

109TH CONGRESS
1ST SESSION

S. 1325

To establish grants to provide health services for improved nutrition, increased physical activity, obesity and eating disorder prevention, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 28, 2005

Mr. FRIST (for himself, Mr. BINGAMAN, Mr. DODD, Mrs. CLINTON, Ms. COLLINS, Mr. ALEXANDER, Mr. LUGAR, Ms. MURKOWSKI, and Mr. STEVENS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish grants to provide health services for improved nutrition, increased physical activity, obesity and eating disorder prevention, 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 “Improved Nutrition
5 and Physical Activity Act” or the “IMPACT Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) In July 2004, the Secretary of Health and
2 Human Service recognized “obesity is a critical pub-
3 lic health problem in our country” and under the
4 medicare program language was removed from the
5 coverage manual stating that obesity is not an ill-
6 ness.

7 (2) The National Health and Nutrition Exam-
8 ination Survey for 2002 found that an estimated 65
9 percent of adults are overweight and 31 percent of
10 adults are obese and 16 percent of children and ado-
11 lescents in the United States are overweight or
12 obese.

13 (3) The Institute of Medicine reported in “Pre-
14 venting Childhood Obesity” (2004) that approxi-
15 mately 60 percent of obese children between 5 and
16 10 years of age have at least one cardiovascular dis-
17 ease risk factor and 25 percent have two or more
18 such risk factors.

19 (4) The Institute of Medicine reports that the
20 prevalence of overweight and obesity is increasing
21 among all age groups. There is twice the number of
22 overweight children between 2 and 5 years of age
23 and adolescents between 12 and 19 years of age,
24 and 3 times the number of children between 6 and
25 11 years of age as there were 30 years ago.

1 (5) According to the 2004 Institute of Medicine
2 report, obesity-associated annual hospital costs for
3 children and youth more than tripled over 2 decades,
4 rising from \$35,000,000 in the period 1979 through
5 1981 to \$127,000,000 in the period 1997 through
6 1999.

7 (6) The Centers for Disease Control and Pre-
8 vention reports have estimated that as many as
9 365,000 deaths a year are associated with being
10 overweight or obese. Overweight and obesity are as-
11 sociated with an increased risk for heart disease (the
12 leading cause of death), cancer (the second leading
13 cause of death), diabetes (the 6th leading cause of
14 death), and musculoskeletal disorders.

15 (7) According to the National Institute of Dia-
16 betes and Digestive and Kidney Diseases, individuals
17 who are obese have a 50 to 100 percent increased
18 risk of premature death.

19 (8) The Healthy People 2010 goals identify
20 overweight and obesity as one of the Nation's lead-
21 ing health problems and include objectives for in-
22 creasing the proportion of adults who are at a
23 healthy weight, reducing the proportion of adults
24 who are obese, and reducing the proportion of chil-
25 dren and adolescents who are overweight or obese.

1 (9) Another goal of Healthy People 2010 is to
2 eliminate health disparities among different seg-
3 ments of the population. Obesity is a health problem
4 that disproportionally impacts medically underserved
5 populations.

6 (10) The 2005 Surgeon General’s report “The
7 Year of the Healthy Child” lists the treatment and
8 prevention of obesity as a national priority.

9 (11) The Institute of Medicine report “Pre-
10 venting Childhood Obesity” (2004) finds that “child-
11 hood obesity is a serious nationwide health problem
12 requiring urgent attention and a population-based
13 prevention approach...”.

14 (12) The Centers for Disease Control and Pre-
15 vention estimates the annual expenditures related to
16 overweight and obesity in adults in the United
17 States to be \$264,000,000,000 (exceeding the cost
18 of tobacco-related illnesses) and appears to be rising
19 dramatically. This cost can potentially escalate
20 markedly as obesity rates continue to rise and the
21 medical complications of obesity are emerging at
22 even younger ages. Therefore, the total disease bur-
23 den will most likely increase, as well as the attend-
24 ant health-related costs.

1 (13) Weight control programs should promote a
2 healthy lifestyle including regular physical activity
3 and healthy eating, as consistently discussed and
4 identified in a variety of public and private con-
5 sensus documents, including the 2001 U.S. Surgeon
6 General’s report “A Call To Action” and other docu-
7 ments prepared by the Department of Health and
8 Human Services and other agencies.

9 (14) The Institute of Medicine reports that
10 poor eating habits are a risk factor for the develop-
11 ment of eating disorders and obesity. In 2002, more
12 than 35,000,000 Americans experienced limited ac-
13 cess to nutritious food on a regular basis. The avail-
14 ability of high-calorie, low nutrient foods have in-
15 creased in low-income neighborhoods due to many
16 factors.

17 (15) Effective interventions for promoting
18 healthy eating behaviors should promote healthy life-
19 style and not inadvertently promote unhealthy
20 weight management techniques.

21 (16) The National Institutes of Health reports
22 that eating disorders are commonly associated with
23 substantial psychological problems, including depres-
24 sion, substance abuse, and suicide.

1 (17) The National Association of Anorexia
2 Nervosa and Associated Disorders estimates there
3 are 8,000,000 Americans experience eating dis-
4 orders. Eating disorders of all types are more com-
5 mon in women than men.

6 (18) The health risks of Binge Eating Disorder
7 are those associated with obesity and include heart
8 disease, gall bladder disease, and diabetes.

9 (19) According to the National Institute of
10 Mental Health, Binge Eating Disorder is character-
11 ized by frequent episodes of uncontrolled overeating,
12 with an estimated 2 to 5 percent of Americans expe-
13 riencing this disorder in a 6-month period.

14 (20) Additionally, the National Institute of
15 Mental Health reports that Anorexia Nervosa, an
16 eating disorder from which 0.5 to 3.7 percent of
17 American women will suffer in their lifetime, is asso-
18 ciated with serious health consequences including
19 heart failure, kidney failure, osteoporosis, and death.
20 According to the National Institute of Mental
21 Health, Anorexia Nervosa has one of the highest
22 mortality rates of all psychiatric disorders, placing a
23 young woman with Anorexia Nervosa at 12 times
24 the risk of death of other women her age.

1 (21) In 2001, the National Institute of Mental
 2 Health reported that 1.1 to 4.2 percent of American
 3 women will suffer from Bulimia Nervosa in their
 4 lifetime. Bulimia Nervosa is an eating disorder that
 5 is associated with cardiac, gastrointestinal, and den-
 6 tal problems, including irregular heartbeats, gastric
 7 ruptures, peptic ulcers, and tooth decay.

8 (22) On the 2003 Youth Risk Behavior Survey,
 9 6 percent of high school students reported recent use
 10 of laxatives or vomiting to control their weight.

11 **TITLE I—TRAINING GRANTS**

12 **SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH** 13 **PROFESSION STUDENTS.**

14 Section 747(c)(3) of the Public Health Service Act
 15 (42 U.S.C. 293k(c)(3)) is amended by striking “and vic-
 16 tims of domestic violence” and inserting “victims of do-
 17 mestic violence, individuals (including children) who are
 18 overweight or obese (as such terms are defined in section
 19 399W(j)) and at risk for related serious and chronic med-
 20 ical conditions, and individuals who suffer from eating dis-
 21 orders”.

22 **SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH** 23 **PROFESSIONALS.**

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

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

3 (2) by redesignating subsection (b) as sub-
4 section (c); and

5 (3) by inserting after subsection (a) the fol-
6 lowing:

7 “(b) GRANTS.—

8 “(1) IN GENERAL.—The Secretary may award
9 grants to eligible entities to train primary care phy-
10 sicians and other licensed or certified health profes-
11 sionals on how to identify, treat, and prevent obesity
12 or eating disorders and aid individuals who are over-
13 weight, obese, or who suffer from eating disorders.

14 “(2) APPLICATION.—An entity that desires a
15 grant under this subsection shall submit an applica-
16 tion at such time, in such manner, and containing
17 such information as the Secretary may require, in-
18 cluding a plan for the use of funds that may be
19 awarded and an evaluation of the training that will
20 be provided.

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

24 “(A) use evidence-based findings or rec-
25 ommendations that pertain to the prevention

1 and treatment of obesity, being overweight, and
2 eating disorders to conduct educational con-
3 ferences, including Internet-based courses and
4 teleconferences, on—

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

7 “(ii) the link between obesity, being
8 overweight, eating disorders and related se-
9 rious and chronic medical conditions;

10 “(iii) how to discuss varied strategies
11 with patients from at-risk and diverse pop-
12 ulations to promote positive behavior
13 change and healthy lifestyles to avoid obe-
14 sity, being overweight, and eating dis-
15 orders;

16 “(iv) how to identify overweight,
17 obese, individuals with eating disorders,
18 and those who are at risk for obesity and
19 being overweight or suffer from eating dis-
20 orders and, therefore, at risk for related
21 serious and chronic medical conditions; and

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

1 “(B) evaluate the effectiveness of the
 2 training provided by such entity in increasing
 3 knowledge and changing attitudes and behav-
 4 iors of trainees.

5 “(4) AUTHORIZATION OF APPROPRIATIONS.—
 6 There are authorized to be appropriated to carry out
 7 this subsection, \$10,000,000 for fiscal year 2006,
 8 and such sums as may be necessary for each of fis-
 9 cal years 2007 through 2010.”.

10 **TITLE II—COMMUNITY-BASED**
 11 **SOLUTIONS TO INCREASE**
 12 **PHYSICAL ACTIVITY, IM-**
 13 **PROVE NUTRITION, AND PRO-**
 14 **MOTE HEALTHY EATING BE-**
 15 **HAVIORS**

16 **SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY, IM-**
 17 **PROVE NUTRITION, AND PROMOTE HEALTHY**
 18 **EATING BEHAVIORS.**

19 Part Q of title III of the Public Health Service Act
 20 (42 U.S.C. 280h et seq.) is amended by striking section
 21 399W and inserting the following:

22 **“SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY, IM-**
 23 **PROVE NUTRITION, AND PROMOTE HEALTHY**
 24 **EATING BEHAVIORS.**

25 “(a) ESTABLISHMENT.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Director of the Centers for Disease
3 Control and Prevention and in coordination with the
4 Administrator of the Health Resources and Services
5 Administration, the Director of the Indian Health
6 Service, the Secretary of Education, the Secretary of
7 Agriculture, the Secretary of the Interior, the Direc-
8 tor of the National Institutes of Health, the Director
9 of the Office of Women’s Health, and the heads of
10 other appropriate agencies, shall award competitive
11 grants to eligible entities to plan and implement pro-
12 grams that promote healthy eating behaviors and
13 physical activity to prevent eating disorders, obesity,
14 being overweight, and related serious and chronic
15 medical conditions. Such grants may be awarded to
16 target at-risk populations including youth, adoles-
17 cent girls, health disparity populations (as defined in
18 section 485E(d)), and the underserved.

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

22 “(b) AWARD OF GRANTS.—An eligible entity desiring
23 a grant under this section shall submit an application to
24 the Secretary at such time, in such manner, and con-

1 taining such information as the Secretary may require, in-
 2 cluding—

3 “(1) a plan describing a comprehensive pro-
 4 gram of approaches to encourage healthy eating be-
 5 haviors and healthy levels of physical activity;

6 “(2) the manner in which the eligible entity will
 7 coordinate with appropriate State and local authori-
 8 ties, including—

9 “(A) State and local educational agencies;

10 “(B) departments of health;

11 “(C) chronic disease directors;

12 “(D) State directors of programs under
 13 section 17 of the Child Nutrition Act of 1966
 14 (42 U.S.C. 1786);

15 “(E) governors’ councils for physical activ-
 16 ity and good nutrition;

17 “(F) State and local parks and recreation
 18 departments; and

19 “(G) State and local departments of trans-
 20 portation and city planning; and

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

24 “(c) COORDINATION.—In awarding grants under this
 25 section, the Secretary shall ensure that the proposed pro-

1 grams are coordinated in substance and format with pro-
 2 grams currently funded through other Federal agencies
 3 and operating within the community including the Phys-
 4 ical Education Program (PEP) of the Department of Edu-
 5 cation.

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

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

9 “(2) a State educational agency;

10 “(3) a tribal educational agency;

11 “(4) a local educational agency;

12 “(5) a federally qualified health center (as de-
 13 fined in section 1861(aa)(4) of the Social Security
 14 Act (42 U.S.C. 1395x(aa)(4));

15 “(6) a rural health clinic;

16 “(7) a health department;

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

18 “(9) an Indian tribal health facility;

19 “(10) an urban Indian facility;

20 “(11) any health provider;

21 “(12) an accredited university or college;

22 “(13) a community-based organization;

23 “(14) a local city planning agency; or

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

1 “(e) USE OF FUNDS.—An eligible entity that receives
2 a grant under this section shall use the funds made avail-
3 able through the grant to—

4 “(1) carry out community-based activities in-
5 cluding—

6 “(A) city planning, transportation initia-
7 tives, and environmental changes that help pro-
8 mote physical activity, such as increasing the
9 use of walking or bicycling as a mode of trans-
10 portation;

11 “(B) forming partnerships and activities
12 with businesses and other entities to increase
13 physical activity levels and promote healthy eat-
14 ing behaviors at the workplace and while trav-
15 eling to and from the workplace;

16 “(C) forming partnerships with entities, in-
17 cluding schools, faith-based entities, and other
18 facilities providing recreational services, to es-
19 tablish programs that use their facilities for
20 after school and weekend community activities;

21 “(D) establishing incentives for retail food
22 stores, farmer’s markets, food co-ops, grocery
23 stores, and other retail food outlets that offer
24 nutritious foods to encourage such stores and

1 outlets to locate in economically depressed
2 areas;

3 “(E) forming partnerships with senior cen-
4 ters, nursing facilities, retirement communities,
5 and assisted living facilities to establish pro-
6 grams for older people to foster physical activ-
7 ity and healthy eating behaviors;

8 “(F) forming partnerships with daycare fa-
9 cilities to establish programs that promote
10 healthy eating behaviors and physical activity;
11 and

12 “(G) developing and evaluating community
13 educational activities targeting good nutrition
14 and promoting healthy eating behaviors;

15 “(2) carry out age-appropriate school-based ac-
16 tivities including—

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

21 “(i) after hours physical activity pro-
22 grams;

23 “(ii) increasing opportunities for stu-
24 dents to make informed choices regarding
25 healthy eating behaviors; and

1 “(iii) science-based interventions with
 2 multiple components to prevent eating dis-
 3 orders including nutritional content, under-
 4 standing and responding to hunger and sa-
 5 tiety, positive body image development,
 6 positive self-esteem development, and
 7 learning life skills (such as stress manage-
 8 ment, communication skills, problem-solv-
 9 ing and decisionmaking skills), as well as
 10 consideration of cultural and develop-
 11 mental issues, and the role of family,
 12 school, and community;

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

16 “(C) planning and implementing a healthy
 17 lifestyle curriculum or program with an empha-
 18 sis on healthy eating behaviors and physical ac-
 19 tivity; and

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

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

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

4 “(B) providing patient education and coun-
5 seling to increase physical activity and promote
6 healthy eating behaviors; and

7 “(C) providing community education on
8 good nutrition and physical activity to develop
9 a better understanding of the relationship be-
10 tween diet, physical activity, and eating dis-
11 orders, obesity, or being overweight; or

12 “(4) other activities determined appropriate by
13 the Secretary (including evaluation or identification
14 and dissemination of outcomes and best practices).

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

20 “(g) TECHNICAL ASSISTANCE.—The Secretary may
21 set aside an amount not to exceed 10 percent of the total
22 amount appropriated for a fiscal year under subsection (k)
23 to permit the Director of the Centers for Disease Control
24 and Prevention to provide grantees with technical support
25 in the development, implementation, and evaluation of

1 programs under this section and to disseminate informa-
2 tion about effective strategies and interventions in pre-
3 venting and treating obesity and eating disorders through
4 the promotion of healthy eating behaviors and physical ac-
5 tivity.

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

10 “(i) REPORT.—Not later than 6 years after the date
11 of enactment of the Improved Nutrition and Physical Ac-
12 tivity Act, the Director of the Centers for Disease Control
13 and Prevention shall review the results of the grants
14 awarded under this section and other related research and
15 identify programs that have demonstrated effectiveness in
16 promoting healthy eating behaviors and physical activity
17 in youth. Such review shall include an identification of
18 model curricula, best practices, and lessons learned, as
19 well as recommendations for next steps to reduce over-
20 weight, obesity, and eating disorders. Information derived
21 from such review, including model program curricula, shall
22 be disseminated to the public.

23 “(j) DEFINITIONS.—In this section:

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

4 “(2) BINGE EATING DISORDER.—The term
5 ‘binge eating disorder’ means a disorder character-
6 ized by frequent episodes of uncontrolled eating.

7 “(3) BULIMIA NERVOSA.—The term ‘Bulimia
8 Nervosa’ means an eating disorder characterized by
9 excessive food consumption, followed by inappro-
10 priate compensatory behaviors, such as self-induced
11 vomiting, misuse of laxatives, fasting, or excessive
12 exercise.

13 “(4) EATING DISORDERS.—The term ‘eating
14 disorders’ means disorders of eating, including Ano-
15 rexia Nervosa, Bulimia Nervosa, and binge eating
16 disorder.

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

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

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

23 “(C) eating comfortably in social environ-
24 ments that promote healthy relationships with
25 family, peers, and community; and

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

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

6 “(7) OVERWEIGHT.—The term ‘overweight’
7 means an adult with a Body Mass Index (BMI) of
8 25 to 29.9 kg/m² and a child or adolescent with a
9 BMI at or above the 95th percentile on the revised
10 Centers for Disease Control and Prevention growth
11 charts or another appropriate childhood definition,
12 as defined by the Secretary.

13 “(8) YOUTH.—The term ‘youth’ means individ-
14 uals not more than 18 years old.

15 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section,
17 \$60,000,000 for fiscal year 2006 and such sums as may
18 be necessary for each of fiscal years 2007 through 2010.
19 Of the funds appropriated pursuant to this subsection, the
20 following amounts shall be set aside for activities related
21 to eating disorders:

22 “(1) \$5,000,000 for fiscal year 2006.

23 “(2) \$5,500,000 for fiscal year 2007.

24 “(3) \$6,000,000 for fiscal year 2008.

25 “(4) \$6,500,000 for fiscal year 2009.

1 “(5) \$1,000,000 for fiscal year 2010.”.

2 **SEC. 202. NATIONAL CENTER FOR HEALTH STATISTICS.**

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

5 (1) in subsection (m)(4)(B), by striking “sub-
6 section (n)” each place it appears and inserting
7 “subsection (o)”;

8 (2) by redesignating subsection (n) as sub-
9 section (o); and

10 (3) by inserting after subsection (m) the fol-
11 lowing:

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

14 “(A) collection of data for determining the fit-
15 ness levels and energy expenditure of children and
16 youth; and

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

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

23 “(3) The Secretary, acting through the Center, may
24 provide technical assistance, standards, and methodologies
25 to grantees supported by this subsection in order to maxi-

1 mize the data quality and comparability with other stud-
 2 ies.”.

3 **SEC. 203. HEALTH DISPARITIES REPORT.**

4 Not later than 18 months after the date of enactment
 5 of this Act, and annually thereafter, the Director of the
 6 Agency for Healthcare Research and Quality shall review
 7 all research that results from the activities carried out
 8 under this Act (and the amendments made by this Act)
 9 and determine if particular information may be important
 10 to the report on health disparities required by section
 11 903(c)(3) of the Public Health Service Act (42 U.S.C.
 12 299a-1(c)(3)).

13 **SEC. 204. PREVENTIVE HEALTH SERVICES BLOCK GRANT.**

14 Section 1904(a)(1) of the Public Health Service Act
 15 (42 U.S.C. 300w-3(a)(1)) is amended by adding at the
 16 end the following:

17 “(H) Activities and community education pro-
 18 grams designed to address and prevent overweight,
 19 obesity, and eating disorders through effective pro-
 20 grams to promote healthy eating, and exercise habits
 21 and behaviors.”.

22 **SEC. 205. REPORT ON OBESITY AND EATING DISORDERS**
 23 **RESEARCH.**

24 (a) IN GENERAL.—Not later than 1 year after the
 25 date of enactment of this Act, the Secretary of Health and

1 Human Services shall submit to the Committee on Health,
2 Education, Labor, and Pensions of the Senate and the
3 Committee on Energy and Commerce of the House of
4 Representatives a report on research conducted on causes
5 and health implications (including mental health implica-
6 tions) of being overweight, obesity, and eating disorders.

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

9 (1) descriptions on the status of relevant, cur-
10 rent, ongoing research being conducted in the De-
11 partment of Health and Human Services including
12 research at the National Institutes of Health, the
13 Centers for Disease Control and Prevention, the
14 Agency for Healthcare Research and Quality, the
15 Health Resources and Services Administration, and
16 other offices and agencies;

17 (2) information about what these studies have
18 shown regarding the causes, prevention, and treat-
19 ment of, being overweight, obesity, and eating dis-
20 orders; and

21 (3) recommendations on further research that
22 is needed, including research among diverse popu-
23 lations, the plan of the Department of Health and
24 Human Services for conducting such research, and
25 how current knowledge can be disseminated.

1 **SEC. 206. REPORT ON A NATIONAL CAMPAIGN TO CHANGE**
2 **CHILDREN'S HEALTH BEHAVIORS AND RE-**
3 **DUCE OBESITY.**

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

6 (1) by redesignating subsection (b) as sub-
7 section (c); and

8 (2) by inserting after subsection (a) the fol-
9 lowing:

10 “(b) REPORT.—The Secretary shall evaluate the ef-
11 fectiveness of the campaign described in subsection (a) in
12 changing children’s behaviors and reducing obesity and
13 shall report such results to the Committee on Health,
14 Education, Labor, and Pensions of the Senate and the
15 Committee on Energy and Commerce of the House of
16 Representatives.”.

○