

**AMENDMENT TO H.R. 5136, AS REPORTED
OFFERED BY MR. BISHOP OF GEORGIA**

Page 284, after line 22, insert the following:

1 **SEC. 727. COMMUNITY-BASED PROGRAM TO PROMOTE**
2 **PHYSICAL ACTIVITY AND GOOD NUTRITION**
3 **AND PREVENT OBESITY AND CHRONIC DIS-**
4 **EASE.**

5 (a) FINDINGS.—Congress finds the following:

6 (1) Obesity in the United States has reached
7 crisis proportions. According to the Centers for Dis-
8 ease Control and Prevention, more than a third of
9 all American adults are now overweight. Of even
10 greater concern, the percentage of children and ado-
11 lescents who are overweight leaped to 16 percent in
12 2006, a percentage which has more than doubled
13 since 1980.

14 (2) During the past decade, the number of
15 states with 40 percent of young adults considered by
16 the Centers for Disease Control and Prevention to
17 be overweight or obese has risen from one state to
18 39. In three states—Kentucky, Alabama, and Mis-
19 sissippi—more than half of young adults are over-
20 weight.

1 (3) Overweight adolescents are likely to become
2 overweight adults, at risk of developing obesity-re-
3 lated, life-threatening diseases such as cancer, type
4 2 diabetes, stroke, heart disease, arthritis, and
5 breathing problems. They will join an adult popu-
6 lation struggling with a staggering 61 percent over-
7 weight rate. Not only will the Nation's children face
8 life-threatening diseases at younger ages, they will
9 face academic challenges due to poor health behav-
10 iors—resulting in even greater risk to their future
11 health and earning and the Nation's economic
12 growth and worldwide competition.

13 (4) The obesity epidemic is also affecting the
14 preparedness of the United States. The Army's Ac-
15 cessions Command, which carries the responsibility
16 for recruiting and the initial training of new Army
17 recruits, estimates that over 27 percent of all Ameri-
18 cans 17 to 24 years of age—over nine million young
19 men and women—are too heavy to join the military
20 if they want to do so.

21 (5) According to the April 2010 report, "Too
22 Fat to Fight", more than 100 retired generals and
23 admirals wrote that, "[o]besity rates among children
24 and young adults have increased so dramatically

1 that they threaten not only the overall health of
2 America but the future strength of our military.”.

3 (6) The number of recruits actually turned
4 away after taking their physicals has risen dramati-
5 cally in the last decade. Between 1995 and 2008,
6 the military had 140,000 individuals who showed up
7 at the centers for processing but failed their en-
8 trance physicals because they were too heavy.

9 (7) Being overweight is now by far the leading
10 medical reason for rejection, and between 1995 and
11 2008, the proportion of potential recruits who failed
12 their physicals each year because they were over-
13 weight rose nearly 70 percent.

14 (8) Every year, the military discharges more
15 than 1,200 first-term enlistees before their contracts
16 are up because of weight problems; the military
17 must then recruit and train their replacements at a
18 cost of \$50,000 for each man or woman, thus spend-
19 ing more than \$60 million a year.

20 (9) Although estimates of the current costs of
21 obesity vary, the costs associated with obesity-related
22 heart disease, diabetes, cancer and other health
23 problems are clearly increasing. The American Pub-
24 lic Health Association projects, for example, that
25 “left unchecked, obesity will add nearly \$344 billion

1 to the nations annual health care costs by 2018 and
2 account for more than 21 percent of health care
3 spending.”.

4 (10) This section rises to the obesity challenge,
5 with innovative ways to help children and young
6 adults be physically active and eat more nutritiously.

7 (b) IN GENERAL.—Chapter 55 of title 10, United
8 States Code, is amended by adding at the end the fol-
9 lowing new chapter:

10 **“§ 1110c. Community-based program to promote**
11 **physical activity and good nutrition and**
12 **prevent obesity and chronic disease**

13 “(a) STUDY.—The Secretary, in consultation with
14 the Director of the Centers for Disease Control and Pre-
15 vention, shall conduct a study to determine which regions
16 of the United States provide the greatest risk to the re-
17 cruiting efforts of the Secretary because of obesity.

18 “(b) GRANTS.—For the purpose of enabling State
19 health departments to maintain a community action team
20 program described in subsection (e), the Secretary shall—

21 “(1) make an allotment each fiscal year for the
22 health department of each State in an amount deter-
23 mined under subsection (d); and

1 “(2) make a grant to the health department of
2 the State if the health department submits an appli-
3 cation in accordance with subsection (g).

4 “(c) CONSULTATION.—The Secretary shall carry out
5 this section in consultation with—

6 “(1) an appropriate agency or office of the Cen-
7 ters for Disease Control and Prevention, such as the
8 National Center for Chronic Disease Prevention and
9 Health Promotion; and

10 “(2) appropriate nonprofit organizations, such
11 as the National Association of Chronic Disease Di-
12 rectors.

13 “(d) AMOUNT OF GRANTS.—(1) Subject to para-
14 graph (2), the Secretary shall determine the amount of
15 a grant under this section to a State health department
16 for a fiscal year on a competitive basis.

17 “(2) The Secretary may not provide more than
18 \$100,000 under this section for a fiscal year to any State
19 for management and administration of activities.

20 “(3) The Secretary shall provide a minimum of
21 \$300,000 under this section to each State receiving a
22 grant under this section for the fiscal year involved.

23 “(e) COMMUNITY ACTION TEAMS.—A funding agree-
24 ment for a grant under this section is that the State health

1 department involved will expend the grant only for the fol-
2 lowing:

3 “(1) The State health department will use the
4 grant to establish and implement community action
5 teams.

6 “(2) Each such community action team—

7 “(A) will work within the local community
8 to promote healthier lifestyles through physical
9 activity and good nutrition and thereby prevent
10 obesity and chronic disease; and

11 “(B) will serve for a period of three years.

12 “(3) The State health department will maintain
13 a total of four to eight community action teams
14 within the State in any given fiscal year.

15 “(4) At the end of the first three-year period
16 described in paragraph (2)(B), and every two years
17 thereafter, the State health department will establish
18 new community action teams in communities which
19 have not yet had such a team.

20 “(5) The State health department will provide
21 technical assistance to the community action teams.

22 “(f) PROGRAM EVALUATION.—A funding agreement
23 for a grant under this section is that the State health de-
24 partment involved, in collaboration with the Secretary, will

1 collect data on the effectiveness of the department's com-
2 munity action team program under this section.

3 “(g) APPLICATION FOR GRANT.—For purposes of
4 subsection (b)(2), an application for a grant under this
5 section is in accordance with this subsection if the applica-
6 tion—

7 “(1) contains each funding agreement required
8 by this section; and

9 “(2) is in such form, is submitted in such man-
10 ner, and contains such agreements, assurances, and
11 information as the Secretary may require.

12 “(h) NATIONAL ACTIVITIES.—The Secretary shall—

13 “(1) conduct training institutes to jump-start
14 the work of community action teams funded through
15 this section;

16 “(2) provide such teams with access to national
17 experts in ongoing community change; and

18 “(3) disseminate information about successes
19 achieved through this section to communities across
20 the Nation.

21 “(i) DEFINITION.—In this section, the term ‘State’
22 means the several States and the District of Columbia.

23 “(j) FUNDING.—(1) To carry out this section, there
24 is authorized to be appropriated \$40,000,000 for each of
25 fiscal years 2011 through 2015, of which—

1 “(A) \$26,450,000 shall be made available to
2 State health departments through grants under this
3 section, of which—

4 “(i) \$21,350,000 shall be made available to
5 community action teams; and

6 “(ii) \$5,100,000 shall be used by State
7 health departments to administer their commu-
8 nity action team programs, including through
9 provision of technical assistance;

10 “(B) \$7,500,000 shall be available to the Sec-
11 retary to carry out subsection (h); and

12 “(C) \$6,050,000 shall be available to the Sec-
13 retary for management and evaluation.

14 “(2) If the amount of funds appropriated to carry
15 out this section is less than \$20,000,000 for any fiscal
16 year, the Secretary, notwithstanding subsection (b)(1),
17 may choose to make grants under this section on a com-
18 petitive basis (with a priority for States that the Secretary
19 determines under subsection (a) to provide the greatest
20 risk to recruitment) instead of making a grant to each
21 State health department that submits an application in
22 accordance with subsection (g).”.

23 (c) CLERICAL AMENDMENT.—The table of sections
24 at the beginning of such chapter is amended by inserting

1 after the item relating to section 1110b the following new
2 item:

“1110c. Community-based program to promote physical activity and good nutri-
tion and prevent obesity and chronic disease.”.

3 (d) FUNDING.—

4 (1) FUNDING INCREASE.—The amount author-
5 ized to be appropriated in section 1409 for the De-
6 fense Health Program is increased by \$40,000,000.

7 (2) OFFSETTING REDUCTION.—The amount au-
8 thorized to be appropriated by this Act for ballistic
9 missile defense is reduced by \$40,000,000.

