

109TH CONGRESS
2^D SESSION

H. R. 5698

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 28, 2006

Mrs. BONO (for herself, Ms. GRANGER, Mr. BLUMENAUER, Mr. WAMP, and Mrs. LOWEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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:

8 (1) In July 2004, the Secretary of Health and
9 Human Service recognized “obesity is a critical pub-

1 lic health problem in our country” and under the
2 medicare program language was removed from the
3 coverage manual stating that obesity is not an ill-
4 ness.

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

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

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

24 (5) According to the 2004 Institute of Medicine
25 report, obesity-associated annual hospital costs for

1 children and youth more than tripled over 2 decades,
2 rising from \$35,000,000 in the period 1979 through
3 1981 to \$127,000,000 in the period 1997 through
4 1999.

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

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

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

24 (9) Another goal of Healthy People 2010 is to
25 eliminate health disparities among different seg-

1 ments of the population. Obesity is a health problem
2 that disproportionately impacts medically underserved
3 populations.

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

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

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

23 (13) Weight control programs should promote a
24 healthy lifestyle including regular physical activity
25 and healthy eating, as consistently discussed and

1 identified in a variety of public and private con-
2 sensus documents, including the 2001 U.S. Surgeon
3 General’s report “A Call To Action” and other docu-
4 ments prepared by the Department of Health and
5 Human Services and other agencies.

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

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

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

22 (17) The National Association of Anorexia
23 Nervosa and Associated Disorders estimates there
24 are 8,000,000 Americans experience eating dis-

1 orders. Eating disorders of all types are more com-
2 mon in women than men.

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

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

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

22 (21) In 2001, the National Institute of Mental
23 Health reported that 1.1 to 4.2 percent of American
24 women will suffer from Bulimia Nervosa in their
25 lifetime. Bulimia Nervosa is an eating disorder that

1 is associated with cardiac, gastrointestinal, and den-
2 tal problems, including irregular heartbeats, gastric
3 ruptures, peptic ulcers, and tooth decay.

4 (22) On the 2003 Youth Risk Behavior Survey,
5 6 percent of high school students reported recent use
6 of laxatives or vomiting to control their weight.

7 **TITLE I—TRAINING GRANTS**

8 **SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH** 9 **PROFESSION STUDENTS.**

10 Section 747(c)(3) of the Public Health Service Act
11 (42 U.S.C. 293k(c)(3)) is amended by striking “and vic-
12 tims of domestic violence” and inserting “victims of do-
13 mestic violence, individuals (including children) who are
14 overweight or obese (as such terms are defined in section
15 399W(j)) and at risk for related serious and chronic med-
16 ical conditions, and individuals who suffer from eating dis-
17 orders”.

18 **SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH** 19 **PROFESSIONALS.**

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

22 (1) in subsection (b), by striking “2005” and
23 inserting “2008”;

24 (2) by redesignating subsection (b) as sub-
25 section (c); and

1 (3) by inserting after subsection (a) the fol-
2 lowing:

3 “(b) GRANTS.—

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

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

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

20 “(A) use evidence-based findings or rec-
21 ommendations that pertain to the prevention
22 and treatment of obesity, being overweight, and
23 eating disorders to conduct educational con-
24 ferences, including Internet-based courses and
25 teleconferences, on—

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

3 “(ii) the link between obesity, being
4 overweight, eating disorders and related se-
5 rious and chronic medical conditions;

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

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

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

21 “(B) evaluate the effectiveness of the
22 training provided by such entity in increasing
23 knowledge and changing attitudes and behav-
24 iors of trainees.

1 “(4) AUTHORIZATION OF APPROPRIATIONS.—
 2 There are authorized to be appropriated to carry out
 3 this subsection, \$10,000,000 for fiscal year 2007,
 4 and such sums as may be necessary for each of fis-
 5 cal years 2008 through 2011.”.

6 **TITLE II—COMMUNITY-BASED**
 7 **SOLUTIONS TO INCREASE**
 8 **PHYSICAL ACTIVITY, IM-**
 9 **PROVE NUTRITION, AND PRO-**
 10 **MOTE HEALTHY EATING BE-**
 11 **HAVIORS**

12 **SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY, IM-**
 13 **PROVE NUTRITION, AND PROMOTE HEALTHY**
 14 **EATING BEHAVIORS.**

15 Part Q of title III of the Public Health Service Act
 16 (42 U.S.C. 280h et seq.) is amended by striking section
 17 399W and inserting the following:

18 **“SEC. 399W. GRANTS TO INCREASE PHYSICAL ACTIVITY, IM-**
 19 **PROVE NUTRITION, AND PROMOTE HEALTHY**
 20 **EATING BEHAVIORS.**

21 “(a) ESTABLISHMENT.—

22 “(1) IN GENERAL.—The Secretary, acting
 23 through the Director of the Centers for Disease
 24 Control and Prevention and in coordination with the
 25 Administrator of the Health Resources and Services

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

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

18 “(b) AWARD OF GRANTS.—An eligible entity desiring
19 a grant under this section shall submit an application to
20 the Secretary at such time, in such manner, and con-
21 taining such information as the Secretary may require, in-
22 cluding—

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

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

4 “(A) State and local educational agencies;

5 “(B) departments of health;

6 “(C) chronic disease directors;

7 “(D) State directors of programs under
8 section 17 of the Child Nutrition Act of 1966
9 (42 U.S.C. 1786);

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

12 “(F) State and local parks and recreation
13 departments; and

14 “(G) State and local departments of trans-
15 portation and city planning; and

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

19 “(c) COORDINATION.—In awarding grants under this
20 section, the Secretary shall ensure that the proposed pro-
21 grams are coordinated in substance and format with pro-
22 grams currently funded through other Federal agencies
23 and operating within the community including the Phys-
24 ical Education Program (PEP) of the Department of Edu-
25 cation.

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

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

4 “(2) a State educational agency;

5 “(3) a tribal educational agency;

6 “(4) a local educational agency;

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

10 “(6) a rural health clinic;

11 “(7) a health department;

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

13 “(9) an Indian tribal health facility;

14 “(10) an urban Indian facility;

15 “(11) any health provider;

16 “(12) an accredited university or college;

17 “(13) a community-based organization;

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

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

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

24 “(1) carry out community-based activities in-
25 cluding—

1 “(A) city planning, transportation initia-
2 tives, and environmental changes that help pro-
3 mote physical activity, such as increasing the
4 use of walking or bicycling as a mode of trans-
5 portation;

6 “(B) forming partnerships and activities
7 with businesses and other entities to increase
8 physical activity levels and promote healthy eat-
9 ing behaviors at the workplace and while trav-
10 eling to and from the workplace;

11 “(C) forming partnerships with entities, in-
12 cluding schools, faith-based entities, and other
13 facilities providing recreational services, to es-
14 tablish programs that use their facilities for
15 after school and weekend community activities;

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

22 “(E) forming partnerships with senior cen-
23 ters, nursing facilities, retirement communities,
24 and assisted living facilities to establish pro-

1 grams for older people to foster physical activ-
2 ity and healthy eating behaviors;

3 “(F) forming partnerships with daycare fa-
4 cilities to establish programs that promote
5 healthy eating behaviors and physical activity;
6 and

7 “(G) developing and evaluating community
8 educational activities targeting good nutrition
9 and promoting healthy eating behaviors;

10 “(2) carry out age-appropriate school-based ac-
11 tivities including—

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

16 “(i) after hours physical activity pro-
17 grams;

18 “(ii) increasing opportunities for stu-
19 dents to make informed choices regarding
20 healthy eating behaviors; and

21 “(iii) science-based interventions with
22 multiple components to prevent eating dis-
23 orders including nutritional content, under-
24 standing and responding to hunger and sa-
25 tiety, positive body image development,

1 positive self-esteem development, and
2 learning life skills (such as stress manage-
3 ment, communication skills, problem-solv-
4 ing and decisionmaking skills), as well as
5 consideration of cultural and develop-
6 mental issues, and the role of family,
7 school, and community;

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

11 “(C) planning and implementing a healthy
12 lifestyle curriculum or program with an empha-
13 sis on healthy eating behaviors and physical ac-
14 tivity; and

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

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

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

1 “(B) providing patient education and coun-
2 seling to increase physical activity and promote
3 healthy eating behaviors; and

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

9 “(4) other activities determined appropriate by
10 the Secretary (including evaluation or identification
11 and dissemination of outcomes and best practices).

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

17 “(g) TECHNICAL ASSISTANCE.—The Secretary may
18 set aside an amount not to exceed 10 percent of the total
19 amount appropriated for a fiscal year under subsection (k)
20 to permit the Director of the Centers for Disease Control
21 and Prevention to provide grantees with technical support
22 in the development, implementation, and evaluation of
23 programs under this section and to disseminate informa-
24 tion about effective strategies and interventions in pre-
25 venting and treating obesity and eating disorders through

1 the promotion of healthy eating behaviors and physical ac-
2 tivity.

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

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

20 “(j) DEFINITIONS.—In this section:

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

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

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

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

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

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

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

20 “(C) eating comfortably in social environ-
21 ments that promote healthy relationships with
22 family, peers, and community; and

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

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

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

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

13 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to carry out this section,
15 \$60,000,000 for fiscal year 2007, and such sums as may
16 be necessary for each of fiscal years 2008 through 2011.
17 Of the funds appropriated pursuant to this subsection, the
18 following amounts shall be set aside for activities related
19 to eating disorders:

20 “(1) \$5,000,000 for fiscal year 2007.

21 “(2) \$5,500,000 for fiscal year 2008.

22 “(3) \$6,000,000 for fiscal year 2009.

23 “(4) \$6,500,000 for fiscal year 2010.

24 “(5) \$1,000,000 for fiscal year 2011.”.

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

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

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

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

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

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

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

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

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

22 “(3) The Secretary, acting through the Center, may
23 provide technical assistance, standards, and methodologies
24 to grantees supported by this subsection in order to maxi-
25 mize the data quality and comparability with other stud-
26 ies.”.

1 **SEC. 203. HEALTH DISPARITIES REPORT.**

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

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

12 Section 1904(a)(1) of the Public Health Service Act
13 (42 U.S.C. 300w-3(a)(1)) is amended by adding at the
14 end the following:

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

20 **SEC. 205. REPORT ON OBESITY AND EATING DISORDERS**
21 **RESEARCH.**

22 (a) IN GENERAL.—Not later than 1 year after the
23 date of enactment of this Act, the Secretary of Health and
24 Human Services shall submit to the Committee on Health,
25 Education, Labor, and Pensions of the Senate and the
26 Committee on Energy and Commerce of the House of

1 Representatives a report on research conducted on causes
2 and health implications (including mental health implica-
3 tions) of being overweight, obesity, and eating disorders.

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

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

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

18 (3) recommendations on further research that
19 is needed, including research among diverse popu-
20 lations, the plan of the Department of Health and
21 Human Services for conducting such research, and
22 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.”.

○