

108TH CONGRESS
2D SESSION

S. 2798

To provide for increased planning and funding for health promotion programs
of the Department of Health and Human Services.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 14, 2004

Mr. LUGAR (for himself, Mr. BINGAMAN, Mr. BUNNING, Mr. CAMPBELL, Ms. CANTWELL, Mrs. CLINTON, Mr. COCHRAN, Mr. GRAHAM of South Carolina, and Mr. JEFFORDS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide for increased planning and funding for health
promotion programs of the Department of Health and
Human Services.

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 “Health Promotion
5 Funding Integrated Research, Synthesis, and Training
6 Act” or the “Health Promotion FIRST Act”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

1 (1) Lifestyle factors are responsible for almost
2 half of the premature deaths in developed nations,
3 and a large portion of the deaths in developing na-
4 tions.

5 (2) Lifestyle factors are a primary cause of the
6 6 leading causes of death in the United States, in-
7 cluding heart disease, cancer, stroke, respiratory dis-
8 eases, accidents, and diabetes, which account for al-
9 most 75 percent of all deaths in the United States.

10 (3) A significant portion of the health dispari-
11 ties in the United States are caused by lifestyle fac-
12 tors, which could be improved by health promotion
13 programs.

14 (4) The United States is experiencing epidemics
15 in diabetes and obesity among adults and children,
16 at the same time a majority of the population is sed-
17 entary and eats an unhealthy diet.

18 (5) Health promotion programs have been
19 shown to be effective in improving health knowledge,
20 attitudes, behaviors and conditions, and delaying dis-
21 ability in older age.

22 (6) Per capita medical care costs in the United
23 States are more than double those of all but 2 other
24 countries in the world, yet the United States ranks
25 24th in terms of disability adjusted life expectancy,

1 infant mortality, and other positive lifestyle meas-
2 ures.

3 (7) Medical care costs are second only to edu-
4 cation in State government budgets.

5 (8) Lifestyle factors are responsible for at least
6 $\frac{1}{4}$ of employer's medical care costs in the United
7 States.

8 (9) Health promotion programs have been
9 shown to be effective in reducing medical costs and
10 enhancing productivity.

11 (10) Significant gaps exist in the basic and ap-
12 plied research base of health promotion regarding
13 how to best reach and serve people of color, low-in-
14 come people, people with little formal education, chil-
15 dren, and older adults, how to create long-term
16 health improvements, how to create supportive envi-
17 ronments, and how to address gender issues. More
18 focused research can reduce these gaps.

19 (11) Significant gaps exist between the best and
20 the typical health promotion programs. Better syn-
21 thesis and dissemination of results can reduce these
22 gaps.

23 (12) The genomic revolution will soon allow ge-
24 netic information to be used to identify individual
25 susceptibility to common disorders such as heart dis-

1 ease, diabetes, cancer, stroke, and respiratory dis-
2 eases, and the most effective method to prevent
3 many of these diseases will be health promotion.

4 (13) Health promotion is the most effective
5 strategy to achieve a majority of the major objec-
6 tives in Healthy People 2010 Objectives for the
7 United States developed by the Department of
8 Health and Human Services.

9 (14) A significant increase in demand for health
10 promotion programs is expected in the next decade
11 and a stable infrastructure must be in place to en-
12 sure continual development of the health promotion
13 science base to be able to service this demand effec-
14 tively.

15 (15) Health promotion is the art and science of
16 motivating people to enhance their lifestyles to
17 achieve complete health, not just the absence of dis-
18 ease. Complete health involves a balance of physical,
19 mental, and social health.

20 (16) Health promotion programs focus on prac-
21 tices such as exercising regularly, eating a nutritious
22 diet, maintaining a healthy weight, managing stress,
23 avoiding dangerous substances such as tobacco and
24 illegal drugs, drinking alcohol in moderation or not

1 at all, driving safely, being wise consumers of health
 2 care, and a number of other health related practices.

3 (17) The most effective health promotion pro-
 4 grams include a combination of strategies to in-
 5 crease awareness, facilitate behavior change, and de-
 6 velop cultures and physical environments that en-
 7 courage and support healthy lifestyle practices.

8 (18) Health promotion programs can be pro-
 9 vided in family, clinical, child care, school, work-
 10 place, Federal, State, and community settings.

11 **SEC. 3. HEALTH PROMOTION RESEARCH AND DISSEMINA-**
 12 **TION.**

13 The Public Health Service Act (42 U.S.C. 201 et
 14 seq.) is amended by adding at the end the following:

15 **“TITLE XXIX—HEALTH PRO-**
 16 **MOTION RESEARCH AND DIS-**
 17 **SEMINATION**

18 **“Subtitle A—Coordination of Pro-**
 19 **grams of the Department of**
 20 **Health and Human Services**

21 **“SEC. 2901. PLAN FOR HEALTH PROMOTION PROGRAMS.**

22 “(a) IN GENERAL.—The Secretary shall develop, and
 23 periodically review and as appropriate revise, a plan in ac-
 24 cordance with this section for activities of the Department
 25 of Health and Human Services relating to health pro-

1 motion. The plan shall include provisions for coordinating
2 all such activities of the Department, including activities
3 under section 1701 to—

4 “(1) formulate national goals, and a strategy to
5 achieve such goals, with respect to health informa-
6 tion and health promotion, preventive health serv-
7 ices, and education in the appropriate use of health
8 care;

9 “(2) analyze the necessary and available re-
10 source for implementing the goals and strategy for-
11 mulated pursuant to paragraph (1), and recommend
12 appropriate educational and quality assurance poli-
13 cies for the needed manpower resources identified by
14 such analysis;

15 “(3) undertake and support necessary activities
16 and programs to—

17 “(A) incorporate appropriate health pro-
18 motion concepts into our society, especially into
19 all aspects of education and health care;

20 “(B) increase the application and use of
21 health knowledge, skills, and practices by the
22 general population in its patterns of daily liv-
23 ing; and

24 “(C) establish systematic processes for the
25 exploration, development, demonstration, and

1 evaluation of innovative health promotion con-
2 cepts; and

3 “(4) undertake and support research and dem-
4 onstration programs relating to health information
5 and health promotion, preventive health services,
6 and education in the appropriate use of health care.

7 “(b) BASIC AND APPLIED SCIENCE.—The plan devel-
8 oped under subsection (a) shall contain provisions to ad-
9 dress how to best develop the basic and applied science
10 of health promotion, including—

11 “(1) a research agenda;

12 “(2) an identification of the best combination of
13 Federal agency, university, and other community re-
14 sources most qualified to pursue each of the compo-
15 nents of such agenda;

16 “(3) protocols to facilitate ongoing cooperation
17 and collaboration among the Federal agencies to
18 pursue the agenda; and

19 “(4) budgetary requirements with respect to the
20 agenda.

21 “(c) DISSEMINATION OF INFORMATION.—The plan
22 developed under subsection (a) shall contain provisions to
23 address how to best synthesize and disseminate health
24 promotion research findings to scientists, professionals,
25 and the public, including provisions for the following:

1 “(1) Protocols for ongoing monitoring of all
2 health promotion research.

3 “(2) Preparation of systematic reviews and
4 meta-analyses.

5 “(3) Distillation of findings into practice guide-
6 lines for programs offered in clinical, workplace,
7 school, home, neighborhood, municipal, and State
8 settings.

9 “(4) Strategies to incorporate findings into col-
10 lege, university, and continuing educational cur-
11 riculum for all related health professions.

12 “(5) Communication of key findings to policy
13 makers in business, government, educational and
14 community settings who influence investment deci-
15 sions.

16 “(6) Identification of the optimal combination
17 of government agencies to coordinate the matters re-
18 ferred to in paragraphs (1) through (5).

19 “(d) SUPPORT AND DEVELOPMENT OF PROFES-
20 SIONAL AND SCIENTIFIC COMMUNITY.—The plan devel-
21 oped under subsection (a) shall contain provisions to ad-
22 dress how to best support and develop the health pro-
23 motion professional and scientific community through en-
24 hancement of existing or development of new professional
25 organizations.

1 “(e) INTEGRATION OF HEALTH PROMOTION; INTER-
 2 NAL DEPARTMENT ACTIVITIES.—The plan developed
 3 under subsection (a) shall contain provisions to address
 4 how resources, policies, structures, and legislation within
 5 the Department of Health and Human Services can best
 6 be modified or developed to integrate health promotion
 7 into all health professions and sectors of society and make
 8 health promoting opportunities available to all members
 9 of the public.

10 “(f) INTEGRATION OF HEALTH PROMOTION EXTER-
 11 NAL ACTIVITIES.—The plan developed under subsection
 12 (a) shall contain provisions to address how overall Federal
 13 Government policies, structures, and legislation external
 14 to the Department of Health and Human Services can
 15 best be modified or developed to integrate health pro-
 16 motion into all health professions and sectors of society
 17 and to make health promoting opportunities available to
 18 all individuals.

19 “(g) PERSPECTIVES.—Due to 30 years of experience
 20 showing that traditional medical and educational ap-
 21 proaches are not sufficient to motivate people to make and
 22 sustain basic health behavior changes, in developing the
 23 plan under subsection (a), the Secretary shall seek per-
 24 spectives from individuals representing a diverse range of
 25 disciplines, including the following areas:

- 1 “(1) Agriculture.
- 2 “(2) Anthropology.
- 3 “(3) Child development.
- 4 “(4) City planning.
- 5 “(5) Commerce.
- 6 “(6) Economics.
- 7 “(7) Environmental planning and design.
- 8 “(8) Exercise physiology.
- 9 “(9) Financial analysis.
- 10 “(10) Health education.
- 11 “(11) Health policy.
- 12 “(12) Individual psychology.
- 13 “(13) Management.
- 14 “(14) Medicine.
- 15 “(15) Nursing.
- 16 “(16) Nutrition organization psychology.
- 17 “(17) Taxation.
- 18 “(18) Transportation planning.

19 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
20 purpose of carrying out this section, there are authorized
21 to be appropriated \$6,000,000 for fiscal year 2004,
22 \$4,000,000 for fiscal year 2005, and \$3,000,000 for each
23 of fiscal years 2006 through 2008. Such authorization is
24 in addition to other authorizations that are available for
25 carrying out such purpose.

1 **“Subtitle B—Basic Science Pro-**
2 **grams Through National Insti-**
3 **tutes of Health**

4 **“SEC. 2911. BASIC SCIENCE.**

5 “(a) PLAN.—The Director of the National Institutes
6 of Health (referred to in this subtitle as ‘NIH’), acting
7 through the Office of Behavioral and Social Sciences Re-
8 search, shall develop, and periodically review and as appro-
9 priate revise, a plan on how to best develop the basic
10 science of health promotion through the NIH agencies.
11 The plan shall be consistent with and shall elaborate upon
12 applicable provisions of the Departmental plan under sec-
13 tion 2901(a).

14 “(b) CERTAIN COMPONENTS OF PLAN.—The plan
15 developed under subsection (a) shall include the following
16 provisions:

17 “(1) A research agenda to develop the basic
18 science of health promotion.

19 “(2) Recommendations on funding levels for the
20 various areas of research on such agenda.

21 “(3) Recommendations on the best combination
22 of NIH agencies and non-Federal entities to carry
23 out research under the agenda.

24 “(c) ALLOCATION OF RESOURCES.—Subject to com-
25 pliance with appropriation Acts, the plan developed under

1 subsection (a) shall provide for the allocation of resources
2 for research under such plan relative to other areas of
3 health, as appropriate taking into account the burden of
4 lifestyle factors on morbidity and mortality, and the
5 progress likely in advancing the science of health pro-
6 motion given the current and evolving level of science on
7 health promotion, and the relative cost of conducting re-
8 search on health promotion compared to other areas of
9 research.

10 **“SEC. 2912. EARLY RESEARCH PROGRAMS.**

11 “(a) PLAN.—The Director of NIH, acting through
12 the Office of Behavioral and Social Sciences Research,
13 shall conduct or support early research programs and re-
14 search training regarding health promotion.

15 “(b) FUNDING.—

16 “(1) AUTHORIZATION OF APPROPRIATIONS.—

17 For the purpose of carrying out subsection (a), there
18 is authorized to be appropriated \$30,000,000 for fis-
19 cal year 2004. Such authorization is in addition to
20 other authorizations that are available for carrying
21 out such purpose.

22 “(2) RESERVATION.—The Secretary shall re-
23 serve not less than 90 percent of the amount appro-
24 priated under paragraph (1) to carry out subsection
25 (a) through the awarding of grants, cooperative

1 agreements, or contracts to public and private enti-
 2 ties, including universities, hospitals, research orga-
 3 nizations and health promotion venders. Of the
 4 amounts so reserved, the Secretary shall designate a
 5 portion of such amounts to support research train-
 6 ing under subsection (a) to enhance the skills and
 7 increase the numbers of scientists trained in health
 8 promotion.

9 **“Subtitle C—Applied Research Pro-**
 10 **grams Through Centers for Dis-**
 11 **ease Control and Prevention**

12 **“SEC. 2921. RESEARCH AGENDA.**

13 “The Secretary, acting through the Director of the
 14 Centers for Disease Control and Prevention (referred to
 15 in this subtitle as the ‘Director of CDC’), shall develop,
 16 and periodically review and as appropriate revise, a plan
 17 that establishes for such Centers a research agenda re-
 18 garding health promotion. The plan shall be consistent
 19 with and shall elaborate upon applicable provisions of the
 20 Departmental plan developed under section 2901(a).

21 **“SEC. 2922. HEALTH PROMOTION RESEARCH CENTERS.**

22 “(a) AUTHORIZATION.—The Director of the National
 23 Center for Chronic Disease Prevention and Health Pro-
 24 motion (referred to in this section as the ‘Director’) shall
 25 award grants, on a competitive basis, to eligible entities

1 to enable such entities to develop Health Promotion Re-
 2 search Centers (referred to in this section as ‘Centers’).

3 “(b) ELIGIBLE ENTITY.—In this section, the term
 4 ‘eligible entity’ includes—

5 “(1) institutions of higher education;

6 “(2) public and private research institutions;

7 “(3) departments or schools of—

8 “(A) business;

9 “(B) city planning;

10 “(C) education;

11 “(D) nursing;

12 “(E) psychology;

13 “(F) public policy;

14 “(G) transportation; and

15 “(H) social work; and

16 “(4) private research, membership, or service
 17 organizations.

18 “(c) APPLICATION.—An eligible entity that desires to
 19 receive a grant under this section shall submit an applica-
 20 tion to the Director at such time, in such manner, and
 21 containing such information as the Director may require.
 22 An eligible entity may apply for not more than 3 grants
 23 each with a duration of 5-years.

24 “(d) AWARDING OF GRANTS.—

1 “(1) NUMBER OF CENTERS.—The Director
2 shall award grants for the development of not more
3 than—

4 “(A) 5 new Centers in fiscal year 2005;

5 “(B) 5 new Centers in fiscal year 2006;

6 “(C) 5 new Centers in fiscal year 2007;

7 “(D) 5 new Centers in fiscal year 2008;

8 “(E) 5 new Centers in fiscal year 2009;

9 and

10 “(F) 5 new Centers in fiscal year 2010.

11 “(2) GRANT PERIOD AND AWARD AMOUNT.—

12 Grants awarded under this section shall be for a pe-
13 riod of 5 years. A grant award shall be in an
14 amount not to exceed—

15 “(A) \$500,000 in the first year of the
16 grant award;

17 “(B) \$1,000,000 in the second year of the
18 grant award; and

19 “(C) \$2,000,000 in each of the third,
20 fourth, and fifth years of the grant award.

21 “(3) FOCUS OF CENTERS.—In awarding grants
22 under this section, the Director shall ensure that—

23 “(A) not less than 1 Center concentrates
24 the Center’s efforts on developing the applied

1 science of health promotion in each of the fol-
 2 lowing areas:

3 “(i) the workplace;

4 “(ii) schools;

5 “(iii) families;

6 “(iv) clinical settings; and

7 “(v) community settings; and

8 “(B) not less than 1 other Center focuses
 9 the Center’s work on each of the following
 10 areas:

11 “(i) program evaluation;

12 “(ii) training and support of the
 13 health promotion professional workforce;
 14 and

15 “(iii) health promotion policy at the
 16 Federal, State, and local level.

17 “(e) USES OF FUNDS.—

18 “(1) IN GENERAL.—

19 “(A) PROVISION OF ADVICE AND ORGANI-
 20 ZATION.—A Center that is developed from
 21 funds from a grant awarded under this section
 22 shall invest approximately 10 percent of the
 23 Center’s staff time and resources to—

24 “(i) forming relationships with, and
 25 providing limited ongoing advice to, health

1 departments in the county and State where
2 the entity is located; and

3 “(ii) organizing local networks of sci-
4 entists, program managers, vendors, and
5 other professionals interested in health
6 promotion and disease prevention.

7 “(B) USE OF OUTSIDE PROVIDERS.—When
8 conducting intervention research or research on
9 other health promotion programs, a Center that
10 is developed from funds from a grant awarded
11 under this section shall review the capabilities
12 of local nonprofit and for-profit program pro-
13 viders to provide the programming and services
14 required for the programs. The Center shall use
15 such program providers if the program pro-
16 viders provide a clear quality and cost advan-
17 tage relative to developing such capabilities in-
18 ternally.

19 “(C) ADDRESSING PRIORITIES AND RE-
20 SEARCH AGENDA.—A Center that is developed
21 from funds from a grant awarded under this
22 section shall address the priorities identified in
23 the health promotion research agendas devel-
24 oped by the Centers for Disease Control and
25 Prevention, the National Science Foundation,

1 and the Department of Health and Human
2 Services.

3 “(2) PERMISSIVE USES.—An eligible entity that
4 receives a grant under this section may use the
5 grant funds for faculty salaries, student fellowships,
6 outreach to the local community, research, program
7 development, or program administration.

8 “(3) ADMINISTRATIVE COSTS.—An eligible enti-
9 ty that receives a grant under this section may ex-
10 pend not more than 15 percent of the grant funds
11 on administrative costs.

12 **“SEC. 2923. EXTRAMURAL RESEARCH PROGRAM.**

13 “(a) OUTREACH.—In carrying out the Extramural
14 Research Program of the Centers for Disease Control and
15 Prevention, the Director of CDC shall make an effort to
16 attract grant applications from groups with extensive ex-
17 perience in providing programs but limited experience in
18 developing research grants or conducting research, or
19 both. Such efforts shall include proactive outreach to such
20 groups, providing planning grants to fund development of
21 grant proposals, and providing technical assistance for the
22 design portion of the grant application.

23 “(b) APPLIED SCIENCE OF HEALTH PROMOTION.—
24 In carrying out the Extramural Research Program of the
25 Centers for Disease Control and Prevention, the Director

1 of CDC shall devote a portion of research funding to devel-
2 oping the applied science of health promotion for work-
3 place, school, family, clinical, and community settings.

4 **“SEC. 2924. WORKPLACE HEALTH PROGRAM.**

5 “(a) IN GENERAL.—The Director of CDC shall carry
6 out a program—

7 “(1) to develop a research agenda for workplace
8 health promotion and shall seek perspectives from a
9 wide range of workplace health promotion program
10 practitioners and scientists in developing such agen-
11 da;

12 “(2) of research that addresses the important
13 issues identified in the research agenda under para-
14 graph (1); and

15 “(3) to support synthesis of findings made in
16 such research and to disseminate information to
17 educators, practitioners, business leaders, and health
18 policy leaders.

19 “(b) AUTHORIZATION OF APPROPRIATIONS.—For the
20 purpose of carrying out subsection (a), there are author-
21 ized to be appropriated \$6,000,000 for fiscal year 2004,
22 \$8,000,000 for fiscal year 2005, \$11,000,000 for fiscal
23 year 2006, \$15,000,000 for fiscal year 2007, and
24 \$20,000,000 for fiscal year 2008.

1 **“SEC. 2925. CERTAIN REQUIREMENTS.**

2 “(a) GENERAL GOAL OF PROGRAMS.—The Director
3 of CDC shall ensure that programs carried out pursuant
4 to this subtitle are consistent with the general goal of de-
5 veloping the most effective individual and group strategies
6 for clinical, workplace, school, and community based pro-
7 grams regarding health promotion.

8 “(b) RESERVATION FOR AWARD TO PUBLIC AND PRI-
9 VATE ENTITIES.—

10 “(1) IN GENERAL.—Of the amounts made
11 available under this subtitle, the Director of CDC
12 shall reserve not less than 75 percent for the award-
13 ing of grants, cooperative agreements, or contracts
14 to public and private entities, including universities,
15 hospitals, research organizations, and local and na-
16 tional health promotion venders through collabo-
17 rative efforts.

18 “(2) REQUIREMENT FOR STATE AND LOCAL
19 HEALTH DEPARTMENTS.—Awards made to State
20 and local health departments pursuant to this title
21 shall be made on the condition that the departments
22 develop a basic staff infrastructure to manage the
23 programs for which the awards are made. With re-
24 spect to such condition, the departments may con-
25 tract with providers in the communities involved to

1 secure programs and skills required to carry out the
 2 programs.

3 **“Subtitle D—Other Programs and** 4 **Policies**

5 **“SEC. 2931. MODIFICATION OF APPLICATIONS AWARD**
 6 **PROCESS TO ATTRACT MOST QUALIFIED SCI-**
 7 **ENTISTS AND PRACTITIONERS; DEVELOPING**
 8 **HEALTH PROMOTION INFRASTRUCTURE.**

9 “(a) MODIFICATION OF AWARDS APPLICATION PROC-
 10 ESS.—In awarding grants, cooperative agreements, and
 11 contracts under this title, the Secretary shall modify the
 12 application process to attract the most qualified individ-
 13 uals and organizations, rather than those individuals and
 14 organizations that are most sophisticated with respect to
 15 the applications processes.

16 “(b) GENERAL PRIORITY OF DEVELOPING HEALTH
 17 PROMOTION INFRASTRUCTURE.—The Secretary shall en-
 18 sure that programs carried out pursuant to this title are
 19 consistent with the general priority of developing the
 20 health promotion infrastructure among universities, non-
 21 profit organizations, and for-profit organizations, rather
 22 than increasing the size of State or local governments or
 23 the Federal Government.”.

