

119TH CONGRESS  
1ST SESSION

# H. R. 5224

To amend the Public Health Service Act to promote healthy eating and physical activity among children.

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IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 9, 2025

Mr. COHEN introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to promote healthy eating and physical activity among children.

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 “Reducing Obesity in  
5 Youth Act of 2025”.

6 **SEC. 2. FINDINGS AND PURPOSES.**

7 (a) FINDINGS.—Congress makes the following find-  
8 ings:

1           (1) The COVID–19 pandemic has had serious  
2 impacts on the health and well-being of children and  
3 families.

4           (2) Unemployment and poverty, as well as  
5 lengthy business, school, and childcare closures, have  
6 all contributed to elevated levels of food insecurity,  
7 with an estimated 14,000,000 children in the United  
8 States not getting enough to eat.

9           (3) Millions of children receive free or reduced-  
10 price meals through early childhood education pro-  
11 grams, including school and early care and education  
12 programs such as childcare, Head Start, pre-kinder-  
13 garten, and family childcare, making early childhood  
14 education an important setting for addressing food  
15 insecurity.

16           (4) More than 30,000,000 children receive free  
17 or reduced-price meals on a daily basis, and access  
18 to both breakfast and lunch can provide some chil-  
19 dren with more than half of their daily caloric in-  
20 take.

21           (5) Due to financial instability during the  
22 COVID–19 pandemic, there is an increased likeli-  
23 hood of unhealthy weight gain among children as  
24 families shift to less costly, calorically dense, shelf-  
25 stable foods, rather than fresh foods.

1           (6) Research has shown that early childhood is  
2           an important time for developing dietary and phys-  
3           ical activity behaviors that support health and well-  
4           being and that may help prevent obesity.

5           (7) Children who are exposed to healthy foods  
6           early are more likely develop eating habits that pro-  
7           mote healthy growth that can continue throughout  
8           childhood, and healthy eating can improve a child's  
9           learning ability, potentially lead to higher academic  
10          performance, improve mental, social, and physical  
11          well-being, and contribute to increased self-esteem.

12          (8) Research underscores the importance of  
13          physical activity in early childhood. It is not only es-  
14          sential for healthy weight maintenance, but also for  
15          practicing and learning fundamental gross motor  
16          skills and improving academic achievement. Further-  
17          more, when children have the opportunity for ade-  
18          quate physical activity, they benefit physically, psy-  
19          chologically and socially.

20          (9) Nearly 20 percent (1 in 5) of 2-year-olds  
21          spend more than 2 hours of a typical day watching  
22          television or videos, and the Journal of the American  
23          Medical Association Pediatrics found that each in-  
24          cremental hour of watching television at age 2 is as-  
25          sociated with corresponding declines in school en-

1 gagement, math achievement, and weekend physical  
2 activity, and with increases in bullying by class-  
3 mates, consumption of soft drinks and snacks, and  
4 body mass index at age 10.

5 (10) A study published in the New England  
6 Journal of Medicine in 2014 found that a third of  
7 children overweight in kindergarten had obesity by  
8 the eighth grade. Almost every child with severe obe-  
9 sity remained that way, suggesting that efforts must  
10 start much earlier and focus more on the children at  
11 greatest risk.

12 (11) A study published in the New England  
13 Journal of Medicine in 2017 estimates that over 50  
14 percent of 2-year-olds today will be obese by 35  
15 years of age.

16 (12) A study examining the National Health  
17 and Nutrition Examination Survey published in  
18 2018 found an increase in prevalence of childhood  
19 obesity in 2015 and 2016. Childhood obesity for  
20 children between 2 and 5 years of age increased  
21 from 9 percent to 14 percent, the highest increase  
22 since 1999.

23 (13) In 2016, about 82 percent of United  
24 States preschool-aged children were in childcare, and  
25 most of their day was spent in sedentary activities.

1           (14) Early care and education centers serve ap-  
2           proximately 7,500,000 children birth through age 5  
3           years but not yet in kindergarten, making the early  
4           childhood care and education setting an important  
5           one for promoting healthful habits.

6           (15) More than 122,000 children in 12 States  
7           have benefitted from efforts to support healthier  
8           early care and education programs. This includes  
9           the provision of training and coaching for childcare  
10          providers and technical assistance to State agencies  
11          to integrate nutrition and physical activity best prac-  
12          tices into existing State and local systems.

13          (b) PURPOSES.—The purposes of this Act are to—

14               (1) establish a program that will enhance the  
15               training and knowledge of early care and education  
16               providers and influence practices, policies, and envi-  
17               ronments in early care and education settings to  
18               support healthy eating and physical activity for chil-  
19               dren ages birth through 5, including by addressing  
20               the growing threat of food insecurity;

21               (2) provide support to States on ways to link  
22               early care and education programs to nutrition sup-  
23               ports;

1           (3) monitor progress of healthy eating and  
2           physical activity promotion in early care and edu-  
3           cation settings; and

4           (4) identify emerging, and expand existing, ap-  
5           proaches to engaging families and parents of chil-  
6           dren ages birth to 5 in healthy eating and physical  
7           activity.

8 **SEC. 3. HEALTHY KIDS PROGRAM.**

9           Part Q of title III of the Public Health Service Act  
10          (42 U.S.C. 280h et seq.) is amended by adding at the end  
11          the following:

12 **“SEC. 399Z-3. HEALTHY KIDS GRANT PROGRAM.**

13          “(a) IN GENERAL.—The Secretary, acting through  
14          the Director of the Centers for Disease Control and Pre-  
15          vention (referred to in this section as the ‘Secretary’) and  
16          in coordination with the Assistant Secretary for the Ad-  
17          ministration for Children and Families, shall award 5-year  
18          competitive grants to one or more eligible entities—

19                 “(1) to improve healthy eating and physical ac-  
20                 tivity among children ages birth through 5 years in  
21                 early care and education settings; and

22                 “(2) to address food insecurity among such  
23                 children.

24          “(b) ELIGIBILITY.—To be eligible to receive a grant  
25          under subsection (a), an entity shall be—

1           “(1) a nonprofit organization with expertise in  
2           early childhood health and childhood obesity preven-  
3           tion;

4           “(2) an institution of higher education (as de-  
5           fined in section 101 of the Higher Education Act of  
6           1965) or research center that employs faculty with  
7           relevant expertise and has expertise in training early  
8           care and education providers; or

9           “(3) a consortium of entities described in para-  
10          graphs (1) and (2) that submit a single application  
11          to carry out activities under the grant jointly.

12          “(c) APPLICATION.—An entity seeking a grant under  
13          subsection (a) shall submit to the Secretary an application  
14          at such time, in such manner, and containing such infor-  
15          mation as the Secretary may require.

16          “(d) USE OF FUNDS.—

17                 “(1) IN GENERAL.—An entity shall use  
18                 amounts received under a grant under this section to  
19                 work directly with implementing partners, which  
20                 may include States, territories, Indian Tribes, mu-  
21                 nicipalities, and nonprofit organizations—

22                         “(A) to create sustainable programs to  
23                         train early care and education providers  
24                         through direct coaching and peer-learning, ac-  
25                         cess to quality technical assistance, and profes-

1           sional development opportunities that are fo-  
2           cused on healthy eating, physical activity, ad-  
3           dressing food insecurity, and other topics that  
4           support children’s healthy development, as de-  
5           termined by the Secretary;

6           “(B) to build State capacity through train-  
7           ing, technical assistance, and resources to inte-  
8           grate the promotion of healthy eating and phys-  
9           ical activity into existing early care and edu-  
10          cation programs, systems, and initiatives, in-  
11          cluding linking early care and education pro-  
12          grams to new and existing resources for nutri-  
13          tion supports, with a focus on promoting equity;  
14          and

15          “(C) to test innovative or evidence-in-  
16          formed approaches to promoting healthy habits  
17          and healthy child development in early care and  
18          education settings, which may include linking  
19          early care and education and health care pro-  
20          viders, enhancing early care and education staff  
21          wellness, enhancing access to quality foods in  
22          the early care and education settings, and en-  
23          gaging families of children ages birth to 5 years  
24          served in the early care and education programs  
25          supported by a grant under this section.

1           “(2) IMPLEMENTING PARTNERS.—In selecting  
2           implementing partners under paragraph (1), a re-  
3           cipient of a grant under this section shall ensure  
4           that such partners—

5                   “(A) serve populations that are racially,  
6                   ethnically, socioeconomically, and geographically  
7                   diverse; and

8                   “(B) represent a mix of rural and urban  
9                   settings.

10           “(3) NATIONAL INDEPENDENT EVALUATOR.—  
11           From the amounts appropriated to carry out this  
12           section, and prior to awarding any grants under  
13           paragraph (1), the Secretary shall enter into a con-  
14           tract with an external entity to create a single, uni-  
15           form process to—

16                   “(A) ensure that entities that receive  
17                   grants under paragraph (1) comply with the re-  
18                   quirements of this section; and

19                   “(B) evaluate the outcomes of the grant  
20                   activities carried out by each participating enti-  
21                   ty.

22           “(e) TRACKING STATE PROGRESS.—The Secretary  
23           may use amounts appropriated under subsection (g)(2) to  
24           enter into contracts with, or award grants to, institutions  
25           of higher education, nonprofit organizations, or other enti-

1 ties with relevant monitoring and surveillance expertise,  
2 for purposes of—

3 “(1) tracking State progress in obesity preven-  
4 tion policies and practices of early care and edu-  
5 cation programs in States where grantees are  
6 present; and

7 “(2) measuring changes in food security within  
8 exposed groups.

9 “(f) REPORT.—Not later than 1 year after the com-  
10 pletion of the programs and activities (including moni-  
11 toring and surveillance under subsection (e)) funded under  
12 grants awarded under this section, the Secretary shall sub-  
13 mit to Congress, and all appropriate Federal agencies, a  
14 report concerning an evaluation of the results of such pro-  
15 grams and activities, including best practices, and lessons  
16 derived from the experiences of grantees, with respect to  
17 reducing and preventing food insecurity and obesity and  
18 overweight among children ages birth through 5 years in  
19 the early care and education settings.

20 “(g) AUTHORIZATION OF APPROPRIATIONS.—

21 “(1) IN GENERAL.—There is authorized to be  
22 appropriated to carry out this section \$5,000,000 for  
23 each of fiscal years 2026 through 2030.

24 “(2) FUNDING FOR TRACKING STATE  
25 PROGRESS.—In addition to amounts made available

1 under paragraph (1), there is authorized to be ap-  
2 propriated to carry out subsection (e) \$1,700,000  
3 for fiscal year 2026.

4 “(h) EARLY CARE AND EDUCATION DEFINED.—In  
5 this section, the term ‘early care and education’ means  
6 programs and activities that serve children ages birth  
7 through 5 years either through in-home or out-of-home  
8 settings, including childcare programs, Head Start pro-  
9 grams, family childcare, and pre-kindergarten programs.”.

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