

107TH CONGRESS
2^D SESSION

S. 2249

To amend the Public Health Service Act to establish a grant program regarding eating disorders, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 24, 2002

Mrs. CLINTON (for herself and Mr. BINGAMAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to establish a grant program regarding eating disorders, 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 “Promoting Healthy
5 Eating Behaviors in Youth Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Anorexia Nervosa is an eating disorder
9 characterized by self-starvation and excessive weight
10 loss.

1 (2) Anorexia Nervosa is common: an estimated
2 .5 to 3.7 percent of American women will suffer
3 from this disorder in their lifetime.

4 (3) Anorexia Nervosa is associated with serious
5 health consequences including heart failure, kidney
6 failure, osteoporosis, and death.

7 (4) Anorexia Nervosa has the highest mortality
8 rate of all psychiatric disorders. A young woman is
9 12 times more likely to die than other women her
10 age without Anorexia.

11 (5) Anorexia Nervosa usually appears in adoles-
12 cence.

13 (6) Bulimia Nervosa is an eating disorder char-
14 acterized by excessive food consumption followed by
15 inappropriate compensatory behaviors, such as self-
16 induced vomiting, misuse of laxatives, fasting, or ex-
17 cessive exercise.

18 (7) Bulimia Nervosa is common: an estimated
19 1.1 to 4.2 percent of American women will suffer
20 from this disorder in their lifetime.

21 (8) Bulimia Nervosa is associated with cardiac,
22 gastrointestinal, and dental problems including ir-
23 regular heartbeats, gastric rupture, peptic ulcer, and
24 tooth decay.

1 (9) Bulimia Nervosa usually appears in adoles-
2 cence.

3 (10) On the 1999 Youth Risk Behavior Survey,
4 7.5 percent of high school girls reported recent use
5 of laxatives or vomiting to control their weight.

6 (11) Binge Eating Disorder is characterized by
7 frequent episodes of uncontrolled overeating.

8 (12) Binge Eating Disorder is common: an esti-
9 mated 2 to 5 percent of Americans experience this
10 disorder in a 6-month period.

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

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

16 (15) Obesity is reaching epidemic proportions:
17 27 percent of United States adults are obese and 13
18 percent of children and 14 percent of adolescents are
19 seriously overweight.

20 (16) Poor eating habits have led to a “calcium
21 crisis” among American youth: only 13.5 percent of
22 adolescent girls get the recommended daily amount
23 of calcium, placing them at serious risk for
24 osteoporosis and other bone diseases. Because nearly
25 90 percent of adult bone mass is established by the

1 end of this age range, the Nation's youth's insuffi-
2 cient calcium intake is truly a calcium crisis.

3 (17) Eating disorders of all types are more
4 common in women than men.

5 (18) Eating preferences and habits are estab-
6 lished in childhood.

7 (19) Poor eating habits are a risk factor for the
8 development of eating disorders, obesity and
9 osteoporosis.

10 (20) However, simply urging overweight youth
11 to be thin has not reduced the prevalence of obesity
12 and may result in other problems including body dis-
13 satisfaction, low self-esteem, and eating disorders.

14 (21) Therefore, effective interventions for pro-
15 moting healthy eating behaviors in youth should pro-
16 mote healthy lifestyle and not inadvertently promote
17 unhealthy weight management techniques.

18 **SEC. 3. PURPOSES.**

19 The purposes of this Act are as follows:

20 (1) To increase preventive health activities de-
21 signed to promote the development of healthy eating
22 habits and behaviors in youth.

23 (2) To support research to develop and test
24 educational curricula and intervention programs

1 aimed at promoting healthy eating habits and behav-
2 iors in youth.

3 (3) To identify and disseminate effective inter-
4 vention programs aimed at promoting healthy eating
5 habits and behaviors in youth.

6 **SEC. 4. AMENDMENTS.**

7 (a) USE OF ALLOTMENTS.—Section 1904(a)(1) of
8 the Public Health Service Act (42 U.S.C. 300w–3) is
9 amended by adding after subparagraph (G) the following:

10 “(H) Activities designed to address and prevent
11 eating disorders, obesity, and osteoporosis through
12 effective programs to promote healthy eating and ex-
13 ercise habits and behaviors in youth.”.

14 (b) Part A of title XIX of the Public Health Service
15 Act (42 U.S.C. 300w et seq.) is amended by adding after
16 section 1910 the following:

17 **“SEC. 1911. GRANT PROGRAM FOR EATING DISORDERS,**
18 **OBESITY, AND INADEQUATE CALCIUM IN-**
19 **TAKE.**

20 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
21 through the Director of the Centers for Disease Control
22 and Prevention (hereafter the ‘Director’), shall award
23 grants or cooperative agreements to accredited univer-
24 sities, colleges, or nonprofit organizations with dem-
25 onstrated capability to conduct research to comprehen-

1 sively promote healthy eating behaviors in youth. Such
2 grants or cooperative agreements may be awarded to tar-
3 get youth or specific at-risk populations, such as adoles-
4 cent girls.

5 “(b) DURATION.—Grants or cooperative agreements
6 awarded under this section shall be awarded for a period
7 of not more than 4 years.

8 “(c) USE OF FUNDS.—A university, college, or non-
9 profit organization that receives a grant or cooperative
10 agreement under this section shall use funds received to
11 develop and test educational curricula and intervention
12 programs designed to promote healthy eating behaviors
13 and habits in youth, including science-based interventions
14 with multiple components such as—

15 “(1) nutritional content;

16 “(2) understanding and responding to hunger
17 and satiety;

18 “(3) positive body image development;

19 “(4) positive self-esteem development; and

20 “(5) learning life skills, such as stress manage-
21 ment, communication skills, problem solving and de-
22 cision making skills, as well as consideration of cul-
23 tural and developmental issues, and the role of fam-
24 ily, school, and community.

1 “(d) IN ADDITION.—Grants or cooperative agree-
2 ments awarded under this section shall be awarded in ad-
3 dition to any grants awarded under section 1904.

4 “(e) REPORT.—The Director shall review the results
5 of the grants or cooperative agreements awarded under
6 this section and other related research and identify pro-
7 grams that have demonstrated effectiveness in promoting
8 healthy eating behaviors and habits in youth. Such pro-
9 grams shall be referred to as “Programs that Work”. In-
10 formation about Programs that Work, including program
11 curricula, shall be made readily available to the public.

12 “(f) DEFINITION.—In this section, the term ‘healthy
13 eating’ means having regular eating habits, such as eating
14 3 meals a day to satisfy hunger, eating for nourishment,
15 health, and energy, eating in such a manner as to acknowl-
16 edge internal signals of appetite and satiety, and eating
17 in a healthy manner in ordinary social environments to
18 promote healthy social relationships with family, peers,
19 and community.

20 “(g) SUNSET.—The provisions of this section shall be
21 effective for 5 years after the date of enactment of this
22 section.

23 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section,
25 \$5,000,000 for fiscal year 2003, \$5,500,000 for fiscal year

1 2004, \$6,000,000 for fiscal year 2005, \$6,500,000 for
2 year 2006, and \$1,000,000 for year 2007.”.

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