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## **HEALTHY KIDS ACT**

**HON. JAMES P. MORAN**

**OF VIRGINIA**

**IN THE HOUSE OF REPRESENTATIVES**

*Friday, November 6, 2009*

Mr. MORAN of Virginia. Madam Speaker, today I am introducing the “Healthy Kids Act,” legislation that will focus the resources of the federal government on ending the epidemic of obesity that threatens a generation of America’s children.

Over the past three decades, the rate of childhood obesity has risen to crisis proportions. Current data from the Centers for Disease Control and Prevention show that rates of obesity have more than doubled for children aged 2 to 11 years and more than tripled for adolescents aged 12 to 19 years. According to the CDC, 32 percent of children are overweight, 16 percent are obese, and 11 percent are extremely obese. In some racial and ethnic groups, in low-income populations, and among recent immigrants, the rates of obesity among children and youth are alarmingly high.

The health consequences for these children are very serious. They are at much greater risk of developing diabetes, heart disease, high blood pressure, asthma, and other diseases than their non-obese peers. Many children are subjected to ridicule and bullying that damage their emotional well-being. Beyond the tragic consequences for the children themselves are the effects on the American economy. Obese children are at risk of growing into obese adults who do not participate fully in the workforce because of employment discrimination, lost productivity due to illness and disability, and premature death. If the childhood obesity epidemic continues at its current rate, conditions related to type 2 diabetes, such as blindness, coronary artery disease, stroke, and kidney failure may become common conditions of middle age. Health care costs for this population are likely to rise to an extent we are only now beginning to appreciate.

Many factors contribute to the childhood obesity epidemic. Many children’s diets are too high in fats and carbohydrates and do not include enough fruits and vegetables. At the same time, our children are less active than they were a generation ago. More time front of the television means that kids are exposed to over 20,000 commercials a year, very few of which are encouraging them to exercise and eat right. Residential communities often do not have safe sidewalks or recreation areas to draw children off the couch and outside to run and play. Underfunded schools have cut back on physical education programs and are resorting to revenues from vending machines full of junk food to supplement public funding.

The Healthy Kids Act will provide critical Federal leadership to address this crisis by establishing an Office of Childhood Overweight and Obesity Prevention and treatment within the Department of Health and Human Services. The Director of this office will be the Federal Government's champion on this issue. The Director is charged with evaluating the effectiveness of existing Federal policies, programs, and research efforts and identifying future needs; implementing Federal support measures for State, tribal, and territorial programs; and carrying out a comprehensive, long-term, national campaign to prevent weight gain and obesity among our children and youth. The Director will also have an important role in promoting and supporting school wellness policies that monitor students' body mass index, provide parents with information on health and nutrition, and implement age-appropriate physical activity programs.

In carrying out these responsibilities, the Director will consider the unique needs of racially and ethnically diverse groups and high-risk populations, including low-income populations and communities. The Director will also take advantage of the expertise of the Secretaries of the Departments of Agriculture, Education, Defense, Interior, Housing and Urban Development, and Transportation, as well as the Director of the Centers for Disease Control and Prevention and the Chairmen of the Federal Trade Commission and the Federal Communications Commission.

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To make sure that our young people receive a consistent message that encourages them to adopt healthful eating patterns and helps them understand their nutritional needs, the Director will work with the Secretary of Agriculture to identify three categories of foods and beverages—Tier 1 foods and beverages, which are healthful for children and adolescents and the consumption of which is encouraged; Tier 2 foods and beverages, which do not exceed levels of total, saturated, and trans fat, sugars, and sodium that are acceptable in a healthful diet for children and adolescents; and Tier 3 foods and beverages, which do not contribute to a healthful diet for children and adolescents and the consumption of which is discouraged. These categories will form the basis for regulations to be issued by the Secretary of Agriculture updating the current standards for foods and beverages available to schoolchildren outside the federally supported school meal programs. This approach to the problem of competitive foods would allow schools to retain the revenue stream from sales of competitive foods by offering healthful options, and would send the message that certain foods should be enjoyed as treats, not as part of the daily diet.

The same three categories of foods and beverages would form the basis for guidelines issued by the Director in consultation with the Chairman of the Federal Trade Commission to control the marketing, advertising, or promoting of foods and beverages to children and children and adolescents. Children's preferences for foods that lack sweet and salty tastes are learned and require repeated positive experiences, especially to accept fruits, vegetables, and other nutrient-rich foods later in life. There is evidence that parental ability to guide children's consumption of food and beverages has been compromised by an environment that exposes children to an array of advertising and marketing messages for junk food, many directed at children too young to understand the selling purpose of advertising. Most children ages 8 years and under do not effectively comprehend the persuasive intent of marketing messages, and most children ages 4 years and under cannot consistently discriminate between television advertising and programming. In short, a child is not possessed of the full capacity for individual choice that is the presupposition of First

Amendment guarantees. The knowledge that parental control or guidance cannot always be provided and society's transcendent interest in protecting the welfare of children justify reasonable regulation of the sale of material to them. A provision in current federal law prohibiting the Chairman from issuing such regulations is repealed.

The bill also makes clear that counseling and treatment services for overweight and obese children are eligible for reimbursement under the Medicaid and SCHIP programs.

Madam Speaker, we can, and we simply must, make addressing childhood obesity a national priority. Not only must we help the children who are already affected, we must not fail to protect another generation. Health is more than the absence of physical or mental illness—it is also the extent to which children and youth have the capacity to reach their full potential. Childhood obesity is a public health crisis that will not be solved without the full support of the Federal Government. I urge my colleagues to support the Healthy Kids Act.

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