICAL ACTIVITY ACT

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 417, S. 1172.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1172) to establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Health, Education, Labor, and Pensions with an amendment in the nature of a substitute, as follows:

(Strike the part shown in black brackets and insert the part printed in italic.)

S. 1172

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

[This Act may be cited as the "Improved Nutrition and Physical Activity Act" or the "IMPACT Act".

SEC. 2. FINDINGS.

[Congress makes the following findings:

(1) An estimated 61 percent of adults and 13 percent of children and adolescents in the Nation are overweight or obese.

[(2) The prevalence of obesity and being overweight is increasing among all age groups. There are twice the number of overweight children and 3 times the number of overweight adolescents as there were 29 years ago.

[(3) An estimated 300,000 deaths a year are associated with being overweight or obese.

[(4) Obesity and being overweight are associated with an increased risk for heart disease (the leading cause of death), cancer (the second leading cause of death), diabetes (the 6th leading cause of death), and musculoskeletal disorders.

[(5) Individuals who are obese have a 50 to 100 percent increased risk of premature death.

[(6) The Healthy People 2010 goals identify obesity and being overweight as one of the Nation's leading health problems and include objectives of increasing the proportion of adults who are at a healthy weight, reducing the proportion of adults who are obese, and reducing the proportion of children and adolescents who are overweight or obese.

[(7) Another goal of Healthy People 2010 is to eliminate health disparities among different segments of the population. Obesity is a health problem that disproportionately impacts medically underserved populations.

[(8) The United States Surgeon General's report "A Call To Action" lists the treatment and prevention of obesity as a top national priority.

[(9) The estimated direct and indirect annual cost of obesity in the United States is \$117,000,000,000 (exceeding the cost of tobacco-related illnesses) and appears to be rising dramatically. This cost can potentially escalate markedly as obesity rates continue to rise and the medical complications of obesity are emerging at even younger ages. Therefore, the total disease burden will most likely increase, as well as the attendant health-related costs.

[(10) Weight control programs should promote a healthy lifestyle including regular physical activity and healthy eating, as consistently discussed and identified in a variety of public and private consensus documents, including "A Call To Action" and other documents prepared by the Department of Health and Human Services and other agencies.

[(11) Eating preferences and habits are established in childhood.

[(12) Poor eating habits are a risk factor for the development of eating disorders and obesity.

[(13) Simply urging overweight individuals to be thin has not reduced the prevalence of obesity and may result in other problems including body dissatisfaction, low self-esteem, and eating disorders.

[(14) Effective interventions for promoting healthy eating behaviors should promote healthy lifestyle and not inadvertently promote unhealthy weight management techniques.

[(15) Binge Eating is associated with obesity, heart disease, gall bladder disease, and diabetes.

[(16) Anorexia Nervosa, an eating disorder from which 0.5 to 3.7 percent of American women will suffer in their lifetime, is associated with serious health consequences including heart failure, kidney failure, osteoporosis, and death. In fact, Anorexia Nervosa has the highest mortality rate of all psychiatric disorders, placing a young woman with Anorexia at 18 times the risk of death of other women her age.

[(17) Anorexia Nervosa and Bulimia Nervosa usually appears in adolescence.

[(18) Bulimia Nervosa, an eating disorder from which an estimated 1.1 to 4.2 percent of American women will suffer in their lifetime, is associated with cardiac, gastro-

intestinal, and dental problems, including irregular heartbeats, gastric ruptures, peptic ulcers, and tooth decay.

[(19) On the 1999 Youth Risk Behavior Survey, 7.5 percent of high school girls reported recent use of laxatives or vomiting to control their weight.

[(20) Binge Eating Disorder is characterized by frequent episodes of uncontrolled overeating, with an estimated 2 to 5 percent of Americans experiencing this disorder in a 6-month period.

[(21) Eating disorders are commonly associated with substantial psychological problems, including depression, substance abuse, and suicide.

[(22) Eating disorders of all types are more common in women than men.

[TITLE I—TRAINING GRANTS

[SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH PROFESSION STUDENTS.

[Section 747(c)(3) of title VII of the Public Health Service Act (42 U.S.C. 293k(c)(3)) is amended by striking "and victims of domestic violence" and inserting "victims of domestic violence, individuals (including children) who are overweight or obese (as such terms are defined in section 399W(j)) and at risk for related serious and chronic medical conditions, and individuals who suffer from eating disorders".

[SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH PROFESSIONALS.

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

[(1) in subsection (b), by striking "2005" and inserting "2007";

[(2) by redesignating subsection (b) as subsection (c); and

[(3) by inserting after subsection (a) the following:

["(b) GRANTS.—

["(1) IN GENERAL.—The Secretary may award grants to eligible entities to train primary care physicians and other licensed or certified health professionals on how to identify, treat, and prevent obesity or eating disorders and aid individuals who are overweight, obese, or who suffer from eating disorders.

["(2) APPLICATION.—An entity that desires a grant under this subsection shall submit an application at such time, in such manner, and containing such information as the Secretary may require, including a plan for the use of funds that may be awarded and an evaluation of the training that will be provided.

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

["(A) use evidence-based findings or recommendations that pertain to the prevention and treatment of obesity, being overweight, and eating disorders to conduct educational conferences, including Internet-based courses and teleconferences, on—

["(i) how to treat or prevent obesity, being overweight, and eating disorders;

["(ii) the link between obesity and being overweight and related serious and chronic medical conditions;

["(iii) how to discuss varied strategies with patients from at-risk and diverse populations to promote positive behavior change and healthy lifestyles to avoid obesity, being overweight, and eating disorders;

["(iv) how to identify overweight and obese patients and those who are at risk for obesity and being overweight or suffer from eating disorders and, therefore, at risk for related serious and chronic medical conditions; and

["(v) how to conduct a comprehensive assessment of individual and familial health risk factors; and

["(B) evaluate the effectiveness of the training provided by such entity in increasing knowledge and changing attitudes and behaviors of trainees."].

[TITLE II—COMMUNITY-BASED SOLUTIONS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION

[SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION.

[Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by striking section 399W and inserting the following:

["SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION.

["(a) ESTABLISHMENT.—

["(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the Administrator of the Health Resources and Services Administration, the Director of the Indian Health Service, the Secretary of Education, the Secretary of Agriculture, the Secretary of the Interior, the Director of the National Institutes of Health, the Director of the Office of Women's Health, and the heads of other appropriate agencies, shall award competitive grants to eligible entities to plan and implement programs that promote healthy eating behaviors and physical activity to prevent eating disorders, obesity, being overweight, and related serious and chronic medical conditions. Such grants may be awarded to target at-risk populations including youth, adolescent girls, racial and ethnic minorities, and the underserved.

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

["(b) AWARD OF GRANTS.—An eligible entity desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including—

["(1) a plan describing a comprehensive program of approaches to encourage healthy eating behaviors and healthy levels of physical activity;

["(2) the manner in which the eligible entity will coordinate with appropriate State and local authorities, including—

["(A) State and local educational agencies;

["(B) departments of health;

["(C) chronic disease directors;

["(D) State directors of programs under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786);

["(E) 5-a-day coordinators;

["(F) governors' councils for physical activity and good nutrition; and

["(G) State and local parks and recreation departments; and

["(3) the manner in which the applicant will evaluate the effectiveness of the program carried out under this section.

["(c) COORDINATION.—In awarding grants under this section, the Secretary shall ensure that the proposed programs are coordinated in substance and format with programs currently funded through other Federal agencies and operating within the community including the Physical Education Program (PEP) of the Department of Education.

["(d) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' means—

["(1) a city, county, tribe, territory, or State;

["(2) a State educational agency;

["(3) a tribal educational agency;

["(4) a local educational agency;

["(5) a federally qualified health center (as defined in section 1861(aa)(4) of the Social Security Act (42 U.S.C. 1395x(aa)(4));

["(6) a rural health clinic;

["(7) a health department;
 ["(8) an Indian Health Service hospital or clinic;
 ["(9) an Indian tribal health facility;
 ["(10) an urban Indian facility;
 ["(11) any health care service provider;
 ["(12) an accredited university or college;
 or

["(13) any other entity determined appropriate by the Secretary.

["(e) USE OF FUNDS.—An eligible entity that receives a grant under this section shall use the funds made available through the grant to—

["(1) carry out community-based activities including—

["(A) planning and implementing environmental changes that promote physical activity;

["(B) forming partnerships and activities with businesses and other entities to increase physical activity levels and promote healthy eating behaviors at the workplace and while traveling to and from the workplace;

["(C) forming partnerships with entities, including schools, faith-based entities, and other facilities providing recreational services, to establish programs that use their facilities for after school and weekend community activities;

["(D) establishing incentives for retail food stores, farmer's markets, food coops, grocery stores, and other retail food outlets that offer nutritious foods to encourage such stores and outlets to locate in economically depressed areas;

["(E) forming partnerships with senior centers and nursing homes to establish programs for older people to foster physical activity and healthy eating behaviors;

["(F) forming partnerships with day care facilities to establish programs that promote healthy eating behaviors and physical activity; and

["(G) providing community educational activities targeting good nutrition;

["(2) carry out age-appropriate school-based activities including—

["(A) developing and testing educational curricula and intervention programs designed to promote healthy eating behaviors and habits in youth, which may include—

["(i) after hours physical activity programs;

["(ii) increasing opportunities for students to make informed choices regarding healthy eating behaviors; and

["(iii) science-based interventions with multiple components to prevent eating disorders including nutritional content, understanding and responding to hunger and satiety, positive body image development, positive self-esteem development, and learning life skills (such as stress management, communication skills, problem-solving and decision-making skills), as well as consideration of cultural and developmental issues, and the role of family, school, and community;

["(B) providing education and training to educational professionals regarding a healthy lifestyle and a healthy school environment;

["(C) planning and implementing a healthy lifestyle curriculum or program with an emphasis on healthy eating behaviors and physical activity; and

["(D) planning and implementing healthy lifestyle classes or programs for parents or guardians, with an emphasis on healthy eating behaviors and physical activity;

["(3) carry out activities through the local health care delivery systems including—

["(A) promoting healthy eating behaviors and physical activity services to treat or prevent eating disorders, being overweight, and obesity;

["(B) providing patient education and counseling to increase physical activity and promote healthy eating behaviors; and

["(C) providing community education on good nutrition and physical activity to develop a better understanding of the relationship between diet, physical activity, and eating disorders, obesity, or being overweight; or

["(4) other activities determined appropriate by the Secretary.

["(f) MATCHING FUNDS.—In awarding grants under subsection (a), the Secretary may give priority to eligible entities who provide matching contributions. Such non-Federal contributions may be cash or in kind, fairly evaluated, including plant, equipment, or services.

["(g) TECHNICAL ASSISTANCE.—The Secretary may set aside an amount not to exceed 10 percent of the total amount appropriated for a fiscal year under subsection (k) to permit the Director of the Centers for Disease Control and Prevention to provide grantees with technical support in the development, implementation, and evaluation of programs under this section and to disseminate information about effective strategies and interventions in preventing and treating obesity and eating disorders through the promotion of healthy eating behaviors and physical activity.

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

["(i) REPORT.—Not later than 6 years after the date of enactment of the Improved Nutrition and Physical Activity Act, the Director of the Centers for Disease Control and Prevention shall review the results of the grants awarded under this section and other related research and identify programs that have demonstrated effectiveness in healthy eating behaviors and physical activity in youth.

["(j) DEFINITIONS.—In this section:

["(1) ANOREXIA NERVOSA.—The term 'Anorexia Nervosa' means an eating disorder characterized by self-starvation and excessive weight loss.

["(2) BINGE EATING DISORDER.—The term 'binge eating disorder' means a disorder characterized by frequent episodes of uncontrolled eating.

["(3) BULIMIA NERVOSA.—The term 'Bulimia Nervosa' means an eating disorder characterized by excessive food consumption, followed by inappropriate compensatory behaviors, such as self-induced vomiting, misuse of laxatives, fasting, or excessive exercise.

["(4) EATING DISORDERS.—The term 'eating disorders' means disorders of eating, including Anorexia Nervosa, Bulimia Nervosa, and binge eating disorder.

["(5) HEALTHY EATING BEHAVIORS.—The term 'healthy eating behaviors' means—

["(A) eating in quantities adequate to meet, but not in excess of, daily energy needs;

["(B) choosing foods to promote health and prevent disease;

["(C) eating comfortably in social environments that promote healthy relationships with family, peers, and community; and

["(D) eating in a manner to acknowledge internal signals of hunger and satiety.

["(6) OBESE.—The term 'obese' means an adult with a Body Mass Index (BMI) of 30 kg/m² or greater.

["(7) OVERWEIGHT.—The term 'overweight' means an adult with a Body Mass Index (BMI) of 25 to 29.9 kg/m² and a child or adolescent with a BMI at or above the 95th percentile on the revised Centers for Disease Control and Prevention growth charts or another appropriate childhood definition, as defined by the Secretary.

["(8) YOUTH.—The term 'youth' means individuals not more than 18 years old.

["(k) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$60,000,000 for fiscal year 2004 and such sums as may be necessary for each of fiscal years 2005 through 2008. Of the funds appropriated pursuant to this subsection, the following amounts shall be set aside for activities related to eating disorders:

["(1) \$5,000,000 for fiscal year 2004.

["(2) \$5,500,000 for fiscal year 2005.

["(3) \$6,000,000 for fiscal year 2006.

["(4) \$6,500,000 for fiscal year 2007.

["(5) \$1,000,000 for fiscal year 2008."

["SEC. 202. NATIONAL CENTER FOR HEALTH STATISTICS.

["Section 306 of the Public Health Service Act (42 U.S.C. 242k) is amended by striking subsection (n) and inserting the following:

["(n)(1) The Secretary, acting through the Center, may provide for the—

["(A) collection of data for determining the fitness levels and energy expenditure of children and youth; and

["(B) analysis of data collected as part of the National Health and Nutrition Examination Survey and other data sources.

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

["(3) The Secretary, acting through the Center, may provide technical assistance, standards, and methodologies to grantees supported by this subsection in order to maximize the data quality and comparability with other studies."

["SEC. 203. STUDY OF THE FOOD SUPPLEMENT AND NUTRITION PROGRAMS OF THE DEPARTMENT OF AGRICULTURE.

["(a) IN GENERAL.—The Secretary of Agriculture shall request that the Institute of Medicine conduct, or contract with another entity to conduct, a study on the food and nutrition assistance programs run by the Department of Agriculture.

["(b) CONTENT.—Such study shall—

["(1) investigate whether the nutrition programs and nutrition recommendations are based on the latest scientific evidence;

["(2) investigate whether the food assistance programs contribute to either preventing or enhancing obesity and being overweight in children, adolescents, and adults;

["(3) investigate whether the food assistance programs can be improved or altered to contribute to the prevention of obesity and becoming overweight; and

["(4) identify obstacles that prevent or hinder the programs from achieving their objectives.

["(c) REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary of Agriculture shall submit to the appropriate committees of Congress a report containing the results of the Institute of Medicine study authorized under this section.

["(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$750,000 for fiscal years 2003 and 2004.

["SEC. 204. HEALTH DISPARITIES REPORT.

["Not later than 18 months after the date of enactment of this Act, and annually thereafter, the Director of the Agency for Healthcare Research and Quality shall review all research that results from the activities outlined in this Act and determine if particular information may be important to the report on health disparities required by section 903(c)(3) of the Public Health Service Act (42 U.S.C. 299a-1(c)(3)).

[SEC. 205. PREVENTIVE HEALTH SERVICES BLOCK GRANT.]

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

“(H) Activities and community education programs designed to address and prevent overweight, obesity, and eating disorders through effective programs to promote healthy eating, and exercise habits and behaviors.”.

[SEC. 206. REPORT ON OBESITY RESEARCH.]

[(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on research conducted on causes and health implications of obesity and being overweight.

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

[(1) descriptions on the status of relevant, current, ongoing research being conducted in the Department of Health and Human Services including research at the National Institutes of Health, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, and other offices and agencies;

[(2) information about what these studies have shown regarding the causes of, prevention of, and treatment of, overweight and obesity; and

[(3) recommendations on further research that is needed, including research among diverse populations, the department’s plan for conducting such research, and how current knowledge can be disseminated.

[SEC. 207. REPORT ON A NATIONAL CAMPAIGN TO CHANGE CHILDREN’S HEALTH BEHAVIORS AND REDUCE OBESITY.]

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

[(1) by redesignating subsection (b) as subsection (c); and

[(2) by inserting after subsection (a) the following:

“(b) REPORT.—The Secretary shall evaluate the effectiveness of the campaign described in subsection (a) in changing children’s behaviors and reducing obesity and shall report such results to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.”.]

SECTION 1. SHORT TITLE.

This Act may be cited as the “Improved Nutrition and Physical Activity Act” or the “IMPACT Act”.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) An estimated 61 percent of adults and 13 percent of children and adolescents in the Nation are overweight or obese.

(2) The prevalence of obesity and being overweight is increasing among all age groups. There are twice the number of overweight children and 3 times the number of overweight adolescents as there were 29 years ago.

(3) An estimated 300,000 deaths a year are associated with being overweight or obese.

(4) Obesity and being overweight are associated with an increased risk for heart disease (the leading cause of death), cancer (the second leading cause of death), diabetes (the 6th leading cause of death), and musculoskeletal disorders.

(5) Individuals who are obese have a 50 to 100 percent increased risk of premature death.

(6) The Healthy People 2010 goals identify obesity and being overweight as one of the Nation’s leading health problems and include ob-

jectives of increasing the proportion of adults who are at a healthy weight, reducing the proportion of adults who are obese, and reducing the proportion of children and adolescents who are overweight or obese.

(7) Another goal of Healthy People 2010 is to eliminate health disparities among different segments of the population. Obesity is a health problem that disproportionately impacts medically underserved populations.

(8) The United States Surgeon General’s report “A Call To Action” lists the treatment and prevention of obesity as a top national priority.

(9) The estimated direct and indirect annual cost of obesity in the United States is \$117,000,000,000 (exceeding the cost of tobacco-related illnesses) and appears to be rising dramatically. This cost can potentially escalate markedly as obesity rates continue to rise and the medical complications of obesity are emerging at even younger ages. Therefore, the total disease burden will most likely increase, as well as the attendant health-related costs.

(10) Weight control programs should promote a healthy lifestyle including regular physical activity and healthy eating, as consistently discussed and identified in a variety of public and private consensus documents, including “A Call To Action” and other documents prepared by the Department of Health and Human Services and other agencies.

(11) Eating preferences and habits are established in childhood.

(12) Poor eating habits are a risk factor for the development of eating disorders and obesity.

(13) Simply urging overweight individuals to be thin has not reduced the prevalence of obesity and may result in other problems including body dissatisfaction, low self-esteem, and eating disorders.

(14) Effective interventions for promoting healthy eating behaviors should promote healthy lifestyle and not inadvertently promote unhealthy weight management techniques.

(15) Binge Eating is associated with obesity, heart disease, gall bladder disease, and diabetes.

(16) Anorexia Nervosa, an eating disorder from which 0.5 to 3.7 percent of American women will suffer in their lifetime, is associated with serious health consequences including heart failure, kidney failure, osteoporosis, and death. In fact, Anorexia Nervosa has the highest mortality rate of all psychiatric disorders, placing a young woman with Anorexia Nervosa at 18 times the risk of death of other women her age.

(17) Anorexia Nervosa and Bulimia Nervosa usually appears in adolescence.

(18) Bulimia Nervosa, an eating disorder from which an estimated 1.1 to 4.2 percent of American women will suffer in their lifetime, is associated with cardiac, gastrointestinal, and dental problems, including irregular heartbeats, gastric ruptures, peptic ulcers, and tooth decay.

(19) On the 1999 Youth Risk Behavior Survey, 7.5 percent of high school girls reported recent use of laxatives or vomiting to control their weight.

(20) Binge Eating Disorder is characterized by frequent episodes of uncontrolled overeating, with an estimated 2 to 5 percent of Americans experiencing this disorder in a 6-month period.

(21) Eating disorders are commonly associated with substantial psychological problems, including depression, substance abuse, and suicide.

(22) Eating disorders of all types are more common in women than men.

TITLE I—TRAINING GRANTS**SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH PROFESSION STUDENTS.**

Section 747(c)(3) of title VII of the Public Health Service Act (42 U.S.C. 293k(c)(3)) is amended by striking “and victims of domestic violence” and inserting “victims of domestic violence, individuals (including children) who are overweight or obese (as such terms are defined in section 399W(j)) and at risk for related seri-

ous and chronic medical conditions, and individuals who suffer from eating disorders”.

SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH PROFESSIONALS.

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

(1) in subsection (b), by striking “2005” and inserting “2007”;

(2) by redesignating subsection (b) as subsection (c); and

(3) by inserting after subsection (a) the following:

“(b) GRANTS.—

“(1) IN GENERAL.—The Secretary may award grants to eligible entities to train primary care physicians and other licensed or certified health professionals on how to identify, treat, and prevent obesity or eating disorders and aid individuals who are overweight, obese, or who suffer from eating disorders.

“(2) APPLICATION.—An entity that desires a grant under this subsection shall submit an application at such time, in such manner, and containing such information as the Secretary may require, including a plan for the use of funds that may be awarded and an evaluation of the training that will be provided.

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

“(A) use evidence-based findings or recommendations that pertain to the prevention and treatment of obesity, being overweight, and eating disorders to conduct educational conferences, including Internet-based courses and teleconferences, on—

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

“(ii) the link between obesity and being overweight and related serious and chronic medical conditions;

“(iii) how to discuss varied strategies with patients from at-risk and diverse populations to promote positive behavior change and healthy lifestyles to avoid obesity, being overweight, and eating disorders;

“(iv) how to identify overweight and obese patients and those who are at risk for obesity and being overweight or suffer from eating disorders and, therefore, at risk for related serious and chronic medical conditions;

“(v) how to conduct a comprehensive assessment of individual and familial health risk factors; and

“(B) evaluate the effectiveness of the training provided by such entity in increasing knowledge and changing attitudes and behaviors of trainees.”.

TITLE II—COMMUNITY-BASED SOLUTIONS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION**SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION.**

Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by striking section 399W and inserting the following:

“SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION.

“(a) ESTABLISHMENT.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the Administrator of the Health Resources and Services Administration, the Director of the Indian Health Service, the Secretary of Education, the Secretary of Agriculture, the Secretary of the Interior, the Director of the National Institutes of Health, the Director of the Office of Women’s Health, and the heads of other appropriate agencies, shall award competitive grants to eligible entities to plan and implement programs that promote healthy eating behaviors and physical activity to prevent eating disorders, obesity, being overweight, and related serious and chronic medical conditions. Such grants may be awarded to target at-risk populations including youth, adolescent girls,

health disparity populations (as defined in section 485E(d)), and the underserved.

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

“(b) **AWARD OF GRANTS.**—An eligible entity desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including—

“(1) a plan describing a comprehensive program of approaches to encourage healthy eating behaviors and healthy levels of physical activity;

“(2) the manner in which the eligible entity will coordinate with appropriate State and local authorities, including—

“(A) State and local educational agencies;

“(B) departments of health;

“(C) chronic disease directors;

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

“(E) 5-a-day coordinators;

“(F) Governors' councils for physical activity and good nutrition;

“(G) State and local parks and recreation departments; and

“(H) State and local departments of transportation and city planning; and

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

“(c) **COORDINATION.**—In awarding grants under this section, the Secretary shall ensure that the proposed programs are coordinated in substance and format with programs currently funded through other Federal agencies and operating within the community including the Physical Education Program (PEP) of the Department of Education.

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

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

“(2) a State educational agency;

“(3) a tribal educational agency;

“(4) a local educational agency;

“(5) a federally qualified health center (as defined in section 1861(aa)(4) of the Social Security Act (42 U.S.C. 1395a(aa)(4)));

“(6) a rural health clinic;

“(7) a health department;

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

“(9) an Indian tribal health facility;

“(10) an urban Indian facility;

“(11) any health provider;

“(12) an accredited university or college;

“(13) a community-based organization;

“(14) a local city planning agency; or

“(15) any other entity determined appropriate by the Secretary.

“(e) **USE OF FUNDS.**—An eligible entity that receives a grant under this section shall use the funds made available through the grant to—

“(1) carry out community-based activities including—

“(A) city planning, transportation initiatives, and environmental changes that help promote physical activity, such as increasing the use of walking or bicycling as a mode of transportation;

“(B) forming partnerships and activities with businesses and other entities to increase physical activity levels and promote healthy eating behaviors at the workplace and while traveling to and from the workplace;

“(C) forming partnerships with entities, including schools, faith-based entities, and other facilities providing recreational services, to establish programs that use their facilities for after school and weekend community activities;

“(D) establishing incentives for retail food stores, farmer's markets, food co-ops, grocery stores, and other retail food outlets that offer nutritious foods to encourage such stores and outlets to locate in economically depressed areas;

“(E) forming partnerships with senior centers and nursing homes to establish programs for older people to foster physical activity and healthy eating behaviors;

“(F) forming partnerships with daycare facilities to establish programs that promote healthy eating behaviors and physical activity; and

“(G) providing community educational activities targeting good nutrition;

“(2) carry out age-appropriate school-based activities including—

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

“(i) after hours physical activity programs;

“(ii) increasing opportunities for students to make informed choices regarding healthy eating behaviors; and

“(iii) science-based interventions with multiple components to prevent eating disorders including nutritional content, understanding and responding to hunger and satiety, positive body image development, positive self-esteem development, and learning life skills (such as stress management, communication skills, problem-solving and decisionmaking skills), as well as consideration of cultural and developmental issues, and the role of family, school, and community;

“(B) providing education and training to educational professionals regarding a healthy lifestyle and a healthy school environment;

“(C) planning and implementing a healthy lifestyle curriculum or program with an emphasis on healthy eating behaviors and physical activity; and

“(D) planning and implementing healthy lifestyle classes or programs for parents or guardians, with an emphasis on healthy eating behaviors and physical activity;

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

“(A) promoting healthy eating behaviors and physical activity services to treat or prevent eating disorders, being overweight, and obesity;

“(B) providing patient education and counseling to increase physical activity and promote healthy eating behaviors; and

“(C) providing community education on good nutrition and physical activity to develop a better understanding of the relationship between diet, physical activity, and eating disorders, obesity, or being overweight; or

“(4) other activities determined appropriate by the Secretary.

“(f) **MATCHING FUNDS.**—In awarding grants under subsection (a), the Secretary may give priority to eligible entities who provide matching contributions. Such non-Federal contributions may be cash or in kind, fairly evaluated, including plant, equipment, or services.

“(g) **TECHNICAL ASSISTANCE.**—The Secretary may set aside an amount not to exceed 10 percent of the total amount appropriated for a fiscal year under subsection (k) to permit the Director of the Centers for Disease Control and Prevention to provide grantees with technical support in the development, implementation, and evaluation of programs under this section and to disseminate information about effective strategies and interventions in preventing and treating obesity and eating disorders through the promotion of healthy eating behaviors and physical activity.

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

“(i) **REPORT.**—Not later than 6 years after the date of enactment of the Improved Nutrition and Physical Activity Act, the Director of the Centers for Disease Control and Prevention shall review the results of the grants awarded under this section and other related research and identify programs that have demonstrated effectiveness in healthy eating behaviors and physical activity in youth.

“(j) **DEFINITIONS.**—In this section:

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

“(2) **BINGE EATING DISORDER.**—The term ‘binge eating disorder’ means a disorder characterized by frequent episodes of uncontrolled eating.

“(3) **BULIMIA NERVOSA.**—The term ‘Bulimia Nervosa’ means an eating disorder characterized by excessive food consumption, followed by inappropriate compensatory behaviors, such as self-induced vomiting, misuse of laxatives, fasting, or excessive exercise.

“(4) **EATING DISORDERS.**—The term ‘eating disorders’ means disorders of eating, including Anorexia Nervosa, Bulimia Nervosa, and binge eating disorder.

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

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

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

“(C) eating comfortably in social environments that promote healthy relationships with family, peers, and community; and

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

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

“(7) **OVERWEIGHT.**—The term ‘overweight’ means an adult with a Body Mass Index (BMI) of 25 to 29.9 kg/m² and a child or adolescent with a BMI at or above the 95th percentile on the revised Centers for Disease Control and Prevention growth charts or another appropriate childhood definition, as defined by the Secretary.

“(8) **YOUTH.**—The term ‘youth’ means individuals not more than 18 years old.

“(k) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section, \$60,000,000 for fiscal year 2004 and such sums as may be necessary for each of fiscal years 2005 through 2008. Of the funds appropriated pursuant to this subsection, the following amounts shall be set aside for activities related to eating disorders:

“(1) \$5,000,000 for fiscal year 2004.

“(2) \$5,500,000 for fiscal year 2005.

“(3) \$6,000,000 for fiscal year 2006.

“(4) \$6,500,000 for fiscal year 2007.

“(5) \$1,000,000 for fiscal year 2008.”.

SEC. 202. NATIONAL CENTER FOR HEALTH STATISTICS.

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

(1) in subsection (m)(4)(B), by striking “subsection (n)” each place it appears and inserting “subsection (o)”;

(2) by redesignating subsection (n) as subsection (o); and

(3) by inserting after subsection (m) the following:

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

“(A) collection of data for determining the fitness levels and energy expenditure of children and youth; and

“(B) analysis of data collected as part of the National Health and Nutrition Examination Survey and other data sources.

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

“(3) The Secretary, acting through the Center, may provide technical assistance, standards, and methodologies to grantees supported by this subsection in order to maximize the data quality and comparability with other studies.”.

SEC. 203. HEALTH DISPARITIES REPORT.

Not later than 18 months after the date of enactment of this Act, and annually thereafter, the Director of the Agency for Healthcare Research and Quality shall review all research

that results from the activities outlined in this Act and determine if particular information may be important to the report on health disparities required by section 903(c)(3) of the Public Health Service Act (42 U.S.C. 299a-1(c)(3)).

SEC. 204. PREVENTIVE HEALTH SERVICES BLOCK GRANT.

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

“(H) Activities and community education programs designed to address and prevent overweight, obesity, and eating disorders through effective programs to promote healthy eating, and exercise habits and behaviors.”

SEC. 205. REPORT ON OBESITY RESEARCH.

(a) *IN GENERAL.*—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on research conducted on causes and health implications of obesity and being overweight.

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

(1) descriptions on the status of relevant, current, ongoing research being conducted in the Department of Health and Human Services including research at the National Institutes of Health, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, and other offices and agencies;

(2) information about what these studies have shown regarding the causes of, prevention of, and treatment of, overweight and obesity; and

(3) recommendations on further research that is needed, including research among diverse populations, the department's plan for conducting such research, and how current knowledge can be disseminated.

SEC. 206. REPORT ON A NATIONAL CAMPAIGN TO CHANGE CHILDREN'S HEALTH BEHAVIORS AND REDUCE OBESITY.

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

(1) by redesignating subsection (b) as subsection (c); and

(2) by inserting after subsection (a) the following:

“(b) *REPORT.*—The Secretary shall evaluate the effectiveness of the campaign described in subsection (a) in changing children's behaviors and reducing obesity and shall report such results to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.”

Mr. HARKIN. Mr. President, I wish to engage in a colloquy with the distinguished majority leader, the Senator from Tennessee, Mr. FRIST. From time to time, Congress is confronted with a public health crisis of such magnitude that we have no choice but to act. For a number of reasons, including the changing physical environment, eating and physical activity habits, obesity has now emerged as a serious new public health threat. More than 65 percent of American adults and 15 percent of children are obese or overweight. These figures double the levels during the 1980s for adults and triple the levels for children. Obesity now contributes to an estimated 300,000 deaths annually. We also know that obesity contributes to diabetes, high blood pressure, high cholesterol, cancers and heart disease. The economic impact also is alarming. The Surgeon General reports that obesity costs the Nation over \$117 billion di-

rectly and indirectly. These trends will continue if we do not develop a comprehensive strategy to prevent and treat this condition.

I commend Senator FRIST and others for introducing the Improved Nutrition and Physical Activity Act to begin to tackle this challenge. Senator FRIST as a physician certainly understands the impact of rising obesity rates. I commend his leadership on this issue. I believe that he and I agree that this IMPACT bill is an important step forward, but that more may need to be done to prevent and treat obesity. In view of the continuing and growing public health threat, I wonder if my friend and colleague would agree with me now that the Health, Education, Labor and Pensions Committee, as the committee of jurisdiction in this policy area, should devote further attention to this problem next year. I wonder whether he, as a fellow member of that HELP Committee, would agree with me now to urge chairman and ranking member of that committee to hold a hearing early in the next session of this Congress for that purpose.

Mr. FRIST. I thank my colleague for his kind remarks. As he knows, I believe this issue of obesity is one of the largest unaddressed public health issues we face today, and I am pleased by the action we are taking today. I agree that it is critical that we continue to direct our attention to this issue, and it is my hope that the HELP Committee will continue to examine the issue, including by holding a hearing next year.

Mr. HARKIN. I appreciate the attention of the majority leader to this subject. I commend his work and congratulate him on passage of this bill. I look forward to sending a joint letter to the HELP Committee, requesting a hearing, and I look forward to working with the Senator from Tennessee and others to build on this important start in combating harmful obesity.

Mr. FRIST. Mr. President, I ask unanimous consent that the committee substitute amendment be agreed to, the bill, as amended, be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment in the nature of a substitute was agreed to.

The bill (S. 1172), as amended, was read the third time and passed.

Mr. FRIST. Mr. President, this bill we just passed does exactly as stated. It establishes grants to address health services for nutrition, for increased physical activity, and for obesity prevention.

It is late in the day, and a little bit later we will bring this session to a close. I am delighted personally, as a physician and as a Senator, that this body came forward to pass this important piece of legislation. I draw the attention of my colleagues to last week's

edition of Newsweek magazine. It features a special section on the top 10 health stories of 2003. Weighing in as No. 1 in the Newsweek story in the judgment of its editor is the obesity epidemic in America. That comes before depression, it comes before cancer, and it comes before even the SARS virus.

The magazine reports that more than 65 percent of Americans are overweight or obese and rates of obesity-related illnesses are skyrocketing. Fifteen percent of America's children are seriously overweight, triple the number in 1970. It is an epidemic that is getting worse day by day, week by week, month by month, and year by year.

As a physician and as a Senator, this particular issue is one about which I care passionately. I have spoken to this issue frequently in the Senate and I return tonight to do so for a few moments. I applaud the media outlets because they have done a very good job in highlighting and spotlighting this new epidemic. They are taking this obesity threat seriously and helping to communicate that around the United States of America.

The message is simple, that obesity, which is growing day by day, is debilitating. It is effectively debilitating millions of Americans. Indeed, it has reached epidemic proportions in all ages but in particular in children.

Historically, obesity was considered just another lifestyle choice. It was a tolerable consequence of eating food, eating good food, and eating lots of food. It was a consequence of driving instead of walking. But now we know obesity literally causes heart disease. Heart disease is the No. 1 killer in Americans. Now we know that obesity causes diabetes, causes cancer, contributes to stroke. Indeed, a whopping 300,000 deaths a year can be linked directly to fat. And it is spreading. It is spreading in children. The percentage of kids age 6 to 19 who are overweight has not just doubled, not just tripled but almost quadrupled since the 1960s.

Nationwide, type 2 diabetes, which is the kind associated with being overweight, being obese, has skyrocketed. The Centers for Disease Control and Prevention estimates that one in three Americans born today—they studied the year 2000—will develop diabetes in their lifetime. It is the type of diabetes that can be prevented and it can be treated.

With African-American children and you look at Hispanic children, that number jumps to nearly half; one out of two African American and Hispanic babies born this year or last year will develop diabetes. As adults, we know it is hard to battle being overweight. But imagine, for a 10-year-old child, the challenge to both prevent and to treat this epidemic.

Diabetes leads to a whole host of chronic illnesses. It is the leading cause of amputations in our society today. It is the leading cause of blindness in our society today. It is the

leading cause of heart disease and kidney disease in our society today.

With regard to children, teachers can tell the story. Teachers have the opportunity to see children in classrooms on a regular basis. They say they see kids out of breath simply walking up the stairs in school. They tell us about kids who, when they get outside of the school and go to the schoolyard, are out of breath or, they come back exhausted from a simple field trip.

Activities that we associate with exercise such as kick ball, jumping rope, climbing trees, for many kids today these are grueling exercises, grueling activities that are to be avoided at all cost because of their feeling of overexertion and being out of breath. Twenty-five percent of our Nation's children say they do not participate in any vigorous activity. That is one in four. Obesity is robbing them not only of enjoying the normal traditional childhood pastimes but it also is literally robbing them of their childhood years. By that I mean that obesity is associated with the early onset of puberty among girls. According to a study from the University of North Carolina, 48 percent of African-American girls begin puberty by age 8, over a quarter by age 7.

Indeed, this is a national health crisis. It is harming our children in ways we can readily observe. It is also harming our children in ways we do not so readily observe that will not become apparent until later in life. Yes, you observe the obesity but you do not see the side effects of the obesity until much later. Those side effects, as I mentioned before, are heart disease, amputation, blindness, a debilitating disease that condemns them to more illness, condemns them to a shorter life.

Again, this is a new phenomena. If we look at the history of medicine in this country, back a few hundred years, we are going along like this and in the 1960s or 1970s we have hit epidemic proportions. The reason I talk about it in the Senate and the reason why the bill just passed, the IMPACT Act, is so important is because this trend can be reversed. If we reverse it, we also reverse heart disease, lung disease, stroke, various types of cancer. That is what this body should be about. That is what this body is about and we demonstrated it by passing this so-called IMPACT Act that looks at nutrition, looks at physical activity, that focuses on young people. We are taking action; we are offering solutions. We cannot solve it all with this particular bill, but we show we are addressing identified problems; we are reversing problems that are apparent in our society.

In this session, the Committee on Health, Education, Labor, and Pensions unanimously approved the IMPACT Act, which we just passed in the Senate, the Improved Nutrition and Physical Activity Act. It was introduced earlier this year by myself with Senators BINGAMAN, DODD, and others.

This IMPACT Act uses a multifaceted approach that emphasizes youth education to jump-start healthy habits early. It funds demonstration projects to find innovative ways, creative ways, to improve eating and exercise. In addition—and this is critically important—it includes rigorous evaluation so we can learn what is best.

We see many different proposals. We cannot turn on television without seeing the latest fad, the latest diet or the latest cure. It is a huge industry. What we in the Government can do and should be doing is evaluating what works best in terms of what we implement through this program. This bill does not attempt to control what Americans eat or what Americans do not eat. This bill does not outlaw bad foods. It does not attempt to replicate in any way that \$1 billion diet and fitness industry. It does have a modest pricetag and that reflects the appropriate role of the Federal Government.

Working with the chairman of the HELP Committee, Senator JUDD GREGG, and Senator DODD, Senator BINGAMAN, and others, I am delighted—I am delighted—that we have, as authors, as sponsors, just seen this bill pass by unanimous consent.

I do hope the House of Representatives will join us early next year in sending this legislation to the President of the United States for his signature.

Again, this is not “the” solution. There is no single solution to this growing epidemic of obesity, but there are solutions. This epidemic can be reversed, and the start is awareness and then action. That is why, indeed, I am speaking at this fairly late hour on this particular issue, because we have just demonstrated, through action, that this body will work toward solutions, and to also state the importance of the awareness, especially awareness among children. And that is where this IMPACT bill will have a direct impact.

We know the consequences of obesity. We can and we should keep our kids safe by helping to keep them fit. Tonight, in this body, we demonstrated the start.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DASCHLE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. FITZGERALD). Without objection, it is so ordered.

TRIBUTE TO SENATOR PAUL SIMON

Mr. DASCHLE. Mr. President, I think it is fitting that the distinguished Senator from Illinois is in the chair. I know Senator FRIST either has or intends to say something about the tragic news we just received this afternoon.

I had the privilege, the honor, of working with Paul Simon for 12 years. He brought a decency, a sense of humor, to his life and to his work that I think has never been matched. True to his roots as an investigative journalist, he had a clear eye for injustice and an untiring devotion to using power to improve the lives of Americans.

At the same time, he recognized that in order to maintain citizens' support for Government, we needed to preserve their faith in the political process.

Paul Simon was among the more vocal and effective advocates of campaign finance reform, and his leadership helped clear the way for the McCain-Feingold bill, passed 5 years after his departure.

Even after his retirement, Paul Simon remained committed to raising citizens' understanding of and faith in Government and politics through his writings and his work to begin Southern Illinois University's Public Policy Institute.

Anyone who knew or worked with Paul will miss his probing intellect, his self-deprecating wit, his integrity, and his leadership. I will never forget one of the last days that Senator Simon served, all of us surprised him during a vote by coming to the floor wearing bow ties. I will never forget the look on his face. We tried to replicate Paul Simon's look, but we could never replicate his soul, his character, his personality, his drive, his intellect, his prodigious writing as the author of, I know, more than a dozen books.

Paul Simon was a friend. Paul Simon was a giant on whom we depended for the guidance, the leadership, and the courage that this Senate has come to expect of people as capable as he was when he served. We will miss him dearly.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. FRIST. Mr. President, I rise to pay tribute and respect to Senator Paul Simon who, as we know, died earlier today following surgery at the age of 75. On behalf of the Senate, I do extend my deepest condolences to the Simon family. He was a wonderful man, a wonderful Senator, always thoughtful, always plain spoken, and a man of impeccable integrity.

Among his many accomplishments, Senator Simon was the chief Democratic sponsor of the balanced budget amendment. In 1990, his margin of victory over the challenger was the highest of any contested candidate in the Nation for Senator or Governor.

He authored 15 books. He received 39 honorary degrees. It was just a few