

103^D CONGRESS
1ST SESSION

H. R. 2643

To amend the Public Health Service Act to provide for a biennial report on nutrition and health by the Surgeon General of the Public Health Service.

IN THE HOUSE OF REPRESENTATIVES

JULY 15, 1993

Mr. WYDEN introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for a biennial report on nutrition and health by the Surgeon General of the Public Health Service.

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 “Nutrition and Health
5 Information Act”.

6 **SEC. 2. ESTABLISHMENT OF REQUIREMENT OF BIENNIAL**
7 **REPORT ON NUTRITION AND HEALTH.**

8 Title XVII of the Public Health Service Act (42
9 U.S.C. 300u et seq.), as amended by section 302 of Public

1 Law 102–531 (106 Stat. 3483), is amended by adding at
2 the end the following section:

3 “BIENNIAL REPORT REGARDING NUTRITION AND HEALTH

4 “SEC. 1709. (a) BIENNIAL REPORT.—

5 “(1) IN GENERAL.—The Secretary shall require
6 the Surgeon General of the Public Health Service to
7 prepare biennial reports on the relationship between
8 nutrition and health. Such reports may, with respect
9 to such relationship, include any recommendations of
10 the Secretary and the Surgeon General regarding
11 the public health and regarding legislative and ad-
12 ministrative initiatives.

13 “(2) CONSULTATIONS WITH DEPARTMENT OF
14 AGRICULTURE.—Recommendations under paragraph
15 (1) on matters within the jurisdiction of the Depart-
16 ment of Agriculture may be made only after con-
17 sultation with the Secretary of Agriculture or the
18 designee of such Secretary.

19 “(b) CERTAIN TOPICS.—Each report under sub-
20 section (a) shall address not less than 1 of the following
21 topics:

22 “(1) The role of diet, including nutritional sup-
23 plements, in the treatment and prevention of dis-
24 eases, disorders, and other health conditions (includ-
25 ing disabilities and chronic diseases) in the general
26 population and in special populations.

1 “(2) The adequacy of the education that health
2 care professionals and caregivers receive with respect
3 to nutrition, including physicians, naturopathic phy-
4 sicians, nurses, and other health and long-term care
5 providers (both in institutions and in the home).

6 “(3) The extent to which nutritional rec-
7 ommendations of governmental agencies are consist-
8 ent with each other.

9 “(4) The sufficiency of public and private re-
10 search on the relationship of nutrition and health.

11 “(5)(A) The extent to which the public’s under-
12 standing of the role of nutrition in health includes
13 understanding—

14 “(i) the information that appears on the
15 labels of food products; and

16 “(ii) scientific information regarding the
17 role of nutrition in the prevention and treat-
18 ment of diseases, disorders, and other health
19 conditions (including disabilities and chronic
20 diseases).

21 “(B) The extent to which the public’s under-
22 standing of the information described in subpara-
23 graph (A) influences dietary habits.

24 “(6) The effect that food-related promotion, ad-
25 vertising, and marketing have on the understanding

1 of the public with respect to the relationship of nu-
2 trition and health.

3 “(7) The extent to which hunger and malnutri-
4 tion exist in the United States, including the extent
5 to which special populations have unmet nutritional
6 needs.

7 “(8) The effect that different methods of food
8 production have on the nutritional value of food.

9 “(9) The nutritional value associated with foods
10 prepared or distributed by mechanical vendors, fast
11 food restaurants, and governmental nutrition pro-
12 grams.

13 “(c) DEFINITION.—For purposes of this section, the
14 term ‘special populations’ means the populations of par-
15 ticular urban regions and of particular rural regions;
16 women; children; the elderly; individuals with disabilities,
17 including but not limited to individuals who require sig-
18 nificant personal assistance with 2 or more activities of
19 daily living and individuals with an equivalent level of cog-
20 nitive impairment; chronically ill individuals; institutional-
21 ized individuals; racial and ethnic minorities; and low-in-
22 come individuals.

23 “(d) SUBMISSION TO CONGRESS.—The Secretary
24 shall ensure that, not later than February 1 of 1995 and
25 of every second year thereafter, a report under subsection

1 (a) is submitted to the Committee on Energy and Com-
2 merce of the House of Representatives and the Committee
3 on Labor and Human Resources of the Senate.

4 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
5 purpose of carrying out this section, there are authorized
6 to be appropriated such sums as may be necessary for
7 each of the fiscal years 1994 through 1998.”.

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