HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 679 CS Health-Related Education in the Public Schools

SPONSOR(S): Sobel and others

TIED BILLS: IDEN./SIM. BILLS: SB 2602

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) PreK-12 Committee	8 Y, 1 N, w/CS	Hassell	Mizereck
2) Health Care General Committee			
3) Education Appropriations Committee			
4) Education Council			
5)		<u> </u>	

SUMMARY ANALYSIS

House Bill 679 requires each school district to submit a copy of the wellness policy required by federal law and its physical education policy to the Department of Education (DOE), who shall post online links to each district's policy on its website. The bill requires the DOE to post health and nutrition resources on its website.

The bill encourages school districts to provide training on fist aid and CPR, and to provide 150 minutes of physical education a week for students in K-5 and 225 minutes each week for students in grades 6-8. The bill requires a certified physical education instructor to review all physical education programs and curricula.

The bill requires that districts annually provide parents with information on ways to help their children be physically active and eat healthy foods. It also revises the membership of the school health advisory committee so that members represent the eight component areas of the coordinated school health model.

The bill provides for an effective date of July 1, 2006.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives. STORAGE NAME: h0679a.PKT.doc 3/31/2006

DATE:

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government- The bill increases the responsibilities of the Department of Education.

B. EFFECT OF PROPOSED CHANGES:

Background

Presently, section 1003.42, Florida Statutes, provides that each school board shall provide appropriate instruction that meets State Board of Education standards, also known as the Sunshine State Standards, in specific subject areas including health and physical education.

In 2004 the Legislature enacted CS/CS/SB 354 which included several requirements regarding physical education. The 2004 bill directed the Department of Education (DOE) to conduct a study to determine the status of physical education instruction in the public schools and to develop recommendations for changes. The study did not recommend any Legislative action.

In 2004, the Legislature enacted s.1003.455, F.S., which required district school boards to adopt written physical education policies by December 1, 2004, that detailed the district's physical education program and expected program outcomes. Districts that did not adopt physical education policies by the deadline were required to implement a program requiring, at a minimum, 30 minutes of physical education for kindergarten through fifth-graders for three days a week.

The federal Child Nutrition and WIC Reauthorization Act (PL 108-265-June 30, 2004) requires each local education agency participating in the National School Lunch Act or the Child Nutrition Act of 1966 to establish a local school wellness policy, which must include nutritional education, physical activity, and other school based efforts to promote wellness.

Effects of Proposed Changes

The bill requires each school district to submit a copy of the wellness policy and its physical education policy to the Florida Department of Education. The bill requires each district to annually review its policies, provide a procedure for public input and revisions, and send any updated policies to the Department. By December 1, 2006, the Department is required to post online links to each district's policies.

The bill requires the Department to post on its website online links to resources that include information regarding:

- Classroom instruction on the benefits of exercise and healthy eating.
- Classroom instruction on health hazards related to tobacco.
- The 8 components of a coordinated school health program.¹
- The core measures for school health and wellness.
- Access to the nutritional content of foods and beverages and healthy food choices.
- Multiple examples of school wellness policies.
- Examples of wellness classes to support staff wellness.

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¹ http://www.cdc.gov/healthyyouth/CSHP/. The eight components of a coordinated school health model include healthy school environment, counseling, psychological and social services, nutrition services, health services, health promotion for staff, family/community involvement, health education, and physical education.

The bill encourages school districts to provide basic first aid training to students, including CPR, beginning in grade 6 and every two years thereafter and to provide 150 minutes of physical education a week for students in K-5 and 225 minutes each week for students in grades 6-8.

The bill requires a certified physical education instructor to review all physical education programs and curricula.

The bill requires that districts annually provide parents with information on ways to help their children be physically active and eat healthy foods. Lastly, it revises the membership of the school health advisory committee so that members represent the eight component areas of the coordinated school health model as defined by the Centers for Disease Control and Prevention.² It also encourages the committees to address the school health model in the school district's school wellness policy.

C. SECTION DIRECTORY:

Section 1. Creates s. 1003.453, F.S., requiring each school district to submit copies of the school district's wellness policy and physical education policy; requiring the department to post online links to policies and health and nutrition resources on its website.

Section 2. Amends s. 1003.455, F.S., requiring approval of physical education programs and curricula; encouraging districts to provide physical education for a specified amount of time; deleting obsolete language.

Section 3. Amends s. 381.0056, F.S., revising the composition of the school health advisory council.

Section 4. Provides for an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

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

2. Expenditures:

This bill does not appear to have a fiscal impact on local government expenditures.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

This bill does not appear to have a fiscal impact on the private sector.

D. FISCAL COMMENTS:

None.

² Id.

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III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require a municipality or county to spend funds or to take any action requiring the expenditure of funds.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

On March 28, 2006 the PreK-12 Committee adopted a strike-all amendment to the bill.

- The strike-all removes the "whereas clauses" from the bill.
- The original bill required DOE to post each school's wellness policy on its website. Instead, the strikeall requires DOE to post online links to district policies.
- The original bill required DOE to provide a model wellness policy on its website that contained specified components. The strike-all removes this requirement, and states that DOE must provide online links to resources to information addressing items formerly listed as policy components.
- The original bill required DOE to provide nutritional information in rubric format on its website. The strike-all removes this requirement.
- The original bill required school districts to provide first aid training to students. The strike-all encourages that such training be provided.

This bill analysis reflects the bill as amended.

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