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(Original Signature of Member)

117TH CONGRESS
2D SESSION

H. R. _____

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

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

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 2022” or the “EAT for Health Act
4 of 2022”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) According to 2019 National Health Expend-
8 iture Account data, the growth in total national
9 healthcare expenditures in 2019 reached \$3.8 tril-
10 lion, or \$11,582 per person.

11 (2) According to the Center for Disease Control
12 and Prevention (CDC) around 90 percent of annual
13 health expenditures are for people with chronic and
14 mental health conditions.

15 (3) According to the CDC most people in the
16 United States don’t eat a healthy diet and consume
17 too much sodium, saturated fat, and sugar, increas-
18 ing their risk of chronic diseases. Fewer than 1 in
19 10 adolescents and adults eat enough fruits or vege-
20 tables.

21 (4) According to National Center for Chronic
22 Disease Prevention and Health Promotion
23 (NCCDPHP) six in ten Americans live with at least
24 one chronic disease, like heart disease and stroke,
25 cancer, or diabetes.

1 (5) Seven out of 10 deaths among people in the
2 United States each year are from chronic diseases
3 such as cardiovascular disease, obesity, diabetes, and
4 cancer.

5 (6) According to NCCDPHP eating healthy
6 helps prevent, delay, and manage heart disease, type
7 2 diabetes, and other chronic diseases. (5) According
8 to the CDC, heart disease is the leading cause of
9 death for American adults. Approximately 659,000
10 American adults die each year from cardiovascular
11 disease. Coronary heart disease alone costs Amer-
12 ican taxpayers \$363 billion each year.

13 (7) Research has shown that following a health-
14 ful diet, including a plant-based diet, can not only
15 reduce symptoms related to cardiovascular disease
16 but can also actually reverse damage done to the ar-
17 teries.

18 (8) According to the Journal of the American
19 Medical Association, two-thirds of adults in the
20 United States are currently overweight, and half of
21 those overweight individuals are obese. One in three
22 children are overweight, and one-fifth of children are
23 obese. The United States spends about \$147 to
24 \$210 billion a year on obesity related diseases, in-

1 including type 2 diabetes, hypertension, heart disease,
2 and arthritis.

3 (9) An estimated 34.2 million people in the
4 United States have diabetes. Another 88 million
5 American adults have prediabetes. The Centers for
6 Disease Control and Prevention predicts that one in
7 three children born in 2000 will develop diabetes at
8 some point in their lives. Total direct estimated
9 costs of diagnosed diabetes increased from \$188 bil-
10 lion in 2012 to \$237 billion in 2017.

11 (10) A consensus statement endorsed by Amer-
12 ican Association of Clinical Endocrinology, sup-
13 ported by the Academy of Nutrition and Dietetics,
14 and co-sponsored by the Endocrine Society reports
15 that plant-based diets and other nutrition interven-
16 tions aid type 2 diabetes remission.

17 (11) According to the American Cancer Society,
18 there will be an estimated 1,918,030 new cancer
19 cases diagnosed and 609,360 cancer deaths in the
20 United States in 2022. That is equivalent to about
21 1,670 deaths per day and accounts for nearly 1 of
22 every 4 deaths. The National Cancer Institute esti-
23 mates that cancer-related direct medical costs in the
24 US were \$183 billion in 2015 and are projected to

1 increase to \$246 billion by 2030, a 34% increase
2 based only on population growth and aging.

3 (12) According to a 2008 survey published in
4 *Journal of the American College of Nutrition*, physi-
5 cians felt inadequately trained to provide proper nu-
6 trition advice. Ninety-four percent felt nutrition
7 counseling should be included during primary care
8 visits, but only 14 percent felt adequately trained to
9 provide such counseling.

10 (13) A 1985 National Academy of Sciences re-
11 port recommended that all medical schools require at
12 least 25 contact hours of nutrition education. Ac-
13 cording to a 2009 national survey of medical colleges
14 published in *Academic Medicine*, only 38 percent of
15 medical schools met these minimum standards by re-
16 quiring 25 hours of nutrition education as part of
17 their general curricula in 2004. By 2010, that num-
18 ber had shrunk to 27 percent.

19 (14) According to the *Journal of Nutrition in*
20 *Clinical Practice* in 2010, more than half of grad-
21 uating medical students felt their nutrition edu-
22 cation was insufficient.

23 (15) Recognizing the importance of nutrition,
24 *Healthy People 2030*—the Federal Government’s
25 framework for a healthier Nation—includes a goal

1 (NWS-05) to increase the proportion of health care
2 visits by adults with obesity that include counseling
3 or education related to nutrition, weight loss, or
4 physical activity. According to Healthy People 2030,
5 only 24.8 percent of physician office visits included
6 counseling about nutrition or diet in 2016.

7 (16) According to Mission: Readiness, obesity
8 disqualifies 31 percent of youth from serving if they
9 so choose.

10 (17) According to the Journal of American
11 Health Promotion, the military spends well over \$1
12 billion a year to treat weight-related health problems
13 such as heart disease and diabetes through its
14 TRICARE health insurance for active duty per-
15 sonnel, reservists, retirees and their families.

16 (18) According to the Department of Health
17 and Human Services, racial and ethnic minority
18 groups experience higher rates of chronic health con-
19 ditions, including diabetes, hypertension, obesity,
20 heart disease, and cancer when compared to their
21 White counterparts due to Social Determinants of
22 Health, including lack of access to nutritious food.

1 **SEC. 3. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
2 **GUIDELINES, AND FEDERAL AGENCIES AN-**
3 **NUAL REPORTS, RELATING TO CERTAIN PRI-**
4 **MARY CARE FEDERAL HEALTH PROFES-**
5 **SIONALS COMPLETING CONTINUING MED-**
6 **ICAL EDUCATION ON NUTRITION.**

7 (a) GUIDELINES.—Not later than 180 days after the
8 date of the enactment of this Act, the Secretary of Health
9 and Human Services shall issue guidelines to Federal
10 agencies for developing procedures and requirements to
11 ensure that every primary care health professional em-
12 ployed full-time for such agencies have continuing edu-
13 cation courses relating to nutrition (as described in sub-
14 section (c)).

15 (b) BIENNIAL REPORTS.—Not later than 18 months
16 after the date of the enactment of this Act and each subse-
17 quent year, the head of each Federal agency that employs
18 full-time primary care health professionals shall submit to
19 Congress a report attesting, in a form and manner speci-
20 fied by the Secretary of Health and Human Services, to
21 the extent to which the agency has adopted and encour-
22 aged the guidelines issued under subsection (a) with re-
23 spect to such professionals employed by such agency dur-
24 ing any portion of the previous year. If the agency, with
25 respect to such previous year, did not fully adopt and en-
26 courage such guidelines with respect to such professionals,

1 the head of the agency shall include in the report for the
2 year the percentage of such professionals employed by
3 such agency to furnish primary care services who com-
4 pleted continuing education courses relating to nutrition
5 (as described in subsection (c)).

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

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

13 (1) CONTINUING EDUCATION.—The term “con-
14 tinuing education” is defined as courses that meet
15 requirements for Continuing Medical Education
16 (CME) or Continuing Education (CE) by medical or
17 nurse practitioner professional organizations or cer-
18 tified accrediting bodies.

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

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

1 (4) PRIMARY CARE HEALTH PROFESSIONAL.—

2 The term “primary care health professional” means
3 a physician or nurse practitioner who furnishes pri-
4 mary care services.

5 (5) PRIMARY CARE SERVICES.—The term “pri-

6 mary care services” has the meaning given such
7 term in section 1842(i)(4) of the Social Security Act
8 (42 U.S.C. 1395u(i)(4)), but shall include such serv-
9 ices furnished by a nurse practitioner as would oth-
10 erwise be included if furnished by a physician.