

117TH CONGRESS
1ST SESSION

S. 2741

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

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 14, 2021

Mr. BOOKER (for himself and Ms. KLOBUCHAR) 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 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 2021”.

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

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

1 (1) The COVID–19 pandemic has had serious
2 impacts on the health and well-being of children and
3 families.

4 (2) Unemployment and poverty, as well as
5 lengthy business, school, and child care closures,
6 have all contributed to elevated levels of food insecu-
7 rity, with an estimated 14,000,000 children in the
8 United States not getting enough to eat.

9 (3) Millions of children receive free or reduced-
10 price meals through early childhood education pro-
11 grams, including school and early care and education
12 programs such as childcare, Head Start, pre-kinder-
13 garten, and family childcare, making early childhood
14 education an important setting for addressing food
15 insecurity.

16 (4) More than 30,000,000 children receive free
17 or reduced-price meals on a daily basis, and access
18 to both breakfast and lunch can provide some chil-
19 dren with more than half of their daily caloric in-
20 take.

21 (5) Due to financial instability during the
22 COVID–19 pandemic, there is an increased likeli-
23 hood of unhealthy weight gain among children as
24 families shift to less costly, calorically dense, shelf-
25 stable foods, rather than fresh foods.

1 (6) 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 that may help prevent obesity.

5 (7) Children who are exposed to healthy foods
6 early are more likely develop eating habits that pro-
7 mote healthy growth that can continue throughout
8 childhood, and healthy eating can improve a child's
9 learning ability, potentially lead to higher academic
10 performance, improve mental, social, and physical
11 well-being, and contribute to increased self-esteem.

12 (8) Research underscores the importance of
13 physical activity in early childhood. It is not only es-
14 sential for healthy weight maintenance, but also for
15 practicing and learning fundamental gross motor
16 skills and improving academic achievement. Further-
17 more, when children have the opportunity for ade-
18 quate physical activity, they benefit physically, psy-
19 chologically and socially.

20 (9) Nearly 20 percent (1 in 5) of 2-year-olds
21 spend more than 2 hours of a typical day watching
22 television or videos, and the Journal of the American
23 Medical Association Pediatrics found that each in-
24 cremental hour of watching television at age 2 is as-
25 sociated with corresponding declines in school en-

1 gagement, math achievement, and weekend physical
2 activity, and with increases in bullying by class-
3 mates, consumption of soft drinks and snacks, and
4 body mass index at age 10.

5 (10) A study published in the New England
6 Journal of Medicine in 2014 found that a third of
7 children with overweight in kindergarten had obesity
8 by the eighth grade. Almost every child with severe
9 obesity remained that way, suggesting that efforts
10 must start much earlier and focus more on the chil-
11 dren at greatest risk.

12 (11) A study published in the New England
13 Journal of Medicine in 2017 estimates that over 50
14 percent of 2-year-olds today will be obese by 35
15 years of age.

16 (12) A study examining the National Health
17 and Nutrition Examination Survey published in
18 2018 found an increase in prevalence of childhood
19 obesity in 2015 and 2016. Childhood obesity for
20 children between 2 and 5 years of age increased
21 from 9 percent to 14 percent, the highest increase
22 since 1999.

23 (13) In 2016, about 82 percent of United
24 States preschool-aged children were in childcare, and
25 most of their day was spent in sedentary activities.

1 (14) Early care and education centers serve ap-
2 proximately 7,500,000 children birth through age 5
3 years but not yet in kindergarten, making the early
4 childhood care and education setting an important
5 one for promoting healthful habits.

6 (15) More than 122,000 children in 12 States
7 have benefitted from efforts to support healthier
8 early care and education programs. This includes
9 the provision of training and coaching for childcare
10 providers and technical assistance to State agencies
11 to integrate nutrition and physical activity best prac-
12 tices into existing State and local systems.

13 (b) PURPOSES.—The purposes of this Act are to—

14 (1) establish a program that will enhance the
15 training and knowledge of early care and education
16 providers and influence practices, policies, and envi-
17 ronments in early care and education settings to
18 support healthy eating and physical activity for chil-
19 dren ages birth through 5, including by addressing
20 the growing threat of food insecurity;

21 (2) provide support to States on ways to link
22 early care and education programs to nutrition sup-
23 ports;

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

4 (4) identify emerging, and expand existing, ap-
5 proaches to engaging families and parents of chil-
6 dren ages birth to 5 in healthy eating and physical
7 activity.

8 **SEC. 3. HEALTHY KIDS PROGRAM.**

9 Title III of the Public Health Service Act (42 U.S.C.
10 241 et seq.) is amended by adding at the end the fol-
11 lowing:

12 **“PART W—HEALTHY KIDS PROGRAM**

13 **“SEC. 3990O. DEFINITIONS.**

14 “In this part:

15 “(1) DIRECTOR.—The term ‘Director’ means
16 the Director of the Centers for Disease Control and
17 Prevention.

18 “(2) EARLY CARE AND EDUCATION.—The term
19 ‘early care and education’ means programs and ac-
20 tivities that serve children ages birth through 5
21 years either through in-home or out-of-home set-
22 tings, including childcare programs, Head Start pro-
23 grams, family childcare, and pre-kindergarten pro-
24 grams.

1 **“SEC. 39900-1. GRANTS.**

2 “(a) IN GENERAL.—The Secretary, acting through
3 the Director of the Centers for Disease Control and Pre-
4 vention and in coordination with the Assistant Secretary
5 for the Administration for Children and Families, shall
6 award 5-year competitive grants to one or more eligible
7 entities to improve healthy eating and physical activity
8 and to address food insecurity among children ages birth
9 through 5 years in early care and education settings.

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

12 “(1) be—

13 “(A) a nonprofit organization with exper-
14 tise in early childhood health and childhood obe-
15 sity prevention;

16 “(B) an institution of higher education or
17 research center that employs faculty with rel-
18 evant expertise and has expertise in training
19 early care and education providers; or

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

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

1 “(c) USE OF FUNDS.—

2 “(1) IN GENERAL.—An entity shall use
3 amounts received under a grant under this section to
4 work directly with implementing partners, which
5 may include States, territories, Indian Tribes, mu-
6 nicipalities, and nonprofit organizations, to—

7 “(A) create sustainable programs to train
8 early care and education providers through di-
9 rect coaching and peer-learning, access to qual-
10 ity technical assistance, and professional devel-
11 opment opportunities that are focused on
12 healthy eating, physical activity, addressing
13 food insecurity, and other topics that support
14 children’s healthy development, as determined
15 by the Director;

16 “(B) build State capacity through training,
17 technical assistance, and resources to integrate
18 the promotion of healthy eating and physical
19 activity into existing early care and education
20 programs, systems, and initiatives, including
21 linking early care and education programs to
22 new and existing resources for nutrition sup-
23 ports, with a focus on promoting equity;

24 “(C) test innovative or evidence-informed
25 approaches to promoting healthy habits and

1 healthy child development in early care and
2 education settings, which may include linking
3 early care and education and health care pro-
4 viders, enhancing early care and education staff
5 wellness, enhancing access to quality foods in
6 the early care and education settings, and en-
7 gaging families of children ages birth to 5 years
8 served in the early care and education programs
9 supported by a grant under this section.

10 “(2) IMPLEMENTING PARTNERS.—In selecting
11 States, territories, Indian tribes, municipalities, or
12 nonprofit organizations to be implementing partners
13 under a grant under this section, a grantee shall en-
14 sure that such partners—

15 “(A) serve populations that are racially,
16 ethnically, socioeconomically, and geographically
17 diverse; and

18 “(B) represent a mix of rural and urban
19 settings.

20 “(3) NATIONAL INDEPENDENT EVALUATOR.—
21 From the amounts appropriated to carry out this
22 section, and prior to awarding any grants under
23 paragraph (1), the Director shall enter into a con-
24 tract with an external entity to create a single, uni-
25 form process to—

1 “(A) ensure that entities that receive
2 grants under paragraph (1) comply with the re-
3 quirements of this section; and

4 “(B) evaluate the outcomes of the grant
5 activities carried out by each participating enti-
6 ty.

7 “(d) TRACKING STATE PROGRESS.—The Director
8 may use amounts appropriated under subsection (f)(2) to
9 enter into contracts with, or award grants to, institutions
10 of higher education, nonprofit organizations, or other enti-
11 ties with relevant monitoring and surveillance expertise,
12 for purposes of—

13 “(1) tracking State progress in obesity preven-
14 tion policies and practices of early care and edu-
15 cation programs in States where grantees are
16 present; and

17 “(2) measuring changes in food security within
18 exposed groups.

19 “(e) REPORT.—Not later than 1 year after the com-
20 pletion of the programs and activities funded under grants
21 awarded under this section, the Secretary shall submit to
22 Congress, and all appropriate agencies, a report con-
23 cerning an evaluation of the results of such programs, ac-
24 tivities, and surveillance, including best practices, and les-
25 sons derived from the experiences of grantees with respect

1 to reducing and preventing food insecurity and obesity and
2 overweight among children ages birth through 5 years in
3 the early care and education settings.

4 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
5 is authorized to be appropriated to carry out this section—

6 “(1) \$5,000,000 for each of fiscal years 2022
7 through 2026; and

8 “(2) \$1,700,000 for fiscal year 2022, to be
9 used to track State progress in obesity prevention
10 and food security policies and practices of early care
11 and education programs in a sentinel set of States
12 as provided for in subsection (d).”.

○