

115TH CONGRESS
2D SESSION

H. R. 6586

To amend the Public Health Service Act to promote healthy eating and physical activity among children.

IN THE HOUSE OF REPRESENTATIVES

JULY 26, 2018

Mr. COHEN (for himself, Ms. DELAURO, Ms. SCHAKOWSKY, Mr. PAYNE, Ms. NORTON, Mr. BLUMENAUER, Mr. RYAN of Ohio, Mr. SOTO, Mr. MCGOVERN, and Ms. BLUNT ROCHESTER) introduced the following bill; which was referred to the Committee on Education and the Workforce

A BILL

To amend the Public Health Service Act to promote healthy eating and physical activity among children.

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 “Reducing Obesity in
5 Youth Act of 2018”.

6 **SEC. 2. FINDINGS AND PURPOSES.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) Research has shown that early childhood is
2 an important time for developing dietary and phys-
3 ical activity behaviors that support health and well-
4 being and may help prevent obesity.

5 (2) Infants as young as 7 months have shown
6 eating patterns that are similar to older children and
7 adults.

8 (3) For children under 1 year of age, promoting
9 opportunities for movement (such as reaching,
10 crawling, and creeping) may be the most effective
11 way to increase physical activity and improve chil-
12 dren's motor skills.

13 (4) Children who are exposed to healthy foods
14 early are more likely to prefer and eat healthy foods
15 and to develop eating habits that promote healthy
16 growth that can continue throughout childhood.

17 (5) Healthy eating can improve a child's learn-
18 ing ability and potentially lead to higher academic
19 performance, along with his or her mental, social,
20 and physical well-being and can contribute to in-
21 creased self-esteem.

22 (6) A 2010 study indicated that daily physical
23 activity is not only essential for healthy weight main-
24 tenance, but also for practicing and learning funda-
25 mental gross motor skills and socioemotional and

1 cognitive skills. Furthermore, when children have the
2 opportunity for adequate physical activity, they ben-
3 efit physically, psychologically and socially.

4 (7) Nearly 20 percent (1 in 5) of 2-year-olds
5 spend more than 2 hours of a typical day watching
6 television or videos.

7 (8) The Journal of the American Medical Asso-
8 ciation Pediatrics found that each incremental hour
9 of watching television at age 2 is associated with
10 corresponding declines in school engagement, math
11 achievement, and weekend physical activity, and with
12 increases in bullying by classmates, consumption of
13 soft drinks and snacks, and BMI at age 10.

14 (9) About 20 percent of children between 2 and
15 5 years of age are overweight or obese.

16 (10) A study published in the New England
17 Journal of Medicine in 2014 found that a third of
18 children who were overweight in kindergarten were
19 obese by eighth grade. Almost every child who was
20 very obese remained that way, suggesting that ef-
21 forts must start much earlier and focus more on the
22 children at greatest risk.

23 (11) A study published in the New England
24 Journal of Medicine in 2017 estimates that over 50

1 percent of 2-year-olds today will be obese by 35
2 years of age.

3 (12) A study examining the National Health
4 and Nutrition Examination Survey published in
5 2018 found an increase in prevalence of childhood
6 obesity in 2015 and 2016. Childhood obesity for
7 children between 2 and 5 years of age increased
8 from 9 percent to 14 percent, the highest increase
9 since 1999.

10 (13) In 2012, three-fourths of United States
11 preschool-aged children were in child care, and most
12 of their day was spent in sedentary activities.

13 (14) Center-based programs serve approxi-
14 mately 6,980,000 children from birth through age 5
15 years but not yet in kindergarten, making the early
16 childhood care and education setting an important
17 one for promoting healthful habits.

18 (15) Early care and education learning
19 collaboratives in 9 States have reached nearly
20 156,000 children and improved early childhood care
21 and education provider practices for nutrition and
22 physical activity.

23 (b) PURPOSES.—It is the purpose of this Act to—

24 (1) establish a program that will influence prac-
25 tices, policies, and environments in early care and

1 education settings to support healthy eating, phys-
2 ical activity, and screen time reduction for children
3 ages birth through 5 years;

4 (2) enhance the training and knowledge of early
5 care and education providers on strategies for pro-
6 moting healthy eating (including early feeding best
7 practices), physical activity, and screen time reduc-
8 tion in early care and education settings;

9 (3) monitor progress of healthy eating and
10 physical activity promotion in early care and edu-
11 cation settings; and

12 (4) identify emerging, and expand existing, ap-
13 proaches to engaging families and parents of chil-
14 dren ages birth to 5 years in healthy eating, physical
15 activity, and screen time reduction.

16 **SEC. 3. HEALTHY KIDS PROGRAM.**

17 Title III of the Public Health Service Act (42 U.S.C.
18 241 et seq.) is amended by adding at the end the fol-
19 lowing:

20 **“PART W—HEALTHY KIDS PROGRAM**

21 **“SEC. 3990O. DEFINITIONS.**

22 “In this part:

23 “(1) DIRECTOR.—The term ‘Director’ means
24 the Director of the Centers for Disease Control and
25 Prevention.

1 “(2) EARLY CARE AND EDUCATION.—The term
2 ‘early care and education’ means programs and ac-
3 tivities that serve children ages birth through 5
4 years either through in-home or out-of-home set-
5 tings, including child care programs, Head Start
6 programs, and pre-kindergarten programs.

7 “(3) SCREEN TIME REDUCTION.—The term
8 ‘screen time reduction’ means policies or guidelines
9 designed to reduce the daily amount of time that
10 children spend watching or looking at digital mon-
11 itors or displays, including television sets, computer
12 monitors, or hand-held gaming devices.

13 **“SEC. 39900-1. GRANTS.**

14 “(a) IN GENERAL.—The Secretary, in coordination
15 with the Centers for Disease Control and Prevention and
16 the Administration for Children and Families shall, sub-
17 ject to the availability of appropriations, award 5-year
18 competitive grants to eligible entities to assist in the devel-
19 opment of healthier early care and education environments
20 to improve healthy eating and physical activity among chil-
21 dren ages birth through 5 years in early care and edu-
22 cation settings. Training provided under such grants shall
23 be consistent with the best practices from existing health
24 and wellness resources endorsed by the Secretary, in con-
25 sultation with the National Academy of Medicine, the Of-

1 fice of Child Care and Office of Head Start of the Admin-
2 istration for Children and Families, the Division of Nutri-
3 tion, Physical Activity, and Obesity of the Centers for Dis-
4 ease Control and Prevention, the Maternal and Child
5 Health Bureau of the Health Resources and Services Ad-
6 ministration, and the Food and Nutrition Service of the
7 Department of Agriculture.

8 “(b) ELIGIBILITY.—To be eligible to receive a grant
9 under subsection (a), an entity shall—

10 “(1) be—

11 “(A) a nonprofit organization with exper-
12 tise in early childhood health or childhood obe-
13 sity prevention;

14 “(B) an institution of higher education or
15 research center that employs faculty with rel-
16 evant expertise; or

17 “(C) a consortium of entities described in
18 subparagraphs (A) and (B) that submit a single
19 application to carry out activities under the
20 grant jointly; and

21 “(2) submit to the Director an application at
22 such time, in such manner, and containing such in-
23 formation as the Director may require.

24 “(c) USE OF FUNDS.—

1 “(1) IDENTIFICATION OF AREAS OF OPPORTU-
2 NITIES AND GOALS.—An entity that receives a grant
3 under this section shall, using Department of Health
4 and Human Services guidance and tools (such as the
5 Spectrum of Opportunities for Obesity Prevention in
6 the Early Care and Education Setting developed by
7 the Centers for Disease Control and Prevention),
8 identify areas of opportunity and set goals and carry
9 out activities to promote healthy eating, physical ac-
10 tivity, and screen time reduction strategies among
11 children ages birth through 5 years in early care and
12 education settings.

13 “(2) ACTIVITIES.—An entity shall use amounts
14 received under a grant under this section to carry
15 out each of the following activities:

16 “(A) Provide training, technical assistance,
17 and resources to implementing partners, which
18 may include States, territories, Indian Tribes or
19 organizations, municipalities, and nonprofit or-
20 ganizations to integrate the promotion of
21 healthy eating (including early feeding best
22 practices), physical activity, and screen time re-
23 duction into existing early care and education
24 State programs and initiatives to create and

1 spread sustainable change within the State or
2 territory involved.

3 “(B) Work directly with implementing
4 partners to create sustainable programs to train
5 early care and education providers through
6 train-the-trainer models, learning collaboratives,
7 or other approaches approved by the Secretary.

8 “(C) Enter into a contract with a non-
9 profit organization or other entity with relevant
10 expertise that is approved by the Secretary, to
11 evaluate the programs carried out under the
12 grant, including baseline, process, and outcome
13 measurements.

14 “(3) DISSEMINATION OF BEST PRACTICES.—
15 Not later than 12 months after the date on which
16 the programs and activities carried out under the
17 grants under this section conclude, the Secretary
18 shall disseminate to all appropriate agencies within
19 the Department of Health and Human Services evi-
20 dence, best practices, and lessons derived from the
21 experiences of grantees with respect to reducing and
22 preventing obesity and overweight among children
23 ages birth through 5 years in the early care and
24 education settings. Such agencies shall encourage
25 the adoption of such best practices.

1 “(d) PREFERENCE.—

2 “(1) GRANTEES.—In awarding grants under
3 this section, the Secretary shall give preference to el-
4 igible entities that demonstrate—

5 “(A) a history of working with early care
6 and education providers and States in obesity
7 prevention in the early care and education set-
8 tings;

9 “(B) a history of, and capacity to, leverage
10 funding to amplify obesity prevention efforts in
11 early care and education settings;

12 “(C) a history of working successfully with
13 an evaluator to determine program effective-
14 ness;

15 “(D) a history of, and capacity to, collabo-
16 rate with the health sector on obesity preven-
17 tion initiatives;

18 “(E) a history of, and capacity to, spread
19 and sustain health initiatives; and

20 “(F) the ability to conduct at least 3 pilot
21 programs to test innovative or evidence-in-
22 formed approaches to engage families, including
23 families of children ages birth to 5 years, or to
24 pursue other innovative approaches in the pro-
25 motion of healthy eating and physical activity.

1 “(2) IMPLEMENTING PARTNERS.—In selecting
2 States, territories, Indian Tribes or organizations,
3 municipalities, or nonprofit organizations under a
4 grant under this section, a grantee shall ensure that
5 such partners—

6 “(A) serve populations that are racially,
7 ethnically, socioeconomically, and geographically
8 diverse;

9 “(B) represent a mix of rural and urban
10 settings;

11 “(C) have a varied level of existing infra-
12 structure, capacity, and other programmatic
13 initiatives to address obesity prevention in early
14 care and education systems; and

15 “(D) possess expertise in early care and
16 education or children’s health and the ability to
17 implement evidence-informed interventions to
18 promote healthy eating, physical activity, and
19 screen time reduction strategies in early care
20 and education settings for children ages birth
21 through 5 years, including strategies targeted
22 to addressing the needs of children ages birth
23 through 2 years and strategies to engage par-
24 ents in healthy eating and physical activity pro-
25 motion.

1 “(e) TRACKING STATE PROGRESS.—The Secretary
2 shall use amounts appropriated under subsection (g)(2) to
3 enter into contracts with, or award grants to, institutions
4 of higher education, nonprofit organizations, or other enti-
5 ties with relevant monitoring and surveillance expertise
6 that are approved by the Secretary, to track State
7 progress in obesity prevention policies and practices of
8 early care and education programs through a sentinel set
9 of States.

10 “(f) REPORT TO CONGRESS.—Not later than 12
11 months after the completion of the programs and activities
12 funded under grants awarded under this section, the Sec-
13 retary shall submit to Congress a report concerning an
14 evaluation of the results of such programs and activities
15 and sentinel surveillance, including recommendations on
16 how lessons learned from such programs can be incor-
17 porated into future guidance documents developed and
18 provided by the Secretary or Director and other Federal
19 agencies as appropriate.

20 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
21 is authorized to be appropriated to carry out this section—

22 “(1) \$4,000,000 for each of fiscal years 2019
23 through 2023; and

24 “(2) \$1,700,000 for fiscal year 2019, to be
25 used to track State progress in obesity prevention

1 policies and practices of early care and education
2 programs in a sentinel set of States as provided for
3 in subsection (e).”

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