

115TH CONGRESS
1ST SESSION

H. R. 1634

To require the Secretary of Health and Human Services to issue to Federal agencies guidelines for developing procedures and requirements relating to certain primary care Federal health professionals completing continuing medical education on nutrition and to require Federal agencies to submit annual reports relating to such guidelines, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 20, 2017

Mr. GRIJALVA (for himself, Mr. GARAMENDI, Ms. JACKSON LEE, Ms. ROYBAL-ALLARD, and Mr. RYAN of Ohio) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Secretary of Health and Human Services to issue to Federal agencies guidelines for developing procedures and requirements relating to certain primary care Federal health professionals completing continuing medical education on nutrition and to require Federal agencies to submit annual reports relating to such guidelines, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Education and Train-
3 ing for Health Act of 2017” or the “EAT for Health Act
4 of 2017”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) According to 2013 national health expendi-
8 ture data, United States health care spending in-
9 creased 3.6 percent to reach \$2.9 trillion, or \$9,255
10 per person, and accounted for 17.4 percent of Gross
11 Domestic Product (GDP).

12 (2) According to the Institute of Medicine, in
13 2012 estimates of health care costs attributed over
14 75 percent of national health expenditures to treat-
15 ment for chronic diseases.

16 (3) A March 2003 report from the World
17 Health Organization concluded diet was a major
18 cause of chronic diseases.

19 (4) Seven out of 10 deaths among people in the
20 United States each year are from chronic diseases
21 such as cardiovascular disease, obesity, diabetes, and
22 cancer.

23 (5) According to the Centers for Disease Con-
24 trol and Prevention, in 2013 heart disease was the
25 leading cause of death for American adults. Approxi-
26 mately 600,000 American adults die each year from

1 cardiovascular disease. Coronary heart disease alone
2 costs American taxpayers \$108.9 billion each year.

3 (6) Research has shown that following a health-
4 ful diet can not only reduce symptoms related to
5 cardiovascular disease but can also actually reverse
6 damage done to the arteries.

7 (7) According to the Journal of the American
8 Medical Association, two-thirds of adults in the
9 United States are currently overweight, and half of
10 those overweight individuals are obese. One in three
11 children are overweight, and one-fifth of children are
12 obese. The United States spends about \$147 to
13 \$210 billion a year on obesity related diseases, in-
14 cluding type 2 diabetes, hypertension, heart disease,
15 and arthritis.

16 (8) An estimated 29.1 million people in the
17 United States have diabetes. Another 86 million
18 American adults have prediabetes. The Centers for
19 Disease Control and Prevention predicts that one in
20 three children born in 2000 will develop diabetes at
21 some point in their lives. Total estimated costs of di-
22 agnosed diabetes have increased 41 percent, to \$245
23 billion in 2012 from \$174 billion in 2007.

24 (9) According to the American Cancer Society,
25 there will be an estimated 1,658,370 new cancer

1 cases diagnosed and 589,430 cancer deaths in the
2 United States in 2015. That is equivalent to about
3 1,620 deaths per day and accounts for nearly 1 of
4 every 4 deaths. The Agency for Healthcare Research
5 and Quality (AHRQ) estimates that the direct med-
6 ical costs for cancer in the United States in 2011
7 were \$88.7 billion.

8 (10) According to the Journal of the American
9 College of Nutrition, in 2008 physicians felt inad-
10 equately trained to provide proper nutrition advice.
11 Ninety-four percent felt nutrition counseling should
12 be included during primary care visits, but only 14
13 percent felt adequately trained to provide such coun-
14 seling.

15 (11) A 1985 National Academy of Sciences re-
16 port recommended that all medical schools require at
17 least 25 contact hours of nutrition education. Ac-
18 cording to a 2009 national survey of medical colleges
19 published in Academic Medicine, only 38 percent of
20 medical schools met these minimum standards by re-
21 quiring 25 hours of nutrition education as part of
22 their general curricula in 2004. By 2010, that num-
23 ber had shrunk to 27 percent. In addition, 30 per-
24 cent of United States medical schools required a
25 dedicated nutrition course in 2004. Most recently,

1 only 25 percent of such schools required such a
2 course in 2010.

3 (12) According to the Journal of Nutrition in
4 Clinical Practice in 2010, more than half of grad-
5 uating medical students felt their nutrition edu-
6 cation was insufficient.

7 (13) Recognizing the importance of nutrition,
8 Healthy People 2020—the Federal Government’s
9 framework for a healthier Nation—includes a goal
10 (NWS-6) to increase the proportion of physician of-
11 fice visits that include counseling or education re-
12 lated to nutrition or weight. According to Healthy
13 People 2020, only 13.8 percent of physician office
14 visits included counseling about nutrition or diet
15 (2010 latest year available).

16 (14) According to Mission: Readiness, one in
17 four Americans cannot serve in the military due to
18 weight. For those serving, the military discharged
19 4,300 active-duty personnel due to weight problems
20 in 2012.

21 (15) According to the Journal of American
22 Health Promotion, the military spends well over \$1
23 billion a year to treat weight-related health problems
24 such as heart disease and diabetes through its

1 TRICARE health insurance for active duty per-
2 sonnel, reservists, retirees and their families.

3 (16) According to the Centers for Disease Con-
4 trol and Prevention, American Indian or Alaska Na-
5 tive adults are 60 percent more likely to be obese
6 and over twice as likely as to have diabetes com-
7 pared to White adults.

8 (17) According to the Centers for Disease Con-
9 trol and Prevention, American Indian or Alaska Na-
10 tive adults have the highest rate of diabetes among
11 all minority groups at 15.9 percent.

12 **SEC. 3. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
13 **GUIDELINES, AND FEDERAL AGENCIES AN-**
14 **NUAL REPORTS, RELATING TO CERTAIN PRI-**
15 **MARY CARE FEDERAL HEALTH PROFES-**
16 **SIONALS COMPLETING CONTINUING MED-**
17 **ICAL EDUCATION ON NUTRITION.**

18 (a) GUIDELINES.—Not later than 180 days after the
19 date of the enactment of this Act, the Secretary of Health
20 and Human Services shall issue guidelines to Federal
21 agencies for developing procedures and requirements to
22 ensure that every primary care health professional em-
23 ployed full-time for such agencies have continuing edu-
24 cation courses relating to nutrition (as described in sub-
25 section (c)).

1 (b) BIENNIAL REPORTS.—Not later than 18 months
2 after the date of the enactment of this Act and each subse-
3 quent year, the head of each Federal agency that employs
4 full-time primary care health professionals shall submit to
5 Congress a report attesting, in a form and manner speci-
6 fied by the Secretary of Health and Human Services, to
7 the extent to which the agency has adopted and encour-
8 aged the guidelines issued under subsection (a) with re-
9 spect to such professionals employed by such agency dur-
10 ing any portion of the previous year. If the agency, with
11 respect to such previous year, did not fully adopt and en-
12 courage such guidelines with respect to such professionals,
13 the head of the agency shall include in the report for the
14 year the percentage of such professionals employed by
15 such agency to furnish primary care services who com-
16 pleted continuing education courses relating to nutrition
17 (as described in subsection (c)).

18 (c) CONTINUING EDUCATION RELATING TO NUTRI-
19 TION.—For purposes of subsections (a) and (b), con-
20 tinuing education courses relating to nutrition shall in-
21 clude at least content on the role of nutrition in the pre-
22 vention, management, and, as possible, reversal of obesity,
23 cardiovascular disease, diabetes, or cancer.

24 (d) DEFINITIONS.—For purposes of this Act:

1 (1) CONTINUING EDUCATION.—The term “con-
2 tinuing education” is defined as courses that meet
3 requirements for Continuing Medical Education
4 (CME) or Continuing Education (CE) by medical or
5 nurse practitioner professional organizations or cer-
6 tified accrediting bodies.

7 (2) NURSE PRACTITIONER.—The term “nurse
8 practitioner” has the meaning given such term in
9 section 1861(aa)(5) of the Social Security Act (42
10 U.S.C. 1395x(aa)(5)).

11 (3) PHYSICIAN.—The term “physician” has the
12 meaning given such term in section 1861(r)(1) of
13 the Social Security Act (42 U.S.C. 1395x(r)(1)).

14 (4) PRIMARY CARE HEALTH PROFESSIONAL.—
15 The term “primary care health professional” means
16 a physician or nurse practitioner who furnishes pri-
17 mary care services.

18 (5) PRIMARY CARE SERVICES.—The term “pri-
19 mary care services” has the meaning given such
20 term in section 1842(i)(4) of the Social Security Act
21 (42 U.S.C. 1395u(i)(4)), but shall include such serv-
22 ices furnished by a nurse practitioner as would oth-
23 erwise be included if furnished by a physician.

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