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(Original Signature of Member)

112TH CONGRESS
2D SESSION

H. R. _____

To provide a comprehensive approach to preventing and treating obesity.

IN THE HOUSE OF REPRESENTATIVES

Mr. KIND introduced the following bill; which was referred to the Committee
on _____

A BILL

To provide a comprehensive approach to preventing and
treating obesity.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Healthy Communities through Helping to Offer Incen-
6 tives and Choices to Everyone in Society Act”.

7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—IMPROVING PREVENTION AND TREATMENT OF
OBESITY IN ADULTS AND CHILDREN

- Sec. 101. Requirement to expedite national Medicare coverage determinations for evidence-based treatment services.
- Sec. 102. Expansion of obesity treatment services under Medicare.
- Sec. 103. Chronic weight management drugs covered under Medicaid and Medicare part D.
- Sec. 104. Grants to provide training for health profession students.
- Sec. 105. Grants to provide training for health professionals.
- Sec. 106. Preventive health services block grant.
- Sec. 107. Health Empowerment for At-Risk Teens and Youth (HEARTY) program.

TITLE II—IMPROVING ACCESS TO AND OPPORTUNITY FOR
PHYSICAL ACTIVITY FOR ADULTS AND CHILDREN

Subtitle A—National Program Promoting Lifelong Active Youth (PLAY) and
Implementation Grants

- Sec. 201. Play assessment tools.
- Sec. 202. Model communities of play implementation grants.

Subtitle B—Healthy Kids Outdoors

- Sec. 211. Definitions.
- Sec. 212. Cooperative agreements for development or implementation of healthy kids outdoors State strategies.
- Sec. 213. National strategy for encouraging Americans to be active outdoors.
- Sec. 214. National evaluation of health impacts.
- Sec. 215. Technical assistance and best practices.
- Sec. 216. Authorization of appropriations.

Subtitle C—Other Provisions

- Sec. 221. Physical education guidelines for elementary and secondary schools.
- Sec. 222. Treating physical education as a core academic subject for elementary and secondary education grants.
- Sec. 223. Physical activity guidelines for preschool children.
- Sec. 224. Tracking physical activity in schools.
- Sec. 225. Employer-provided off-premises health club services.
- Sec. 226. Certain amounts paid for physical activity, fitness, and exercise treated as amounts paid for medical care.
- Sec. 227. National youth sports program revitalization.

TITLE III—IMPROVING ACCESS TO NUTRITIONAL INFORMATION
AND HEALTHY FOODS

- Sec. 301. Consumer education.
- Sec. 302. Expand team nutrition training grants.
- Sec. 303. Urban and Native-American Community Garden Grant Program.

TITLE IV—REALIGNING TRANSPORTATION POLICY TO HELP
PROMOTE HEALTHY LIFESTYLES

- Sec. 401. Grants to promote planning decisions and policies that increase access to physical activity.
- Sec. 402. Joint use agreements.

TITLE V—RESEARCH AND ASSESSMENT TOOLS

Sec. 501. National Center for Health Statistics.

Sec. 502. Report on obesity research.

1 **TITLE I—IMPROVING PREVEN-**
2 **TION AND TREATMENT OF**
3 **OBESITY IN ADULTS AND**
4 **CHILDREN**

5 **SEC. 101. REQUIREMENT TO EXPEDITE NATIONAL MEDI-**
6 **CARE COVERAGE DETERMINATIONS FOR EVI-**
7 **DENCE-BASED TREATMENT SERVICES.**

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services shall—

10 (1) not later than January 1, 2014, issue na-
11 tional Medicare coverage determinations for evi-
12 dence-based services to treat overweight and obesity
13 that have an Evidence Category “A” or “B” des-
14 ignation for treating overweight and obesity as de-
15 fined by the “Clinical Guidelines on the Identifica-
16 tion, Evaluation, and Treatment of Overweight and
17 Obesity in Adults” of the National Heart, Lung, and
18 Blood Institute; and

19 (2) update such coverage determinations based
20 on future updates to such Guidelines.

21 (b) UPDATING NHLBI GUIDELINES.—Not later
22 than December 31, 2014, and at least once every 3 years
23 thereafter, the Secretary of Health and Human Services,

1 acting through the Director of the National Heart, Lung,
2 and Blood Institute, shall update the NHLBI Guidelines
3 referred to in subsection (a).

4 **SEC. 102. EXPANSION OF OBESITY TREATMENT SERVICES**
5 **UNDER MEDICARE.**

6 (a) **COVERAGE.**—Section 1861 of the Social Security
7 Act (42 U.S.C. 1395x) is amended—

8 (1) in subsection (s)(2)—

9 (A) in subparagraph (EE), by striking at
10 the end “and”;

11 (B) in subparagraph (FF), by adding at
12 the end “and”; and

13 (C) by adding at the end the following new
14 subparagraph:

15 “(GG) items and services furnished under
16 an obesity treatment program (as defined in
17 subsection (iii));” and

18 (2) by adding at the end the following new sub-
19 section:

20 “Obesity Treatment Program

21 “(iii)(1) The term ‘obesity treatment program’ means
22 medical services delivered to eligible individuals under a
23 plan of care for the purpose of reducing body mass index
24 and the associated co-morbidities of obesity, including the
25 following:

1 “(A) The development of an initial plan of care
2 and subsequent revisions to that plan of care.

3 “(B) Medical and surgical interventions as de-
4 termined appropriate by the Secretary for which
5 payment would not otherwise be made under this
6 title.

7 “(C) Additional services for which payment
8 would not otherwise be made under this title that
9 the Secretary may specify that encourage the receipt
10 of, or improve the effectiveness of, the services de-
11 scribed in the preceding subparagraphs.

12 In carrying out subparagraph (C), the Secretary shall con-
13 sider clinical practice guidelines for treatment of over-
14 weight, obesity, and severe obesity issued by professional
15 medical societies and consensus statements and guidelines
16 on effective treatment of overweight, obesity, and severe
17 obesity issued by the National Institutes of Health, profes-
18 sional medical societies, and other authoritative sources
19 (such as those identified in the Clinical Guidelines on the
20 Identification, Evaluation, and Treatment of Overweight
21 and Obesity in Adults released by the National Heart
22 Lung and Blood Institute).

23 “(2) For purposes of paragraph (1), the term ‘eligible
24 individual’ means any of the following:

1 “(A) An individual who has been diagnosed
2 with obesity by a physician or provider of services,
3 without regard to body mass index or the presence
4 of any comorbid condition.

5 “(B) An individual who has a body mass index
6 of at least 30, without regard to the presence of any
7 comorbid condition.

8 “(C) An individual who has a body mass index
9 of at least 27 with at least one weight-related co-
10 morbid condition.”.

11 (b) PAYMENT.—Section 1833(a)(1) of the Social Se-
12 curity Act (42 U.S.C. 1395l(a)(1)) is amended—

13 (1) by striking “and” before “(Z)”; and

14 (2) by inserting before the semicolon at the end
15 the following: “, and (AA) with respect to items and
16 services furnished under an obesity treatment pro-
17 gram (as defined in section 1861(iii)), the amount
18 paid shall be 80 percent of the lesser of the actual
19 charge for the services or the amount determined
20 under a fee schedule established by the Secretary for
21 purposes of this subparagraph”.

22 (c) EFFECTIVE DATE.—The amendments made by
23 this section shall apply to items and services furnished on
24 or after January 1, 2014.

1 **SEC. 103. CHRONIC WEIGHT MANAGEMENT DRUGS COV-**
2 **ERED UNDER MEDICAID AND MEDICARE**
3 **PART D.**

4 (a) **MEDICAID COVERAGE.**—Section 1927(d)(2)(A) of
5 the Social Security Act (42 U.S.C. 1396r–8(d)(2)(A)) is
6 amended by inserting before the period at the end the fol-
7 lowing: “except prescription agents approved by the Food
8 and Drug Administration used for chronic weight manage-
9 ment in the treatment of obesity or overweight with a
10 weight related co-morbidity”.

11 (b) **MEDICARE PART D COVERAGE.**—Section
12 1860D–2(e)(1) of the Social Security Act (42 U.S.C.
13 1395w–102(e)(1)) is amended by inserting before the pe-
14 riod at the end the following: “and includes prescription
15 agents approved by the Food and Drug Administration
16 used for chronic weight management in the treatment of
17 obesity or overweight with a weight related co-morbidity”.

18 (c) **EFFECTIVE DATE.**—The amendments made by
19 this section shall apply to items and services furnished on
20 or after January 1, 2014.

21 **SEC. 104. GRANTS TO PROVIDE TRAINING FOR HEALTH**
22 **PROFESSION STUDENTS.**

23 Section 747 of the Public Health Service Act (42
24 U.S.C. 293k) is amended—

25 (1) by redesignating subsection (c) as sub-
26 section (d); and

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

3 “(c) SPECIAL CONSIDERATION.—In awarding grants
4 or contracts under subsection (a) or (b), the Secretary
5 shall give special consideration to qualified applicants pro-
6 posing a project or program which will prepare practi-
7 tioners to care for individuals (including children) who are
8 overweight or obese (as such terms are defined in section
9 399W(j)).”.

10 **SEC. 105. GRANTS TO PROVIDE TRAINING FOR HEALTH**
11 **PROFESSIONALS.**

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

14 (1) in subsection (b), by striking “2005” and
15 inserting “2018”;

16 (2) by redesignating subsection (b) as sub-
17 section (c);

18 (3) by inserting after subsection (a) the fol-
19 lowing:

20 “(b) GRANTS.—

21 “(1) IN GENERAL.—The Secretary may award
22 grants to eligible entities to train primary care phy-
23 sicians and other licensed or certified health profes-
24 sionals on how to treat and prevent obesity and aid
25 individuals who are obese or overweight.

1 “(2) APPLICATION.—An entity that desires a
2 grant under this subsection shall submit an applica-
3 tion at such time, in such manner, and containing
4 such information as the Secretary may require, in-
5 cluding a plan for the use of funds that may be
6 awarded and an evaluation of the training that will
7 be provided.

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

11 “(A) use evidence-based findings or rec-
12 ommendations that pertain to the prevention
13 and treatment of obesity and being overweight
14 to conduct educational conferences, including
15 Internet-based courses and teleconferences,
16 on—

17 “(i) how to treat or prevent obesity
18 and being overweight;

19 “(ii) the link between obesity and
20 being overweight and related serious and
21 chronic medical conditions;

22 “(iii) how to discuss varied strategies
23 with patients from at-risk and diverse pop-
24 ulations to promote positive behavior

1 change and healthy lifestyles to avoid obe-
2 sity and being overweight;

3 “(iv) how to identify individuals who
4 are or are at risk for being obese or being
5 overweight and, therefore, are at risk for
6 related serious and chronic medical condi-
7 tions; and

8 “(v) how to conduct a comprehensive
9 assessment of individual and familial
10 health risk factors; and

11 “(B) evaluate the effectiveness of the
12 training provided by such entity in increasing
13 knowledge and changing attitudes and behav-
14 iors of trainees.”; and

15 (4) in subsection (c) (as so redesignated)—

16 (A) by striking “There are authorized to
17 be appropriated to carry out this section” and
18 all that follows and inserting the following:

19 “There are authorized to be appropriated—

20 “(1) to carry out subsection (a),”;

21 (B) by striking the period at the end and
22 inserting “; and”; and

23 (C) by adding at the end the following:

1 “(2) to carry out subsection (b), such sums as
2 may be necessary for each of fiscal years 2014
3 through 2018.”.

4 **SEC. 106. PREVENTIVE HEALTH SERVICES BLOCK GRANT.**

5 Section 1904(a)(1) of the Public Health Service Act
6 (42 U.S.C. 300w-3(a)(1)) is amended by adding at the
7 end the following:

8 “(H) Activities and community education pro-
9 grams designed to address and prevent obesity and
10 being overweight through effective programs to pro-
11 mote healthy eating, and exercise habits and behav-
12 iors.”.

13 **SEC. 107. HEALTH EMPOWERMENT FOR AT-RISK TEENS**
14 **AND YOUTH (HEARTY) PROGRAM.**

15 Title III of the Public Health Service Act is amended
16 by inserting after section 317T of such Act (42 U.S.C.
17 247b-22) the following:

18 **“SEC. 317U. HEALTHY EMPOWERMENT FOR AT-RISK TEENS**
19 **AND YOUTH (HEARTY) PROGRAM.**

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Director of the Centers for Disease Control and Pre-
22 vention, may make grants to eligible entities to carry out
23 nationally-based or community-based qualified childhood
24 obesity prevention initiatives.

1 “(b) ELIGIBLE ENTITIES.—To be eligible to seek a
2 grant under this section, an entity shall be—

3 “(1) a nationally-based nonprofit organization
4 qualified in childhood obesity prevention and youth
5 mentoring proposing to implement programs de-
6 scribed in subsection (c); or

7 “(2) a community-based nonprofit organization
8 qualified in childhood obesity prevention and youth
9 mentoring proposing to implement a program de-
10 scribed in subsection (c).

11 “(c) QUALIFIED CHILDHOOD OBESITY PREVENTION
12 INITIATIVE.—To qualify as a childhood obesity prevention
13 initiative eligible for funding under this section, an initia-
14 tive shall consist of programs that—

15 “(1) serve both male and female children or
16 adolescents most at risk for being overweight and
17 obese in predominantly economically disadvantaged
18 communities;

19 “(2) serve both male and female children or
20 adolescents during after-school hours, weekends, or
21 summer hours;

22 “(3) provide structured physical fitness activi-
23 ties, including organized sports, which engage each
24 participant in a minimum of 60 minutes of moderate
25 to vigorous physical activity at least three days per

1 week for a period of at least 24 weeks in a given
2 year;

3 “(4) demonstrate cost-effectiveness as defined
4 by the Secretary; and

5 “(5) demonstrate measurable results for reduc-
6 ing childhood obesity on the part of participants, in-
7 cluding through—

8 “(A) measurement and study of partici-
9 pants’ moderate to vigorous physical activity
10 (MVPA) each day, both as part of the pro-
11 grams funded under this section and on the
12 participants’ own initiative;

13 “(B) increased knowledge of and aware-
14 ness about the importance of maintaining
15 healthy, active lifestyles by balancing rec-
16 ommended levels of physical activity and caloric
17 intakes;

18 “(C) keeping track of and reporting in-
19 creased consumption of healthy items and in-
20 creased levels of unstructured, self-initiated
21 physical activity outside of the programs funded
22 under this section; and

23 “(D) measurement and study of partici-
24 pants’ body mass index (BMI) indicating
25 that—

1 “(i) children entering programs fund-
2 ed under this section with a healthy body
3 mass index maintain it while participating
4 in such programs; and

5 “(ii) children participating in such
6 programs with an unhealthy body mass
7 index halt any negative trend lines towards
8 obesity or begin trend lines in a positive di-
9 rection.

10 “(d) PRIORITY.—In selecting among applicants for
11 grants under this section, the Secretary shall give priority
12 to eligible entities proposing to carry out programs that
13 show:

14 “(1) effectiveness in working with ethnic and
15 racial minority groups;

16 “(2) effectiveness in recruiting participants
17 from communities with substantial immigrant popu-
18 lations, as defined by the Secretary; and

19 “(3) program evaluation by an independent,
20 third-party evaluator, of category specified by the
21 Secretary.

22 “(e) DISTRIBUTION OF FUNDS.—Of the amount
23 made available to carry out this section for a fiscal year,
24 the Secretary shall award—

1 “(1) not less than 25 percent of such amount
2 to nationally-based nonprofit organizations described
3 in subsection (b)(1); and

4 “(2) not more than 75 percent of such amount
5 to community-based nonprofit organizations de-
6 scribed in subsection (b)(2).

7 “(f) COST-SHARE REQUIREMENTS.—With respect to
8 the costs of a qualified childhood obesity prevention initia-
9 tive to be carried out under this section, there shall be
10 no non-federal match requirement.

11 “(g) REPORT TO CONGRESS.—Not later than one
12 year after the first appropriation of Federal funds to carry
13 out this section, the Secretary shall report to the Congress
14 on the progress made in carrying out programs funded
15 by grants under this section.

16 “(h) AUTHORIZATION OF APPROPRIATIONS.—To
17 carry out this section, there are authorized to be appro-
18 priated such sums as may be necessary for each of fiscal
19 years 2014 through 2018.”.

1 **TITLE II—IMPROVING ACCESS**
2 **TO AND OPPORTUNITY FOR**
3 **PHYSICAL ACTIVITY FOR**
4 **ADULTS AND CHILDREN**

5 **Subtitle A—National Program Pro-**
6 **moting Lifelong Active Youth**
7 **(PLAY) and Implementation**
8 **Grants**

9 **SEC. 201. PLAY ASSESSMENT TOOLS.**

10 (a) IN GENERAL.—The Secretary of Health and
11 Human Services (in this section referred to as the Sec-
12 retary), acting through the Director of the Centers for
13 Disease Control and Prevention, shall develop a list of
14 well-validated assessment tools, which can measure the
15 policy, program, or environmental barriers in communities
16 to participating in physical activity. Tools on the Sec-
17 retary’s recommended list shall include—

18 (1) cross-cutting measurements that—

19 (A) examine barriers to physical activities
20 across multiple settings, including homes, after-
21 school and child care sites, schools, the commu-
22 nity-at-large, and worksites; and

23 (B) focus on the—

24 (i) availability of adequate spaces and
25 places for physical activity;

1 (ii) availability of, and access to, high-
2 quality physical activity and physical edu-
3 cation programs; and

4 (iii) the availability of programs, ac-
5 tivities, and leaders to educate about the
6 importance of physical activity for the com-
7 munity; and

8 (2) additional measurements to assist economi-
9 cally and culturally diverse communities in exam-
10 ining the social determinants of health.

11 (b) GUIDANCE AND TRAINING.—The Secretary shall
12 provide guidelines and recommendations to develop train-
13 ing on utilizing such tools.

14 **SEC. 202. MODEL COMMUNITIES OF PLAY IMPLEMENTA-**
15 **TION GRANTS.**

16 (a) PROGRAM AUTHORIZED.—

17 (1) IN GENERAL.—The Secretary of Health and
18 Human Services (in this section referred to as the
19 “Secretary”), acting through the Director of the
20 Centers for Disease Control and Prevention, shall
21 award grants to State health departments to enable
22 the State health departments to work in partnership
23 with eligible community-based coalitions to plan and
24 implement model communities of play that in-
25 crease—

1 (A) the physical spaces and places avail-
2 able for physical activity;

3 (B) the opportunities for children and fam-
4 ilies to participate in high-quality play, and the
5 number of children and families participating in
6 high-quality play;

7 (C) knowledge and awareness about the
8 importance of individuals achieving 60 minutes
9 of recommended physical activity every day; and

10 (D) school siting practices in which ele-
11 mentary and secondary schools are located
12 within neighborhoods to increase the likelihood
13 of students walking and biking to school.

14 (2) AMOUNT OF GRANTS.—A grant awarded to
15 a State health department under this subsection
16 shall be in the amount of \$250,000 to \$1,000,000.

17 (b) APPLICATION.—A State health department desir-
18 ing a grant under subsection (a) shall submit an applica-
19 tion to the Secretary at such time, in such manner, and
20 containing such information as the Secretary may require.

21 (c) COORDINATION.—In awarding grants under sub-
22 section (a), the Secretary shall ensure that the proposed
23 programs assisted under each grant are coordinated in
24 substance and format with programs currently funded

1 through other Federal departments and agencies, includ-
2 ing—

3 (1) State-based nutrition and physical activity
4 programs, comprehensive school health education
5 programs, and community-based health and wellness
6 programs of the Centers for Disease Control and
7 Prevention;

8 (2) the physical education programs under sub-
9 part 10 of part D of title V of the Elementary and
10 Secondary Education Act of 1965 (20 U.S.C. 7261
11 et seq.);

12 (3) the safe routes to schools program under
13 section 1404 of the Safe, Accountable, Flexible, Effi-
14 cient Transportation Equity Act: A Legacy for
15 Users (23 U.S.C. 402 note); and

16 (4) other health and wellness programs oper-
17 ating within the community.

18 (d) PARTNERSHIP WITH COMMUNITY COALITIONS.—
19 A State health department receiving a grant under sub-
20 section (a) shall use the majority of grant funds to carry
21 out the activities described in subsection (e) in partnership
22 with 1 or more community coalitions that meet all of the
23 following requirements:

24 (1) The community coalition is comprised of a
25 representative sampling of community partners, in-

1 including not less than half of the following types of
2 individuals and entities:

3 (A) A community-based organization that
4 focuses on children and youth, preventive
5 health, physical activity, or physical education.

6 (B) A local parks and recreation depart-
7 ment.

8 (C) A local health department.

9 (D) A local educational agency, as defined
10 in section 9101 of the Elementary and Sec-
11 ondary Education Act of 1965 (20 U.S.C.
12 7801).

13 (E) A local city planning agency.

14 (F) A local health care provider.

15 (G) An institution of higher education, as
16 defined in section 101 of the Higher Education
17 Act of 1965 (20 U.S.C. 1001).

18 (H) A tribal health facility, where applica-
19 ble.

20 (I) A tribal educational agency, where ap-
21 plicable.

22 (J) A federally qualified health center or
23 rural health clinic (as such terms are defined in
24 section 1861(aa) of the Social Security Act (42
25 U.S.C. 1395x(aa)), where applicable.

1 (K) A hospital.

2 (L) A faith-based organization.

3 (M) A policymaker or elected official.

4 (N) A community planning organization.

5 (O) A business.

6 (2) The community coalition completed and
7 submitted to the State health department—

8 (A) an assessment tool identified by the
9 Secretary under section 201 for the community
10 that identifies the gaps and barriers to physical
11 activity in the community to children and
12 youth; and

13 (B) a community action plan describing
14 the programs, policies, and environmental
15 change strategies that will be implemented with
16 grant funds to help children and youth in the
17 community reach the recommended 60 minutes
18 of physical activity every day.

19 (3) The community coalition provided—

20 (A) documentation to the State health de-
21 partment on the manner in which the coalition
22 will coordinate with appropriate State and local
23 authorities, including—

24 (i) State or local health departments;

1 (ii) State educational agencies or local
2 educational agencies, as defined in section
3 9101 of the Elementary and Secondary
4 Education Act of 1965 (20 U.S.C. 7801);

5 (iii) State or local parks and recre-
6 ation departments or associations;

7 (iv) State or local departments of
8 transportation or city planning;

9 (v) community foundations; and

10 (vi) any other entities determined to
11 be appropriate by the Secretary; and

12 (B) a description of the manner in which
13 the coalition will evaluate the effectiveness of
14 the programs carried out with grant funds.

15 (e) AUTHORIZED ACTIVITIES.—A State health de-
16 partment that receives a grant under subsection (a) shall
17 use the majority of funds available through the grant to
18 carry out the following activities:

19 (1) Train community-based coalitions on how to
20 utilize assessment tools to measure the program,
21 policy, and environmental barriers to promoting life-
22 long physical activity for youth.

23 (2) Work in partnership with one or more com-
24 munity coalitions described in subsection (d) to en-
25 able the coalitions to carry out the coalition's com-

1 community action plan and promote a model community
2 of play, which may include the following:

3 (A) Enabling the maximum use of, or the
4 creation of spaces and places for, physical activ-
5 ity for children, families, and communities be-
6 fore, during, and after school or work, which
7 may include increasing the number of—

8 (i) programs that increase the number
9 of safe streets and sidewalks in the com-
10 munity to walk and bike to school, work,
11 or other community destinations, such as
12 recreation sites, parks, or community cen-
13 ters;

14 (ii) schools, faith-based organizations,
15 and recreational facilities serving the com-
16 munity that provide programming on phys-
17 ical activity and physical education before,
18 during, or after school;

19 (iii) schools serving the community
20 that provide recess, physical education, and
21 physical activity for children and youth;

22 (iv) day care, child care, and after-
23 school care sites in the community that
24 provide physical activity for children and
25 youth;

1 (v) venues in the community that pro-
2 vide co-curricular physical activity pro-
3 grams, including sports fields and courts,
4 especially venues for all-inclusive intra-
5 mural programs and physical activity
6 clubs;

7 (vi) playgrounds and activity sites in
8 the community for young children, includ-
9 ing sites that offer programs that provide
10 physical activity instruction that meets the
11 various needs and interests of all students,
12 including those with illness, injury, and
13 physical and developmental disabilities, as
14 well as those who live sedentary lifestyles
15 or have a disinterest in traditional team
16 sports;

17 (vii) capital improvement projects that
18 increase opportunities for physical activity
19 in the community; and

20 (viii) networks of walking and cycling
21 trails where trails do not exist in the com-
22 munity, that offer both a functional alter-
23 native to automobile travel and an oppor-
24 tunity for exercise, recreation, and commu-
25 nity connectedness.

1 (B) Enhancing opportunities and access
2 for children and youth in the community to par-
3 ticipate in high-quality physical activity and
4 physical education programs before, during, and
5 after school, which may include increasing the
6 number of—

7 (i) school and after-school care sites
8 in the community that implement proven
9 health curricula, physical education (in-
10 cluding developing innovative approaches
11 to teaching and staffing physical edu-
12 cation), and physical activity programming;

13 (ii) children and youth in the commu-
14 nity who are able to participate in physical
15 education or activity before, during, or
16 after school, by ensuring that adequate
17 equipment is available to such children and
18 youth;

19 (iii) scholarships to low-income chil-
20 dren and youth for physical activity pro-
21 grams;

22 (iv) education and training programs
23 for education, recreation, leisure, child
24 care, and coaching professionals regarding

1 high-quality physical education and phys-
2 ical activity programs and policies;

3 (v) training programs to assist physi-
4 cians and other health care professionals
5 in—

6 (I) carefully communicating the
7 results of body mass index (BMI)
8 tests to parents and, in an age-appro-
9 priate manner, to the children and
10 youth themselves;

11 (II) providing information to
12 families so they may make informed
13 decisions about physical activity and
14 nutrition; and

15 (III) explaining the benefits asso-
16 ciated with physical activity and the
17 risks associated with childhood over-
18 weight and obesity;

19 (vi) assessment tools used to measure
20 the quality of physical activity, sports, and
21 intramural sports programs;

22 (vii) guidelines and informational ma-
23 terials used by teachers, parents, care-
24 givers, and health care professionals who
25 are interested in promoting physical activ-

1 ity for infants, toddlers, and preschoolers;

2 and

3 (viii) guidelines and informational ma-

4 terials used to promote—

5 (I) physical activity with the in-

6 tent of improving the current health,

7 fitness, and wellness of preadolescent

8 children (ages 6 through 12); and

9 (II) lifelong physical activity.

10 (C) Identifying, engaging, and mobilizing

11 community leaders, decisionmakers, experts,

12 and the media to raise awareness and educate

13 the public about the importance of securing 60

14 minutes of physical activity every day, which

15 may include increasing the number of—

16 (i) school and after-school care faculty

17 and staff, including coaches, who serve as

18 positive role models for students regarding

19 regular physical activity;

20 (ii) businesses that serve as role mod-

21 els by providing physical space and incen-

22 tives for employees to participate in phys-

23 ical activity;

24 (iii) businesses that serve as role mod-

25 els to communities by—

- 1 (I) providing support to intra-
2 mural teams, clubs, sports leagues,
3 playgrounds, trails, biking and walk-
4 ing paths, and fields and venues for
5 sports, play, and physical activity;
- 6 (II) incorporating built environ-
7 ment strategies into new construction
8 of facilities;
- 9 (III) adopting safe routes to
10 school programs;
- 11 (IV) providing bike racks at the
12 office; and
- 13 (V) encouraging the use of the
14 stairs;
- 15 (iv) insurers that cover obesity screen-
16 ing and prevention services in routine clin-
17 ical practice;
- 18 (v) groups representing low-income in-
19 dividuals or individuals with disabilities,
20 that can promote and secure safer and
21 more accessible sites for activity;
- 22 (vi) consumer research-driven mar-
23 keting strategies for ongoing initiatives
24 and interventions that enhance physical ac-
25 tivity for children and youth;

1 (vii) products and opportunities pro-
2 vided or offered by leisure, entertainment,
3 and recreation industries that promote reg-
4 ular physical activity and reduce sedentary
5 behaviors;

6 (viii) media advocacy training pro-
7 grams for public health and exercise sci-
8 entists so as to empower the scientists to
9 disseminate their knowledge to a broad au-
10 dience; and

11 (ix) campaigns to foster awareness
12 about the health benefits of regular phys-
13 ical activity of not less than 60 minutes a
14 day for all children and youth.

15 (3) Support the evaluation of community action
16 plans of community coalitions described in sub-
17 section (d) and activities carried out pursuant to
18 this Act.

19 (f) DEFINITION.—In this section, the term “State”
20 includes the District of Columbia and any commonwealth,
21 territory, or possession of the United States.

22 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
23 out this section, there are authorized to be appropriated
24 such sums as may be necessary for fiscal years 2014
25 through 2019.

1 **Subtitle B—Healthy Kids Outdoors**

2 **SEC. 211. DEFINITIONS.**

3 In this subtitle:

4 (1) **ELIGIBLE ENTITY.**—The term “eligible enti-
5 ty” means—

6 (A) a State; or

7 (B) a consortium from one State that may
8 include such State and municipalities, entities
9 of local or tribal governments, parks and recre-
10 ation departments or districts, school districts,
11 institutions of higher education, or nonprofit or-
12 ganizations.

13 (2) **LOCAL PARTNERS.**—The term “local part-
14 ners” means a municipality, entity of local or tribal
15 government, parks and recreation departments or
16 districts, Indian tribe, school district, institution of
17 higher education, nonprofit organization, or a con-
18 sortium of local partners.

19 (3) **SECRETARY.**—The term “Secretary” means
20 the Secretary of the Interior.

21 (4) **STATE.**—The term “State” means any of
22 the several States, the District of Columbia, the
23 Commonwealth of Puerto Rico, the United States
24 Virgin Islands, Guam, American Samoa, the Com-
25 monwealth of the Northern Mariana Islands, any

1 other territory or possession of the United States, or
2 any Indian tribe.

3 **SEC. 212. COOPERATIVE AGREEMENTS FOR DEVELOPMENT**
4 **OR IMPLEMENTATION OF HEALTHY KIDS**
5 **OUTDOORS STATE STRATEGIES.**

6 (a) IN GENERAL.—The Secretary is authorized to
7 issue one cooperative agreement per State to eligible enti-
8 ties to develop, implement, and update a 5-year State
9 strategy, to be known as a “Healthy Kids Outdoors State
10 Strategy”, designed to encourage Americans, especially
11 children, youth, and families, to be physically active out-
12 doors.

13 (b) SUBMISSION AND APPROVAL OF STRATEGIES.—

14 (1) APPLICATIONS.—An application for a coop-
15 erative agreement under subsection (a) shall—

16 (A) be submitted not later than 120 days
17 after the Secretary publishes guidelines under
18 subsection (f)(1); and

19 (B) include a Healthy Kids Outdoors State
20 Strategy meeting the requirements of sub-
21 section (c) or a proposal for development and
22 submission of such a strategy.

23 (2) APPROVAL OF STRATEGY; PEER REVIEW.—

24 Not later than 90 days after submission of a
25 Healthy Kids Outdoors State Strategy, the Sec-

1 retary shall, through a peer review process, approve
2 or recommend changes to the strategy.

3 (3) STRATEGY UPDATE.—An eligible entity re-
4 ceiving funds under this section shall update its
5 Healthy Kids Outdoors State Strategy at least once
6 every 5 years. Continued funding under this section
7 shall be contingent upon submission of such updated
8 strategies and reports that document impact evalua-
9 tion methods consistent with the guidelines in sub-
10 section (f)(1) and lessons learned from implementing
11 the strategy.

12 (c) COMPREHENSIVE STRATEGY REQUIREMENTS.—
13 The Healthy Kids Outdoors State Strategy under sub-
14 section (a) shall include—

15 (1) a description of how the eligible entity will
16 encourage Americans, especially children, youth, and
17 families, to be physically active in the outdoors
18 through State, local, and tribal—

19 (A) public health systems;

20 (B) public parks and recreation systems;

21 (C) public transportation and city planning
22 systems; and

23 (D) other public systems that connect
24 Americans, especially children, youth, and fami-
25 lies, to the outdoors;

1 (2) a description of how the eligible entity will
2 partner with nongovernmental organizations, espe-
3 cially those that serve children, youth, and families,
4 including those serving military families and tribal
5 agencies;

6 (3) a description of how State agencies will col-
7 laborate with each other to implement the strategy;

8 (4) a description of how funding will be spent
9 through local planning and implementation sub-
10 grants under subsection (d);

11 (5) a description of how the eligible entity will
12 evaluate the effectiveness of, and measure the im-
13 pact of, the strategy, including an estimate of the
14 costs associated with such evaluation;

15 (6) a description of how the eligible entity will
16 provide opportunities for public involvement in devel-
17 oping and implementing the strategy;

18 (7) a description of how the strategy will in-
19 crease visitation to Federal public lands within the
20 state; and

21 (8) a description of how the eligible entity will
22 leverage private funds to expand opportunities and
23 further implement the strategy.

24 (d) LOCAL PLANNING AND IMPLEMENTATION.—

1 (1) IN GENERAL.—A Healthy Kids Outdoors
2 State Strategy shall provide for subgrants by the co-
3 operative agreement recipient under subsection (a)
4 to local partners to implement the strategy through
5 one or more of the program activities described in
6 paragraph (2).

7 (2) PROGRAM ACTIVITIES.—Program activities
8 may include—

9 (A) implementing outdoor recreation and
10 youth mentoring programs that provide oppor-
11 tunities to experience the outdoors, be phys-
12 ically active, and teach skills for lifelong partici-
13 pation in outdoor activities, including fishing,
14 hunting, recreational shooting, archery, hiking,
15 camping, outdoor play in natural environments,
16 and wildlife watching;

17 (B) implementing programs that connect
18 communities with safe parks, green spaces, and
19 outdoor recreation areas through affordable
20 public transportation and trail systems that en-
21 courage walking, biking, and increased physical
22 activity outdoors;

23 (C) implementing school-based programs
24 that use outdoor learning environments, such as
25 wildlife habitats or gardens, and programs that

1 use service learning to restore natural areas
2 and maintain recreational assets; and

3 (D) implementing education programs for
4 parents and caregivers about the health benefits
5 of active time outdoors to fight obesity and in-
6 crease the quality of life for Americans, espe-
7 cially children, youth, and families.

8 (e) PRIORITY.—In making cooperative agreements
9 under subsection (a) and subgrants under subsection
10 (d)(1), the Secretary and the recipient under subsection
11 (a), respectively, shall give preference to entities that serve
12 individuals who have limited opportunities to experience
13 nature, including those who are socioeconomically dis-
14 advantaged or have a disability or suffer disproportion-
15 ately from physical and mental health stressors.

16 (f) GUIDELINES.—Not later than 180 days after the
17 date of the enactment of this Act, and after notice and
18 opportunity for public comment, the Secretary shall pub-
19 lish in the Federal Register guidelines on the implementa-
20 tion of this subtitle, including guidelines for—

21 (1) developing and submitting strategies and
22 evaluation methods under subsection (b); and

23 (2) technical assistance and dissemination of
24 best practices under section 215.

1 (g) REPORTING.—Not later than 2 years after the
2 Secretary approves the Healthy Kids Outdoors State
3 Strategy of an eligible entity receiving funds under this
4 section, and every year thereafter, the eligible entity shall
5 submit to the Secretary a report on the implementation
6 of the strategy based on the entity’s evaluation and assess-
7 ment of meeting the goals specified in the strategy.

8 (h) ALLOCATION OF FUNDS.—An eligible entity re-
9 ceiving funding under subsection (a) for a fiscal year—

10 (1) may use not more than 5 percent of the
11 funding for administrative expenses; and

12 (2) shall use at least 95 percent of the funding
13 for subgrants to local partners under subsection (d).

14 (i) MATCH.—An eligible entity receiving funding
15 under subsection (a) for a fiscal year shall provide a 25-
16 percent match through in-kind contributions or cash.

17 **SEC. 213. NATIONAL STRATEGY FOR ENCOURAGING AMERI-**
18 **CANS TO BE ACTIVE OUTDOORS.**

19 (a) IN GENERAL.—Not later than September 30,
20 2013, the President, in cooperation with appropriate Fed-
21 eral departments and agencies, shall develop and issue a
22 national strategy for encouraging Americans, especially
23 children, youth, and families, to be physically active out-
24 doors. Such a strategy shall include—

1 (1) identification of barriers to Americans, es-
2 pecially children, youth, and families, spending
3 healthy time outdoors and specific policy solutions to
4 address those barriers;

5 (2) identification of opportunities for partner-
6 ships with Federal, State, tribal, and local partners;

7 (3) coordination of efforts among Federal de-
8 partments and agencies to address the impacts of
9 Americans, especially children, youth, and families,
10 spending less active time outdoors on—

11 (A) public health, including childhood obe-
12 sity, attention deficit disorders and stress;

13 (B) the future of conservation in the
14 United States; and

15 (C) the economy;

16 (4) identification of ongoing research needs to
17 document the health, conservation, economic, and
18 other outcomes of implementing the national strat-
19 egy and State strategies;

20 (5) coordination and alignment with Healthy
21 Kids Outdoors State Strategies; and

22 (6) an action plan for implementing the strat-
23 egy at the Federal level.

24 (b) STRATEGY DEVELOPMENT.—

1 (1) PUBLIC PARTICIPATION.—Throughout the
2 process of developing the national strategy under
3 subsection (a), the President may use, incorporate,
4 or otherwise consider existing Federal plans and
5 strategies that, in whole or in part, contribute to
6 connecting Americans, especially children, youth,
7 and families, with the outdoors and shall provide for
8 public participation, including a national summit of
9 participants with demonstrated expertise in encour-
10 aging individuals to be physically active outdoors in
11 nature.

12 (2) UPDATING THE NATIONAL STRATEGY.—The
13 President shall update the national strategy not less
14 than 5 years after the date the first national strat-
15 egy is issued under subsection (a), and every 5 years
16 thereafter. In updating the strategy, the President
17 shall incorporate results of the evaluation under sec-
18 tion 214.

19 **SEC. 214. NATIONAL EVALUATION OF HEALTH IMPACTS.**

20 The Secretary, in coordination with the Secretary of
21 Health and Human Services, shall—

22 (1) develop recommendations for appropriate
23 evaluation measures and criteria for a study of na-
24 tional significance on the health impacts of the
25 strategies under this subtitle; and

1 (2) carry out such a study.

2 **SEC. 215. TECHNICAL ASSISTANCE AND BEST PRACTICES.**

3 The Secretary shall—

4 (1) provide technical assistance to grantees
5 under section 212 through cooperative agreements
6 with national organizations with a proven track
7 record of encouraging Americans, especially children,
8 youth, and families, to be physically active outdoors;
9 and

10 (2) disseminate best practices that emerge from
11 strategies funded under this subtitle.

12 **SEC. 216. AUTHORIZATION OF APPROPRIATIONS.**

13 (a) IN GENERAL.—There are authorized to be appro-
14 priated to the Secretary to carry out this subtitle such
15 sums as may be necessary for each of fiscal years 2014
16 through 2018.

17 (b) LIMITATION.—Of the amounts made available to
18 carry out this subtitle for a fiscal year, not more than 5
19 percent may be made available for carrying out section
20 215.

21 (c) SUPPLEMENT, NOT SUPPLANT.—Funds made
22 available under this subtitle shall be used to supplement,
23 and not supplant, any other Federal, State, or local funds
24 available for activities that encourage Americans, espe-

1 cially children, youth, and families to be physically active
2 outdoors.

3 **Subtitle C—Other Provisions**

4 **SEC. 221. PHYSICAL EDUCATION GUIDELINES FOR ELE-** 5 **MENTARY AND SECONDARY SCHOOLS.**

6 The Secretary of Health and Human Services, acting
7 through the Director of the Centers for Disease Control
8 and Prevention—

9 (1) not later than 1 year after the date of the
10 enactment of this Act, shall issue and make available
11 to the public guidelines for physical education in ele-
12 mentary and secondary schools; and

13 (2) not less than every 5 years thereafter, up-
14 date such guidelines as appropriate.

15 **SEC. 222. TREATING PHYSICAL EDUCATION AS A CORE ACA-** 16 **DEMIC SUBJECT FOR ELEMENTARY AND SEC-** 17 **ONDARY EDUCATION GRANTS.**

18 Section 9101(11) of the Elementary and Secondary
19 Education Act of 1965 (20 U.S.C. 7801(11)) is amended
20 by inserting “physical education,” after “arts,”.

21 **SEC. 223. PHYSICAL ACTIVITY GUIDELINES FOR PRE-** 22 **SCHOOL CHILDREN.**

23 Not later than 1 year after the date of the enactment
24 of this Act, the Secretary of Health and Human Services,

1 acting through the Centers for Disease Control and Pre-
2 vention, shall—

3 (1) issue physical activity guidelines for pre-
4 school children,

5 (2) make such guidelines available to the public,
6 and

7 (3) make a recommendation to each Head Start
8 agency that such agency implement such guidelines
9 as appropriate in the Head Start program carried
10 out by such agency.

11 **SEC. 224. TRACKING PHYSICAL ACTIVITY IN SCHOOLS.**

12 (a) REPORT CARDS.—Section 1111(h) of the Ele-
13 mentary and Secondary Education Act of 1965 (20 U.S.C.
14 6311(h)) is amended—

15 (1) in paragraph (1)(C)—

16 (A) in clause (vii), by striking “and” after
17 the semicolon;

18 (B) in clause (viii), by striking the period
19 at the end and inserting a semicolon; and

20 (C) by adding at the end the following:

21 “(ix) the amount of time students
22 spend in required physical education as
23 measured against the national standards of
24 150 minutes per week of required physical
25 education for students in elementary school

1 and 225 minutes per week of required
2 physical education for students in middle
3 school and secondary school;

4 “(x) the percentage of local edu-
5 cational agencies in the State that have a
6 required, age-appropriate physical edu-
7 cation curriculum for all students in ele-
8 mentary schools, middle schools, and sec-
9 ondary schools that adheres to national
10 guidelines adopted by the Centers for Dis-
11 ease Control and Prevention and State
12 standards;

13 “(xi) the percentage of elementary
14 school and secondary school physical edu-
15 cation teachers who are State licensed or
16 certified as physical education teachers;
17 and

18 “(xii) the percentage of schools that
19 have a School Health Council that includes
20 parents, students, representatives of the
21 school food authority, representatives of
22 the school board, school administrators
23 and members of the public and that meets
24 monthly to promote a healthy school envi-
25 ronment.”;

1 (2) in paragraph (2)(B)(i)—

2 (A) in subclause (I), by striking “and”
3 after the semicolon;

4 (B) in subclause (II), by striking “and”
5 after the semicolon; and

6 (C) by adding at the end the following:

7 “(III) the percentage of elemen-
8 tary school and secondary school
9 physical education teachers who are
10 State certified as physical education
11 teachers; and

12 “(IV) the amount of square feet
13 of indoor and outdoor facilities that
14 are primarily used for physical edu-
15 cation and the amount of square feet
16 of indoor and outdoor facilities that
17 are primarily used for physical activ-
18 ity; and”;

19 (3) in paragraph (2)(B)(ii)—

20 (A) in subclause (I), by striking “and”
21 after the semicolon;

22 (B) in subclause (II), by striking the pe-
23 riod at the end and inserting a semicolon; and

24 (C) by adding at the end the following:

1 “(III) the percentage of elemen-
2 tary school and secondary school
3 physical education teachers who are
4 State certified as physical education
5 teachers; and

6 “(IV) the number of meetings of
7 a School Health Council that includes
8 parents, students, representatives of
9 the school food authority, representa-
10 tives of the school board, school ad-
11 ministrators and members of the pub-
12 lic during the school year.”.

13 (b) PROMOTING PHYSICAL EDUCATION AND ACTIV-
14 ITY IN SCHOOL PROGRAMS.—

15 (1) ELEMENTARY AND SECONDARY SCHOOL
16 COUNSELING PROGRAMS.—Section 5421 of the Ele-
17 mentary and Secondary Education Act of 1965 (20
18 U.S.C. 7245) is amended—

19 (A) in subsection (b)(2)(H), by inserting “,
20 which design and implementation shall take
21 into consideration the overall emotional and
22 physical well-being of students” after “the pro-
23 gram”; and

1 (B) in subsection (c)(2)(E), by inserting
2 “health, the importance of regular physical ac-
3 tivity,” after “relationships,”.

4 (2) SMALLER LEARNING COMMUNITIES.—Sec-
5 tion 5441(b) of the Elementary and Secondary Edu-
6 cation Act of 1965 (20 U.S.C. 7249(b)) is amended
7 by adding at the end the following:

8 “(14) How the local educational agency will en-
9 sure that smaller learning communities support
10 healthy lifestyles including participation in physical
11 education and physical activity by all students and
12 access to nutritious food and nutrition education.”.

13 (3) 21ST CENTURY COMMUNITY LEARNING CEN-
14 TERS.—

15 (A) PURPOSE; DEFINITIONS.—Section
16 4201 of the Elementary and Secondary Edu-
17 cation Act of 1965 (20 U.S.C. 7171) is amend-
18 ed—

19 (i) in subsection (a)(2), by inserting
20 “nutrition education programs, structured
21 physical activity programs,” after “recre-
22 ation programs,”; and

23 (ii) in subsection (b)(1)(A), by insert-
24 ing “nutrition education, structured phys-
25 ical activity,” after “recreation,”.

1 (B) LOCAL COMPETITIVE GRANT PRO-
2 GRAM.—Section 4204(b)(2) of the Elementary
3 and Secondary Education Act of 1965 (20
4 U.S.C. 7174(b)(2))—

5 (i) in subparagraph (M), by striking
6 “and” after the semicolon;

7 (ii) by redesignating subparagraph
8 (N) as subparagraph (O); and

9 (iii) by inserting after subparagraph
10 (M) the following:

11 “(N) an assurance that the proposed pro-
12 gram is coordinated with the physical education
13 and health education programs offered during
14 the school day; and”.

15 (C) LOCAL ACTIVITIES.—Section 4205(a)
16 of the Elementary and Secondary Education
17 Act of 1965 (20 U.S.C. 7175(a))—

18 (i) in paragraph (11), by striking
19 “and” after the semicolon;

20 (ii) in paragraph (12), by striking the
21 period at the end and inserting “; and”;
22 and

23 (iii) by adding at the end the fol-
24 lowing:

1 “(13) programs that support a healthy, active
2 lifestyle, including nutritional education and regular,
3 structured physical activity programs.”.

4 (4) PARENTAL INVOLVEMENT.—Section 1118
5 of the Elementary and Secondary Education Act of
6 1965 is amended—

7 (A) in subsection (a)(2)—

8 (i) in subparagraph (E), by striking
9 “and” at the end;

10 (ii) by redesignating subparagraph
11 (F) as subparagraph (G); and

12 (iii) by inserting after subparagraph
13 (E) the following:

14 “(F) involve and train parents in encour-
15 aging and supporting a healthy and active life-
16 style, including increased physical activity dur-
17 ing and outside the school day, and nutritional
18 eating habits in the home and at school; and”;

19 (B) in subsection (d)—

20 (i) in the subsection heading, by in-
21 serting after “ACHIEVEMENT” the fol-
22 lowing: “BY HEALTHY, ACTIVE STU-
23 DENTS”;

24 (ii) in the matter preceding paragraph
25 (1), by striking “standards.” and inserting

1 “standards and to ensure that the children
2 lead healthy, active lives.”; and

3 (iii) in paragraph (1)—

4 (I) by inserting after “sup-
5 portive” the following: “, healthy,”;

6 (II) by striking “; and partici-
7 pating” and inserting “; partici-
8 pating”; and

9 (III) by inserting after “extra-
10 curricular time” the following: “and
11 supporting their children in leading a
12 healthy and active life, such as by
13 providing healthy meals and snacks,
14 encouraging participation in physical
15 education, and sharing in physical ac-
16 tivity outside the school day”;

17 (C) in subsection (e)—

18 (i) by redesignating paragraphs (6)
19 through (14) as paragraphs (7) through
20 (15), respectively; and

21 (ii) by inserting after paragraph (5)
22 the following:

23 “(6)(A) shall ensure that parents and teachers
24 have information about the importance of a healthy
25 lifestyle, including nutritional eating habits, physical

1 education, and physical activity, to an effective
2 learning environment; and

3 “(B) shall coordinate activities with parents
4 and teachers to ensure that children are provided
5 with nutritious meals and snacks, and have ample
6 opportunities for physical education and physical ac-
7 tivity during and outside the school day;”.

8 (c) PROFESSIONAL DEVELOPMENT FOR TEACHERS
9 AND PRINCIPALS.—

10 (1) STATE APPLICATIONS.—Section 2112(b) of
11 the Elementary and Secondary Education Act of
12 1965 (20 U.S.C. 6612(b)) is amended by adding at
13 the end the following:

14 “(13) A description of how the State edu-
15 cational agency will use funds under this part to
16 provide professional development that is directly re-
17 lated to the fields of physical education and health
18 education to physical education teachers and health
19 education teachers to ensure that children are lead-
20 ing healthy, active lifestyles that are conducive to ef-
21 fective learning.”.

22 (2) STATE USE OF FUNDS.—Section 2113(c)(6)
23 of the Elementary and Secondary Education Act of
24 1965 (20 U.S.C. 6613(c)(6)) is amended—

1 (A) by striking “, in cases in which a State
2 educational agency determines support to be
3 appropriate,”; and

4 (B) by inserting “, physical education
5 teachers, and health education teachers” after
6 “pupil services personnel”.

7 (3) LOCAL APPLICATIONS AND NEEDS ASSESS-
8 MENT.—Section 2122(b)(9) of the Elementary and
9 Secondary Education Act of 1965 (20 U.S.C.
10 6622(b)(9)) is amended—

11 (A) in subparagraph (C), by striking
12 “and” after the semicolon;

13 (B) in subparagraph (D), by striking the
14 period at the end and inserting “; and”; and

15 (C) by adding at the end the following:

16 “(E) improve the health and eating habits
17 of students and increase rates of physical activ-
18 ity of students.”.

19 (4) LOCAL USE OF FUNDS.—Section 2123(a)(3)
20 of the Elementary and Secondary Education Act of
21 1965 (20 U.S.C. 6623(a)(3)) is amended—

22 (A) in subparagraph (A)—

23 (i) in clause (i), by striking “and”
24 after the semicolon; and

1 (ii) by adding at the end the fol-
2 lowing:

3 “(iii) effective strategies for improving
4 the healthy habits of students and the
5 rates of physical activity by students that
6 result in the ability to learn more effec-
7 tively; and”;

8 (B) in subparagraph (B)—

9 (i) in clause (iv), by striking “and”
10 after the semicolon;

11 (ii) in clause (v), by striking the pe-
12 riod at the end and inserting “; and”;

13 (iii) by adding at the end the fol-
14 lowing:

15 “(vi) provide training, with curricula
16 that is evidence-based, in how to teach
17 physical education and health education
18 that results in the ability of students to
19 learn more effectively.”.

20 (d) NATIONAL RESEARCH COUNCIL STUDY.—Not
21 later than 180 days after the date of enactment of this
22 Act, the Secretary of Education shall enter into a contract
23 with the National Research Council of the National Acad-
24 emy of Sciences to—

1 (1) examine and make recommendations re-
2 garding—

3 (A) various means that may be employed
4 to incorporate physical activity into Head Start
5 and childcare settings, elementary, middle, and
6 high school settings, and before- and after-
7 school programs; and

8 (B) innovative and effective ways to in-
9 crease physical activity for all students;

10 (2) study the impact of health, level of physical
11 activity, and amount of physical education on stu-
12 dents' ability to learn and maximize performance in
13 school; and

14 (3) study and provide specific recommendations
15 for—

16 (A) effectively measuring the progress of
17 students, at the school level, in improving their
18 health and well-being, including improving
19 their—

20 (i) knowledge, awareness, and behav-
21 ior changes, related to nutrition and phys-
22 ical activity;

23 (ii) cognitive development, and fitness
24 improvement, in physical education;

- 1 (iii) knowledge of lifetime physical ac-
2 tivity and health promotion;
3 (iv) decrease in obesity; and
4 (v) levels on overall health indicators;
5 and
6 (B) effectively measuring the progress of
7 students, at the school level, in increasing phys-
8 ical activity.

9 **SEC. 225. EMPLOYER-PROVIDED OFF-PREMISES HEALTH**
10 **CLUB SERVICES.**

11 (a) TREATMENT AS FRINGE BENEFIT.—Subpara-
12 graph (A) of section 132(j)(4) of the Internal Revenue
13 Code of 1986 (relating to on-premises gyms and other ath-
14 letic facilities) is amended to read as follows:

15 “(A) IN GENERAL.—Gross income shall
16 not include—

17 “(i) the value of any on-premises ath-
18 letic facility provided by an employer to the
19 employer’s employees, and

20 “(ii) so much of the fees, dues, or
21 membership expenses paid by an employer
22 to an athletic or fitness facility described
23 in subparagraph (C) on behalf of the em-
24 ployer’s employees as does not exceed \$900
25 per employer per year.”.

1 (b) ATHLETIC FACILITIES DESCRIBED.—Paragraph
2 (4) of section 132(j) of such Code is amended by adding
3 at the end the following new subparagraph:

4 “(C) CERTAIN ATHLETIC OR FITNESS FA-
5 CILITIES DESCRIBED.—For purposes of sub-
6 paragraph (A)(ii), an athletic or fitness facility
7 described in this subparagraph is a facility—

8 “(i) providing instruction in a pro-
9 gram of physical exercise, offering facilities
10 for the preservation, maintenance, encour-
11 agement, or development of physical fit-
12 ness, or serving as the site of such a pro-
13 gram of a State or local government,

14 “(ii) which is not a private club owned
15 and operated by its members,

16 “(iii) which does not offer golf, hunt-
17 ing, sailing, or riding facilities,

18 “(iv) whose health or fitness facility is
19 not incidental to its overall function and
20 purpose, and

21 “(v) which is fully compliant with the
22 State of jurisdiction and Federal anti-dis-
23 crimination laws.”.

1 (c) EXCLUSION APPLIES TO HIGHLY COMPENSATED
2 EMPLOYEES ONLY IF NO DISCRIMINATION.—Paragraph
3 (1) of section 132(j) of such Code is amended—

4 (1) by striking “Paragraphs (1) and (2) of sub-
5 section (a)” and inserting “Paragraphs (1) and (2)
6 of subsection (a) and paragraph (4) of this sub-
7 section”, and

8 (2) in the heading by striking “EXCLUSIONS
9 UNDER SUBSECTION (A)(1) AND (2)” and inserting
10 “CERTAIN EXCLUSIONS”.

11 (d) EMPLOYER DEDUCTION FOR DUES TO CERTAIN
12 ATHLETIC FACILITIES.—

13 (1) IN GENERAL.—Paragraph (3) of section
14 274(a) of such Code (relating to denial of deduction
15 for club dues) is amended by adding at the end the
16 following new sentence: “The preceding sentence
17 shall not apply to so much of the fees, dues, or
18 membership expenses paid to athletic or fitness fa-
19 cilities (within the meaning of section 132(j)(4)(C))
20 as does not exceed \$900 per employee per year.”.

21 (2) CONFORMING AMENDMENT.—Section
22 274(e)(4) of such Code is amended by inserting “the
23 first sentence of” before “subsection (a)(3)”.

1 (e) EFFECTIVE DATE.—The amendments made by
2 this section shall apply to taxable years beginning after
3 the date of the enactment of this Act.

4 **SEC. 226. CERTAIN AMOUNTS PAID FOR PHYSICAL ACTIV-**
5 **ITY, FITNESS, AND EXERCISE TREATED AS**
6 **AMOUNTS PAID FOR MEDICAL CARE.**

7 (a) IN GENERAL.—Paragraph (1) of section 213(d)
8 of the Internal Revenue Code of 1986 is amended by strik-
9 ing “or” at the end of subparagraph (C), by striking the
10 period at the end of subparagraph (D) and inserting “,
11 or”, and by adding at the end the following new subpara-
12 graph:

13 “(E) for qualified sports and fitness ex-
14 penses.”.

15 (b) QUALIFIED SPORTS AND FITNESS EXPENSES.—
16 Subsection (d) of section 213 of such Code is amended
17 by adding at the end the following paragraph:

18 “(12) QUALIFIED SPORTS AND FITNESS EX-
19 PENSES.—

20 “(A) IN GENERAL.—The term ‘qualified
21 sports and fitness expenses’ means amounts
22 paid—

23 “(i) for membership at a fitness cen-
24 ter,

1 “(ii) for participation or instruction in
2 a program of physical exercise or physical
3 activity, and

4 “(iii) for equipment for use in a pro-
5 gram (including a self-directed program) of
6 physical exercise or physical activity.

7 “(B) OVERALL DOLLAR LIMITATION.—The
8 aggregate amount treated as qualified sports
9 and fitness expenses with respect to any tax-
10 payer for any taxable year shall not exceed
11 \$1,000 (\$2,000 in the case of a joint return or
12 a head of household (as defined in section
13 2(b))).

14 “(C) FITNESS FACILITY DEFINED.—For
15 purposes of subparagraph (A)(i), the term ‘fit-
16 ness facility’ means a facility—

17 “(i) providing instruction in a pro-
18 gram of physical exercise, offering facilities
19 for the preservation, maintenance, encour-
20 agement, or development of physical fit-
21 ness, or serving as the site of such a pro-
22 gram of a State or local government,

23 “(ii) which is not a private club owned
24 and operated by its members,

1 “(iii) which does not offer golf, hunt-
2 ing, sailing, or riding facilities,

3 “(iv) whose health or fitness facility is
4 not incidental to its overall function and
5 purpose, and

6 “(v) which is fully compliant with the
7 State of jurisdiction and Federal anti-dis-
8 crimination laws.

9 “(D) LIMITATIONS RELATED TO SPORTS
10 AND FITNESS EQUIPMENT.—Amounts paid for
11 equipment described in subparagraph (A)(iii)
12 shall be treated as a qualified sports and fitness
13 expense only—

14 “(i) if such equipment is utilized ex-
15 clusively for participation in fitness, exer-
16 cise, sport, or other physical activity pro-
17 grams,

18 “(ii) if such equipment is not apparel
19 or footwear, and

20 “(iii) in the case of any item of sports
21 equipment (other than exercise equip-
22 ment), with respect to so much of the
23 amount paid for such item as does not ex-
24 ceed \$250.

1 **TITLE III—IMPROVING ACCESS**
2 **TO NUTRITIONAL INFORMA-**
3 **TION AND HEALTHY FOODS**

4 **SEC. 301. CONSUMER EDUCATION.**

5 Subsection (c) of section 2 of the Nutrition Labeling
6 and Education Act of 1990 (Pub. L. 101–535; 104 Stat.
7 2353, 2357; 21 U.S.C. 343 note) is amended to read as
8 follows:

9 “(c) CONSUMER EDUCATION.—

10 “(1) IN GENERAL.—The Secretary of Health
11 and Human Services shall carry out activities which
12 educate consumers about—

13 “(A) the availability of nutrition informa-
14 tion in the label or labeling of food;

15 “(B) the importance of that information in
16 maintaining healthy dietary practices;

17 “(C) the importance of physical activity
18 and healthy lifestyles; and

19 “(D) the importance of maintaining an en-
20 ergy balance in consumption and activity.

21 “(2) CERTAIN ACTIVITIES.—Activities under
22 paragraph (1) shall include the use of public edu-
23 cation campaigns, public statements, and other re-
24 sources designed to educate consumers about the

1 subjects described in subparagraphs (A) through (D)
2 of such paragraph.”.

3 **SEC. 302. EXPAND TEAM NUTRITION TRAINING GRANTS.**

4 Section 19 of the Child Nutrition Act of 1966 (20
5 U.S.C. 1788) is amended—

6 (1) by redesignating subsection (l) as subsection
7 (m); and

8 (2) by inserting after subsection (k), the fol-
9 lowing:

10 “(l) INFRASTRUCTURE IMPROVEMENT GRANTS.—

11 “(1) IN GENERAL.—Subject to the availability
12 of funds to carry out this subsection, the Secretary
13 shall award one-time grants, on a competitive basis,
14 to eligible State agencies to assist such State agen-
15 cies in carrying out infrastructure improvements for
16 the purpose of improving children’s lifelong eating
17 and physical habits, consistent with the most recent
18 Dietary Guidelines for Americans published under
19 section 301 of the National Nutrition Monitoring
20 and Related Research Act of 1990 (7 U.S.C. 5341).

21 “(2) ELIGIBLE STATE AGENCY.—For purposes
22 of this subsection, an ‘eligible State agency’
23 means—

24 “(A) a State agency that participates in—

1 “(i) the school lunch program under
2 the Richard B. Russell National School
3 Lunch Act (42 U.S.C. 1751 et seq.);

4 “(ii) the school breakfast program
5 under section 4 of this Act; or

6 “(iii) the child and adult care food
7 program under the Richard B. Russell Na-
8 tional School Lunch Act (42 U.S.C. 1766);

9 or

10 “(B) a consortium of 2 or more such State
11 agencies—

12 “(i) located in the same State; or

13 “(ii) located in different States.

14 “(3) APPLICATION.—To receive a grant under
15 this subsection, an eligible State agency shall submit
16 to the Secretary an application at such time, in such
17 manner, and containing such information as the Sec-
18 retary may require

19 “(4) USES OF FUNDS.—

20 “(A) REQUIRED USES.—An eligible State
21 agency that receives a grant under this sub-
22 section shall use such funds to cover the costs
23 of infrastructure improvements related to the
24 school lunch program, school breakfast pro-
25 gram, or the child and adult food care program,

1 including improvements in kitchen equipment
2 and other foodservice equipment used to serve
3 or store food offered to children under any such
4 program.

5 “(B) AUTHORIZED USES.—An eligible
6 State agency that receives a grant under this
7 subsection may use such funds to award sub-
8 grants to local educational agencies to carry out
9 the activities described in subparagraph (A).

10 “(5) RECORDKEEPING.—An eligible State agen-
11 cy receiving a grant under this subsection shall keep
12 a record of the use of the grant funds.”.

13 **SEC. 303. URBAN AND NATIVE-AMERICAN COMMUNITY GAR-**
14 **DEN GRANT PROGRAM.**

15 (a) PROGRAM ESTABLISHED.—From the amounts
16 appropriated to carry out this section, the Secretary of
17 Agriculture shall award grants to eligible entities to ex-
18 pand, establish, or maintain urban community gardens.

19 (b) ELIGIBLE ENTITY.—For purposes of this section,
20 an eligible entity means—

21 (1) a private or for-profit organization; or

22 (2) a unit of general local government, or tribal
23 government, located on tribal land or in a low-in-
24 come community.

1 (c) APPLICATION.—In order to receive a grant under
2 this section, an eligible entity shall submit to the Secretary
3 an application at such time, in such manner, and con-
4 taining such information as the Secretary may require, in-
5 cluding—

6 (1) an assurance that priority for hiring for
7 jobs created by the expansion, establishment, or
8 maintenance of an urban community garden funded
9 with a grant received under this section will be given
10 to individuals who reside in the community where
11 the garden is located; and

12 (2) a demonstration that the eligible entity is
13 committed to providing non-Federal financial or in-
14 kind support (such as providing a water supply) for
15 the urban community garden for which the entity re-
16 ceives funds under this section.

17 (d) DEFINITIONS.—In this section:

18 (1) LOW-INCOME COMMUNITY.—The term “low-
19 income communities” includes—

20 (A) communities with a high percentage of
21 children eligible for free and reduced priced
22 lunches under the Richard B. Russell National
23 School Lunch Act (42 U.S.C. 1751 et seq.);
24 and

1 (B) any other communities determined by
2 the Secretaries to be low-income for purposes of
3 this section.

4 (2) UNIT OF GENERAL LOCAL GOVERNMENT.—

5 The term “unit of general local government” has the
6 meaning given such term in section 102 of the
7 Housing and Community Development Act of 1974
8 (42 U.S.C. 5302).

9 (e) AUTHORIZATION OF APPROPRIATIONS.—For each
10 of fiscal years 2014 through 2018, there are authorized
11 to be appropriated to the Secretary such sums as may be
12 necessary to award grants under this section.

13 **TITLE IV—REALIGNING TRANS-**
14 **PORTATION POLICY TO HELP**
15 **PROMOTE HEALTHY LIFE-**
16 **STYLES**

17 **SEC. 401. GRANTS TO PROMOTE PLANNING DECISIONS AND**
18 **POLICIES THAT INCREASE ACCESS TO PHYS-**
19 **ICAL ACTIVITY.**

20 (a) GRANTS.—The Secretary of Transportation may
21 make grants to eligible entities for the purpose of assisting
22 local planning decisions and policies that increase the ac-
23 cess of individuals to physical activity.

1 (b) ACTIVITIES UNDER GRANTS.—The activities of
2 eligible entities that may be funded by a grant under sub-
3 section (a) include the following:

4 (1) The coordination of activities carried out by
5 local government officials (including planning, public
6 works, housing, and transportation officials), school
7 boards, and others to increase the access of individ-
8 uals to physical activity through—

9 (A) improved integration of land use, hous-
10 ing, transportation, and infrastructure plan-
11 ning; and

12 (B) consideration of impacts on physical
13 activity levels during such planning.

14 (2) The formulation of strategies to establish
15 and implement—

16 (A) plans and policies that increase infra-
17 structure for pedestrians and bicyclists to con-
18 nect such individuals to schools, recreation op-
19 portunities, jobs, and retail opportunities, in-
20 cluding policies requiring developers to build
21 sidewalks and bicycle lanes; or

22 (B) plans and policies that place schools
23 within neighborhoods and provide bike paths,
24 sidewalks, trails, and other infrastructure to en-

1 courage and make possible the walking and bi-
2 cycling to school of students and staff.

3 (3) The carrying out of health impact assess-
4 ments with respect to proposals for the placement or
5 construction of buildings, sidewalks, roads, trails,
6 schools, or other aspects of the built environment.

7 (c) REPORTING.—

8 (1) IN GENERAL.—An eligible entity that re-
9 ceives a grant under subsection (a) shall submit to
10 Congress and the Secretary of Transportation a re-
11 port on the extent to which such grant has—

12 (A) led to planning decisions and policies
13 that increase the access of individuals to phys-
14 ical activity; and

15 (B) led to an improvement in the health of
16 individuals.

17 (2) TIMING.—A report under paragraph (1)
18 shall be made not less than 3 years and not more
19 than 5 years after the date on which such grant is
20 received.

21 (d) DEFINITIONS.—In this section, the following defi-
22 nitions apply:

23 (1) BUILT ENVIRONMENT.—The term “built
24 environment” means any buildings or spaces that
25 are created or modified by individuals, including

1 homes, schools, workplaces, parks and other recre-
2 ation areas, greenways, business areas, and trans-
3 portation areas.

4 (2) **ELIGIBLE ENTITY.**—The term “eligible enti-
5 ty” means a local government agency or group of
6 such agencies with jurisdiction over planning or land
7 use decisions.

8 (3) **HEALTH IMPACT ASSESSMENT.**—The term
9 “health impact assessment” means, in relation to a
10 proposal, an assessment of the impact that the pro-
11 posal will have on the health of individuals if imple-
12 mented.

13 **SEC. 402. JOINT USE AGREEMENTS.**

14 (a) **GRANTS.**—The Secretary may make a grant to
15 any eligible school or other public or nonprofit entity for
16 the purposes of meeting either or both of the following:

17 (1) Costs incurred by the school or other entity
18 in negotiating or entering into a joint use agree-
19 ment.

20 (2) Costs payable under a joint use agreement
21 during the first year in which the joint use agree-
22 ment is in force.

23 (b) **PRIORITY.**—In making grants under subsection
24 (a), the Secretary shall give priority to schools or other
25 public or nonprofit entities in areas—

1 (1) where obesity rates are above the national
2 average;

3 (2) where at least 50 percent of the residents
4 are below the poverty line; or

5 (3) that lack safe, accessible, and affordable fit-
6 ness and recreational facilities.

7 (c) DEFINITIONS.—In this section, the following defi-
8 nitions apply:

9 (1) ELIGIBLE SCHOOL.—The term “eligible
10 school” means any elementary school or secondary
11 school within the meaning of section 9101 of the El-
12 elementary and Secondary Education Act 1965 (20
13 U.S.C. 7801).

14 (2) JOINT USE AGREEMENT.—The term “joint
15 use agreement” means an agreement between an eli-
16 gible school and another public or nonprofit entity
17 relating to the use of a school’s facilities or equip-
18 ment by people other than the school’s students or
19 staff.

20 (3) POVERTY LINE.—The term “poverty line”
21 has the meaning given such term in section 673 of
22 the Community Services Block Grant Act (42 U.S.C.
23 9902).

24 (4) SECRETARY.—The term “Secretary” means
25 the Secretary of Health and Human Services acting

1 through the Director of the Centers for Disease
2 Control and Prevention.

3 **TITLE V—RESEARCH AND**
4 **ASSESSMENT TOOLS**

5 **SEC. 501. NATIONAL CENTER FOR HEALTH STATISTICS.**

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

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

11 (2) by redesignating subsection (n) as sub-
12 section (o); and

13 (3) by inserting after subsection (m) the fol-
14 lowing:

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

17 “(A) collection of data for determining the fit-
18 ness levels and energy expenditure of children and
19 youth; and

20 “(B) analysis of data collected as part of the
21 National Health and Nutrition Examination Survey
22 and other data sources.

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

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

6 **SEC. 502. REPORT ON OBESITY RESEARCH.**

7 (a) IN GENERAL.—Not later than 1 year after the
8 date of enactment of this Act, the Secretary of Health and
9 Human Services shall submit to the Committee on Health,
10 Education, Labor, and Pensions of the Senate and the
11 Committee on Energy and Commerce of the House of
12 Representatives a report on research conducted on causes
13 and health implications (including mental health implica-
14 tions) of obesity and being overweight.

15 (b) CONTENT.—The report described in subsection
16 (a) shall contain—

17 (1) descriptions on the status of relevant, cur-
18 rent, ongoing research being conducted in the De-
19 partment of Health and Human Services including
20 research at the National Institutes of Health, the
21 Centers for Disease Control and Prevention, the
22 Agency for Healthcare Research and Quality, the
23 Health Resources and Services Administration, and
24 other offices and agencies;

1 (2) information about what these studies have
2 shown regarding the causes, prevention, and treat-
3 ment of, obesity and being overweight; and

4 (3) recommendations on further research that
5 is needed, including research among diverse popu-
6 lations, the plan of the Department of Health and
7 Human Services for conducting such research, and
8 how current knowledge can be disseminated.