

116TH CONGRESS
1ST SESSION

H. R. 1888

To provide for a grants program to develop and enhance integrated nutrition and physical activity curricula in medical schools.

IN THE HOUSE OF REPRESENTATIVES

MARCH 26, 2019

Mr. RYAN (for himself and Mr. GRIJALVA) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for a grants program to develop and enhance integrated nutrition and physical activity curricula in medical schools.

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 “Expanding Nutrition’s
5 Role in Curricula and Healthcare Act” or the “ENRICH
6 Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

9 (1) In 2012, United States health care spend-
10 ing was about \$8,915 per resident and accounted for

1 17.2 percent of the Nation's gross domestic product,
2 which is among the highest of all industrialized
3 countries.

4 (2) Expenditures in the United States on health
5 care surpassed \$2.3 trillion in 2008, more than
6 three times the \$714 billion spent in 1990, and over
7 eight times the \$253 billion spent in 1980. Cardio-
8 vascular disease cost American's \$555 billion in
9 2016 alone.

10 (3) It is estimated that health care costs for
11 chronic disease treatment account for over 75 per-
12 cent of national health expenditures.

13 (4) In March 2003, a report from the World
14 Health Organization concluded diet was a major fac-
15 tor in the cause of chronic diseases.

16 (5) Seven out of 10 deaths among Americans
17 each year are from chronic diseases. Heart disease,
18 cancer, and stroke—each of which has been strongly
19 linked to dietary and lifestyle choices—account for
20 more than 50 percent of all deaths each year.

21 (6) In 2015, 102.7 million people in the United
22 States had at least one form of cardiovascular dis-
23 ease. Approximately 2,300 Americans die every day
24 from cardiovascular disease. In 2010, cardiovascular
25 disease cost American taxpayers \$189.4 billion. The

1 American Heart Association estimates that, by
2 2035, costs related to cardiovascular disease will tri-
3 ple to around \$1.1 trillion. Research has shown that
4 following a healthful diet can not only reduce symp-
5 toms related to heart disease but also reverse the
6 damage done to the arteries.

7 (7) Two-thirds of the American population is
8 currently overweight, half of whom are obese. One in
9 three children is now overweight, and one-fifth of
10 children are obese. In 2008, the United States spent
11 \$190 billion on obesity-related health care costs.

12 (8) An estimated 29 million Americans have di-
13 abetes. Another 86 million adults have prediabetes.
14 The Centers for Disease Control and Prevention pre-
15 dict that one in three children born in 2000 will de-
16 velop diabetes at some point in their lives. Diabetes
17 cost the government \$116 billion in 2007. Research
18 has shown that nutrition therapy is a key component
19 of diabetes management and can improve clinical
20 outcomes.

21 (9) Cancer kills approximately 570,000 Ameri-
22 cans each year, accounting for one in every four
23 deaths. More than 1.5 million new cancer cases are
24 diagnosed annually. In 2010, the direct costs of can-
25 cer were \$102.8 billion and that number is expected

1 to rise to \$172 billion by 2020. More than 33 per-
2 cent of cancers are diet related and could be pre-
3 vented with a healthful diet.

4 (10) Eating is a complex social phenomenon in-
5 fluenced by family, social networks, culture, socio-
6 economic and educational status. An interprofes-
7 sional approach to nutrition education for clinicians
8 may not necessarily overcome these forces but may
9 help the health professions team, including physi-
10 cians and non-physicians, identify effective strategies
11 for nutrition counseling and management.

12 (11) Physicians are an important source of in-
13 formation and motivation for patients' health behav-
14 ior. Multiple studies have shown that physician
15 counseling on weight loss increases the likelihood
16 that patients will attempt weight loss, increase phys-
17 ical activity, improve diet, and lose weight.

18 (12) Leading medical bodies recommend that
19 physicians address diet with overweight patients.
20 Guidelines from leading medical bodies such as the
21 National Institutes of Health, the American Heart
22 Association, the American College of Cardiology, and
23 the Obesity Society recommend that physicians
24 counsel overweight and obese patients on the bene-

1 fits of lifestyle changes through lifestyle changes
2 such as diet and physical activity.

3 **SEC. 3. GRANTS PROGRAM TO DEVELOP OR ENHANCE IN-**
4 **TEGRATED NUTRITION CURRICULA IN MED-**
5 **ICAL SCHOOLS.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services, acting through the Administrator of the
8 Health Resources and Services Administration and in con-
9 junction with the National Institutes of Health National
10 Heart, Lung, and Blood Institute, shall establish a com-
11 petitive grants program under which the Secretary may
12 award grants to medical schools in the United States for
13 the purpose described in subsection (b)(1).

14 (b) USE OF GRANT FUNDS.—

15 (1) IN GENERAL.—A medical school receiving a
16 grant under this section shall use the grant to create
17 new or expand existing integrated nutrition and
18 physical activity curriculum described in paragraph
19 (2) for the medical school.

20 (2) INTEGRATED NUTRITION CURRICULUM.—

21 For purposes of paragraph (1), an integrated nutri-
22 tion and physical activity curriculum—

23 (A) shall be designed based on the best
24 possible evidence to improve communication and
25 provider preparedness in the prevention, man-

1 agement, and, as possible, reversal of obesity,
2 cardiovascular disease, diabetes, and cancer;
3 and

4 (B) shall, to the greatest extent prac-
5 ticable, address such additional topics, including
6 nutrition across the life cycle of individuals who
7 are members of at-risk populations, physical ac-
8 tivity training and programs for such individ-
9 uals, food insecurity among such individuals,
10 and malnutrition among such individuals.

11 (c) ELIGIBILITY.—To be eligible to receive a grant
12 under this section, an eligible entity shall—

13 (1) be a medical school in the United States
14 that is accredited by the Liaison Committee on Med-
15 ical Education and Residency Program Accreditation
16 Council for Graduate Education or by the American
17 Osteopathic Association Commission on Osteopathic
18 College Accreditation; and

19 (2) submit an application to the Secretary, in
20 accordance with such time, form, and manner and
21 containing such information as specified by the Sec-
22 retary, including—

23 (A) a description of how the medical school
24 intends to implement the integrated nutrition

1 and physical activity curriculum described in
2 subsection (b)(2); and

3 (B) a description of benchmarks to meas-
4 ure the success of the implementation of such
5 curriculum.

6 (d) ADMINISTRATIVE PROVISIONS.—

7 (1) DURATION OF PROGRAM.—A grant awarded
8 to a medical school under this section shall be for a
9 three-year period, beginning on the date of the es-
10 tablishment of the grants program under subsection
11 (a).

12 (2) LIMITATIONS.—

13 (A) GRANT AMOUNTS.—A grant awarded
14 to a medical school under this section may not
15 exceed \$500,000.

16 (B) ONE GRANT PER SCHOOL.—A medical
17 school shall not be eligible for more than one
18 grant under this section and may not renew
19 such a grant.

20 (3) PRIORITY.—In awarding grants, the Sec-
21 retary shall give priority to medical schools—

22 (A) that submit applications under sub-
23 section (c)(1) that describe an integrated nutri-
24 tion and physical activity curriculum that will

1 be implemented through the use of such a
2 grant—

3 (i) that is coordinated with a resi-
4 dency program; or

5 (ii) provides that students of such
6 school should receive at least 25 hours of
7 nutrition education; or

8 (B) that, for purposes of carrying out such
9 curriculum through the use of such a grant,
10 partner with education programs for both phy-
11 sicians and non-physician health professionals.

12 (e) REPORTS.—

13 (1) PERIODIC REPORTS DURING GRANTS PRO-
14 GRAM.—

15 (A) IN GENERAL.—For each school year
16 ending during the duration of the grants pro-
17 gram under this section, the Secretary shall
18 submit to Congress a report on the grants pro-
19 gram.

20 (B) REPORT ELEMENTS.—Each such re-
21 port shall include—

22 (i) the findings and conclusions of the
23 Secretary with respect to the integration of
24 nutrition and physical activity curriculum
25 into the curriculum of the medical schools

1 receiving a grant under the grants pro-
2 gram;

3 (ii) an assessment of the benefits of
4 the grants program for—

5 (I) establishing best practices for
6 providers to advise patients in the
7 clinical setting;

8 (II) providing greater nutrition
9 and physical activity awareness to
10 physicians and other health profes-
11 sionals and patients of such physi-
12 cians and professionals; and

13 (III) improving healthfulness of
14 patients' diets and improving patient
15 health outcomes; and

16 (iii) suggestions on how to promote
17 the integration of nutrition curriculum in
18 medical schools around the United States.

19 (2) FINAL REPORT.—Not later than 180 days
20 after the last day of the grants program under this
21 section, the Secretary shall submit to Congress a re-
22 port detailing the recommendations of the Secretary
23 as to any benefits or barriers of integrating nutrition
24 and physical activity curriculum at both the medical
25 school and residency levels.

1 (f) FUNDING.—No additional funds are authorized to
2 carry out the requirements of this section. The Secretary
3 shall carry out such requirements by using, from amounts
4 otherwise authorized or appropriated, up to \$5,000,000
5 for each of fiscal years 2019 through 2021.

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