

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 0077 w/CS Student Health and Fitness
SPONSOR(S): Committee on Education K-20 and Farkas
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Education K-20	29 Y, 0 N w/CS	Aldis	Bohannon
2) Education Appropriations (Sub)			
3) Appropriations			
4)			
5)			

SUMMARY ANALYSIS

The bill addresses the issue of student health and fitness by modifying provisions relating to and requiring action by school advisory councils, district school boards, and the Department of Education.

School advisory councils are required to make recommendations each year on ways to improve student health and fitness at the school level. The recommendations may relate to nutrition, physical fitness, parental information, and indoor environmental quality. During the recommendation process advisory councils shall hold a public meeting to gather parental input. The recommendations are given to the principal, parents, and district school board.

The bill requires district school boards to provide parents an annual student health report, incorporate student health and fitness into school improvement plans, adopt policies to encourage school site decisionmaking, and develop a districtwide plan for student health and fitness. The districtwide plan must be submitted to the Department of Education.

The Department of Education is required to conduct a study on student health and fitness and to develop support materials for implementation of fitness assessment programs and student health reports at the local level. The results of the study are to be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2004.

There is a small fiscal impact on state government expenditures and an indeterminate fiscal impact on school district expenditures. The impact on school districts will depend largely on the procedures used to acquire the height and weight measurements required for the student health report. See the FISCAL COMMENTS section.

This act shall take effect on July 1, 2004.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h0077b.edk.doc
DATE: March 26, 2004

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|---|--|---|
| 1. Reduce government? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. Empower families? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

For any principle that received a “no” above, please explain:

Because the bill requires increases to the duties of the Department of Education (DOE) and school districts it increases government.

B. EFFECT OF PROPOSED CHANGES:

Background

The Obesity Epidemic

In December 2001, the Surgeon General of the United States issued a report entitled, *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. The report contained Center for Disease Control findings that found more than 61 percent of adults were overweight and at least 27 percent of those are obese. The economic cost of obesity was estimated at \$117 billion in 2001, with 300,000 deaths attributed to obesity.

Florida has not been spared by the obesity epidemic. The percent of adults in Florida who are overweight has increased from 35.3 percent in 1986 to 57.4 percent in 2002. The problem is not limited to adults though as 26.4 percent of Florida high school students are overweight or at risk of becoming overweight.¹ Some studies have suggested that approximately 50 percent of children and adolescents that are obese will become obese adults.²

Florida's Response

To address the rising rates of overweight and obese adults and young people, Governor Bush created the Governor's Task Force on the Obesity Epidemic on October 15, 2003. The Task Force, made up of health experts and community leaders from across the state, met over the course of 4 months and heard public testimony related to the epidemic and suggestions to improve the current situation. As a result the Task Force adopted and submitted to the Governor twenty-two recommendations for consideration, at least ten of the recommendations involved schools.³

On March 10, 2004, the House of Representatives Subcommittee on General Education held a workshop on the concept of student health and fitness entitled “Healthy Achievers.” The workshop included member discussion and public testimony on ways to improve student health.

¹ Source: Report of the Governor's Task Force on the Obesity Epidemic, p. 4 (February 2004).

² Source: “Health Consequences of Childhood Obesity” at <http://www.healthinschools.org>.

³ The Task Force recommendations may be found at <http://www.doh.state.fl.us/Family/GTFOE/report.pdf>.

The Bill

The bill addresses the issue of student health and fitness by modifying provisions relating to and requiring action by school advisory councils (SACs), district school boards, and the DOE.

School Advisory Councils

SACs were established by s. 1001.452, F.S. They are composed of the school's principal, teachers, education support employees, students, parents, and other business and community citizens. The bill changes the composition to require every SAC to have at least one member that is a health care professional.

Currently, the SAC is involved in the school improvement plan and preparation of the school's annual budget.⁴ The bill requires SACs to make a recommendation each year on how to maintain or improve student health and fitness. The bill requires the following issues be considered but does not limit recommendations to these issues:

- Nutrition
 - School food service offerings
 - Nutritional value of food used as classroom incentives or as fundraisers
 - Vending machine contents and hours of availability
 - Level of nutrition education
- Physical Fitness Opportunities
 - Physical education (PE) classes
 - Recess
 - Activity requirements in before school, after school, and summer school programs
 - Fitness assessment programs
 - Use of school grounds as a public park
- Parental information- need for information on health and fitness of child
- Indoor environmental quality

To assist SACs in making a recommendation, every SAC must hold a public meeting to allow parents to comment on the school's role in student health and fitness. When a SAC's recommendations are complete,⁵ they are distributed to the school's parents and principal and submitted to the district school board.

School Districts

The bill makes several changes relating to student health and fitness that affect district school boards. The bill:

- Requires district school boards to develop a districtwide plan for student health and fitness that must be submitted to the DOE
- Requires student health and fitness issues to be addressed in school improvement plans.⁶
- Requires district school boards to adopt policies with guidelines to encourage decisionmaking at the school site regarding student health and fitness standards.
- Gives boards the authority to adopt policies relating to indoor environmental quality.

⁴ Section 1001.452(2), F.S.

⁵ They are due by March 1 of each year.

⁶ Section 1001.42(16), F.S., requires school improvements plans to be approved by the district school board.

- Modifies the composition of SACs to include at least one person that is a health care professional.⁷
- Requires the provision of student health reports annually to each parent

District school boards were already permitted to take many of the actions delineated by the bill; however, the bill emphasizes student health and fitness by specifically requiring it be addressed in the school improvement plan. It also emphasizes the role of the individual school with a requirement for district school boards to adopt policies encouraging more school site decisionmaking.

When the district school board develops the districtwide plan for student health and fitness it must do using the recommendations submitted by SACs. The fact that the district will have a districtwide plan does not prevent a school from implementing a SAC recommendation that the school has the authority under district policies to implement. The district school board must submit its districtwide plan for student health and fitness to the DOE by May 1 of each year.

District school boards are required to annually provide to parents a student health report. The report is required to contain information as to whether a child is overweight, at risk of becoming overweight, a healthy weight, or underweight. This information is generated by calculating a student's body mass index (BMI) and applying it to Centers for Disease Control guidelines based upon age and gender. The information required to calculate a BMI is a person's height and weight. The districts are also required to include general health information, not specific to the child, and district contact information for parent questions. The DOE is required to have support materials and information for districts to assist in the preparation and administration of student health reports.

State Duties

The bill requires the DOE to perform a study to collect information regarding student health and fitness. The study is to examine the following:

- Physical education (PE) classes
 - Length and frequency of classes by grade level and organized by school district
 - Percent of classes taught by certified PE instructors
 - Degree to which schools in a district can add to or modify district PE requirements
- Fitness assessment programs—availability and ability to provide feedback on and encourage student fitness
- Parent feedback mechanisms—need for and methods of providing a student health report

In connection with the study, the DOE is charged with developing, by December 1, 2004, support materials for schools and districts implementing fitness assessment programs recommended pursuant to s. 1001.452(2)(c) or student health reports required pursuant to s. 1001.42(15)(f). The bill requires that the support materials include instructions, procedures, and forms necessary for starting and continuing both the fitness assessment program and the student health report. It is likely that school districts would have difficulty implementing either of these programs without technical assistance from the DOE.

The DOE shall report the results of the study to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2004. In addition to the study results, the report shall include any identified barriers to local action to improve student health and fitness and any recommendations based on the study requiring funding or statutory changes.

C. SECTION DIRECTORY:

⁷ This necessitates board action because district school boards, pursuant to s. 1001.452(1)(a), F.S., are required to develop procedures for the election, appointment, and selection of advisory council members.

Section 1: Provides a popular name.

Section 2: Amends s. 1001.42, F.S.; requires district school boards to annually provide each parent a student health report; requires school improvement plans to address student health and fitness; encourages policies that increase school site decisionmaking in the implementation of student health and fitness standards.

Section 3: Amends s. 1001.43, F.S.; allows district school boards to adopt policies for management of indoor environmental quality.

Section 4: Amends s. 1001.452, F.S.; changes the composition of school advisory councils to include a member from a health related profession; includes input from health care related professional organizations on possible members for school advisory councils; requires school advisory councils to make recommendations each year to maintain or improve student health and fitness; requires a public meeting for parents to express ideas or concerns; provides for the distribution of school advisory council recommendations; requires district school boards to develop a districtwide plan to address student health and fitness and submit the plan to the department.

Section 5: Requires the Department of Education to conduct a study on student health and fitness and to develop support materials for use in implementing fitness assessment programs and student health reports; requires the department to report its findings and recommendations to the Governor and Legislature by December 1, 2004.

Section 6: Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

The bill does not appear to have a fiscal impact on state revenues.

2. Expenditures:

The bill has an indeterminate fiscal impact on state expenditures. See FISCAL COMMENTS section.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

The bill does not appear to have a fiscal impact on local government revenues.

2. Expenditures:

The bill has an indeterminate effect on school district expenditures. There could be some fiscal impact based upon the districtwide student health and fitness plans and recommendations made by SACs depending upon what is implemented and what local school districts decide to fund. Also, see the FISCAL COMMENTS section.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill does not appear to have a direct economic impact on the private sector.

D. FISCAL COMMENTS:

The bill requires the DOE to conduct a study, produce support materials, and make a report to the Legislature. To the extent additional personnel are needed to complete these requirements, there could be a small, indeterminate fiscal impact on state government.

The implementation of the provisions for the required student health report to parents will have a fiscal impact. The amount of the impact will vary depending on how districts choose to acquire the height and weight data required and whether the DOE developed implementation and support information contains methods of minimizing those costs.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require counties or municipalities to spend funds or take action requiring the expenditure of funds.

2. Other:

The bill does not appear to violate any constitutional provisions.

B. RULE-MAKING AUTHORITY:

This bill does not grant additional rulemaking authority.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

The Committee on Education K-20 adopted two amendments to the bill on March 24, 2004.

The first amendment requires district school boards to annually provide each parent with a student health report. The report is required to contain information as to whether the student is overweight, at risk of becoming overweight, a healthy weight, or underweight. The report must also contain general information, not specific to the student, regarding health and contact information enabling parents to contact the district if they have questions.

The second amendment conforms provisions in the DOE study to reflect that student health reports are required and eliminates provisions that set out procedures for a student health report that was no longer needed because of the adoption of the first amendment.