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State of Minnesota
HOUSE OF REPRESENTATIVES

**EIGHTY-FIFTH
SESSION**

HOUSE FILE No. 3390

February 25, 2008

Authored by Loeffler; Murphy, E.; Huntley; Bunn; Norton and others

The bill was read for the first time and referred to the Committee on Health and Human Services

March 3, 2008

Committee Recommendation and Adoption of Report:

To Pass as Amended and re-referred to the Committee on E-12 Education

1.1 A bill for an act
1.2 relating to public health; adding nutrition as a required academic standard;
1.3 requiring a BMI monitoring program for children and youth; establishing a
1.4 statewide health improvement program; establishing a health, nutrition, and
1.5 physical education advisory council; requiring reports; appropriating money;
1.6 amending Minnesota Statutes 2007 Supplement, section 120B.021, subdivision
1.7 1; proposing coding for new law in Minnesota Statutes, chapters 120B; 145.

1.8 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:**

1.9 Section 1. Minnesota Statutes 2007 Supplement, section 120B.021, subdivision 1,
1.10 is amended to read:

1.11 Subdivision 1. **Required academic standards.** (a) The following subject areas
1.12 are required for statewide accountability:

1.13 (1) language arts;

1.14 (2) mathematics;

1.15 (3) science;

1.16 (4) social studies, including history, geography, economics, and government and
1.17 citizenship;

1.18 (5) health, nutrition, and physical education, for which locally developed academic
1.19 standards apply; and

1.20 (6) the arts, for which statewide or locally developed academic standards apply, as
1.21 determined by the school district. Public elementary and middle schools must offer at least
1.22 three and require at least two of the following four arts areas: dance; music; theater; and
1.23 visual arts. Public high schools must offer at least three and require at least one of the
1.24 following five arts areas: media arts; dance; music; theater; and visual arts.

2.1 **(b)** The commissioner must submit proposed standards in science and social studies
2.2 to the legislature by February 1, 2004.

2.3 For purposes of applicable federal law, the academic standards for language arts,
2.4 mathematics, and science apply to all public school students, except the very few students
2.5 with extreme cognitive or physical impairments for whom an individualized education
2.6 plan team has determined that the required academic standards are inappropriate.

2.7 An individualized education plan team that makes this determination must establish
2.8 alternative standards.

2.9 **(c)** A school district, no later than the 2007-2008 school year, must adopt graduation
2.10 requirements that meet or exceed state graduation requirements established in law or
2.11 rule. A school district that incorporates these state graduation requirements before the
2.12 2007-2008 school year must provide students who enter the 9th grade in or before
2.13 the 2003-2004 school year the opportunity to earn a diploma based on existing locally
2.14 established graduation requirements in effect when the students entered the 9th grade.
2.15 District efforts to develop, implement, or improve instruction or curriculum as a result
2.16 of the provisions of this section must be consistent with sections 120B.10, 120B.11,
2.17 and 120B.20.

2.18 **(d)** The commissioner must include the contributions of Minnesota American Indian
2.19 tribes and communities as they relate to the academic standards during the review and
2.20 revision of the required academic standards.

2.21 **EFFECTIVE DATE.** This section is effective for the 2008-2009 school year and
2.22 later.

2.23 **Sec. 2. [120B.0215] BMI MONITORING IN CHILDREN AND YOUTH.**

2.24 By July 1, 2009, the commissioners of education and health shall collaboratively
2.25 establish and implement a cost-effective program to monitor rates of overweight and obese
2.26 children in the state by collecting and analyzing Body Mass Index (BMI) data. To the
2.27 extent possible, in establishing this BMI monitoring program, the commissioners shall
2.28 use existing child and youth monitoring systems or surveys. The BMI data collected
2.29 must be used to measure progress in reducing the percentage of overweight and obese
2.30 children in the state, and must be used to accurately target intervention and prevention
2.31 services throughout the state. To the extent necessary for implementation and analysis,
2.32 the Departments of Education and Health may share data collected under this program,
2.33 consistent with the requirements in chapter 13. Analysis of the data collected and trends
2.34 in overweight and obese children in the state must be reported according to section

3.1 3.195 to the legislature every other year, starting January 15, 2010. By January 1, 2009,
3.2 the commissioners must report to the legislature on the proposed design of the BMI
3.3 monitoring program, and any local or statewide cost considerations.

3.4 **Sec. 3. [145.986] STATEWIDE HEALTH IMPROVEMENT PROGRAM.**

3.5 Subdivision 1. **Goals.** The initial goals of the public health improvement program
3.6 are to reduce the percentage of Minnesotans who are obese or overweight to less than half
3.7 by the year 2020 and to reduce tobacco smoking by two percent annually starting in 2011.
3.8 By 2011, and considering available funding, the commissioner of health, in consultation
3.9 with the State Community Health Advisory Committee established in section 145A.10,
3.10 subdivision 10, and other stakeholders, may make recommendations as to future goals
3.11 related to alcohol use and illegal drug use.

3.12 Subd. 2. **Funding local communities.** Beginning January 1, 2009, the
3.13 commissioner of health must provide funding to community health boards to convene,
3.14 coordinate, and lead locally developed programs targeted at achieving measurable health
3.15 improvement goals. Funding to each community health board will be distributed based on
3.16 a per capita formula, with a base allocation of \$50,000 to each community health board
3.17 that receives funding. By January 15, 2011, the commissioner of health must recommend
3.18 whether additional funding should be distributed to community health boards based on
3.19 health disparities demonstrated in the populations served.

3.20 Subd. 3. **Outcomes.** (a) The commissioner of health must set performance measures
3.21 and annually review the progress of local communities in improving the performance
3.22 measures. The commissioner may provide technical assistance and corrective action plans
3.23 to ensure that local communities are making sufficient progress.

3.24 (b) The commissioner must measure current public health data, using existing
3.25 measures and data collection systems when available, to determine baseline data against
3.26 which progress shall be monitored.

3.27 Subd. 4. **Media campaign.** The commissioner of health must conduct a statewide
3.28 marketing campaign using public media to reinforce local efforts at addressing health
3.29 improvement goals. The commissioner must develop the statewide campaigns and
3.30 determine the timing of these campaigns in consultation with local public health
3.31 representatives.

3.32 **Sec. 4. HEALTH, NUTRITION, AND PHYSICAL EDUCATION ADVISORY**
3.33 **COUNCIL.**

4.1 (a) The commissioner of education shall convene an advisory council to develop
4.2 and make recommendations related to health, nutrition, and physical education in schools.
4.3 This advisory council is governed by Minnesota Statutes, section 15.059.

4.4 (1) The advisory council shall include the following members appointed by the
4.5 commissioner of education:

4.6 (i) a curriculum specialist;

4.7 (ii) a person familiar with the requirements of Title IX, Education Amendments
4.8 of 1972;

4.9 (iii) a representative of the school food service industry;

4.10 (iv) a nutritionist;

4.11 (v) a health educator; and

4.12 (vi) a physical fitness educator.

4.13 (2) The advisory council shall, also, include members appointed by the following
4.14 entities:

4.15 (i) the Minnesota School Boards Association may appoint one member;

4.16 (ii) the Board of Teaching may appoint one member;

4.17 (iii) the School Nurse Organization of Minnesota may appoint one member;

4.18 (iv) the American Heart Association may appoint one member;

4.19 (v) the Minnesota Elementary School Principals' Association may appoint one
4.20 member;

4.21 (vi) the Minnesota Association of Secondary School Principals may appoint one
4.22 member;

4.23 (vii) the Local Public Health Association of Minnesota may appoint one member;

4.24 and

4.25 (viii) the commissioner of health may appoint one health promotion representative.

4.26 (b) The advisory council shall develop and make recommendations for statewide
4.27 curriculum standards that should be adopted for health, nutrition, and physical education.
4.28 The goal of these standards must be to promote the understanding of the health habits that
4.29 will serve students throughout their lifetimes, by promoting health and avoiding health
4.30 risks, encouraging increased activity and cardiovascular health, and supporting improved
4.31 nutrition.

4.32 The advisory council shall develop and make recommendations for a wide range
4.33 of options for meeting the goal of having students in kindergarten through grade 12
4.34 experience at least 30 minutes of physical activity per day, of which 90 minutes per week
4.35 must be cardiovascular fitness.

5.1 The advisory council shall develop and make recommendations for school nutrition
5.2 improvements that reduce consumption of refined sugars, saturated fats, and processed
5.3 foods, including recommendations as to the feasibility of using locally grown products in
5.4 school nutrition programs.

5.5 (c) The commissioner of education shall report the recommendations to the
5.6 legislature according to Minnesota Statutes, section 3.195, by January 15, 2009.

5.7 Sec. 5. **APPROPRIATIONS.**

5.8 (a) \$..... is appropriated from the general fund in fiscal year 2009 to the
5.9 commissioner of health to implement the statewide health improvement program under
5.10 Minnesota Statutes, section 145.986. Beginning January 1, 2009, the commissioner of
5.11 health shall provide funding to community health boards to implement local public health
5.12 programs.

5.13 (b) \$..... is appropriated from the general fund in fiscal year 2009 depending on
5.14 availability of funds to the commissioner of health for a statewide public health media
5.15 campaign. Subject to the availability of funding, the funds shall be made available to the
5.16 commissioner of health beginning January 1, 2009.