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BILL TEXT

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INTRODUCED BY Assembly Member Chan
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JANUARY 27, 2003

An act to amend Sections 51890 and 51913 of the Education Code, relating to health education.

LEGISLATIVE COUNSEL'S DIGEST

AB 195, Chan. Health education.

(1) Existing law requires the Department of Education to prepare and distribute to school districts guidelines for the preparation of comprehensive health education plans and programs. Existing law defines a comprehensive health education program as an educational program offered in kindergarten and grades 1 to 12, inclusive, that ensures that pupils receive instruction on making decisions in matters of personal, family, and community health, including, among other subjects, nutrition.

This bill would specify that pupils may receive instruction on, among other topics, preventative health care. The bill would further specify that the instruction on nutrition may include instruction on related topics such as obesity and diabetes. The bill would prohibit participating entities from marketing their services when undertaking activities related to the program and would define marketing as the making of a communication about a product or service with the purpose to encourage the purchase or use of the product or service. The bill would exempt specified entities that provide certain services from these marketing prohibitions.

(2) Existing law requires that the State Board of Education establish standards and criteria to be used in the evaluation of comprehensive health education plans submitted by school districts. Existing law requires that the plans provide for, among other things, the utilization and participation of health care professionals.

This bill would specify that the health care professionals should represent the varied fields of health care, including voluntary collaborations with managed health care and health care providers.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 51890 of the Education Code is amended to read:

51890. (a) For the purposes of this chapter, "comprehensive health education programs" are defined as all educational programs offered in kindergarten and grades 1 to 12, inclusive, in the public school system, including in-class and out-of-class activities designed to ensure that:

(1) Pupils will receive instruction to aid them in making decisions in matters of personal, family, and community health, to include the following subjects:

(A) The use of health care services and products.

(B) Mental and emotional health and development.

(C) Drug use and misuse, including the misuse of tobacco and alcohol.

(D) Family health and child development, including the legal and financial aspects and responsibilities of marriage and parenthood.

(E) Oral health, vision, and hearing.

(F) Nutrition, which may include related topics such as obesity and diabetes.

(G) Exercise, rest, and posture.

(H) Diseases and disorders, including sickle cell anemia and related genetic diseases and disorders.

(I) Environmental health and safety.

(J) Community health.

(2) To the maximum extent possible, the instruction in health is structured to provide comprehensive education in health that includes all the subjects in paragraph (1).

(3) The community actively participates in the teaching of health including classroom participation by practicing professional health and safety personnel in the community.

(4) Pupils gain appreciation for the importance and value of lifelong health and the need for each individual to take responsibility for his or her own health.

(5) School districts may voluntarily provide pupils with instruction on preventative health care, including obesity and diabetes prevention through nutrition education.

(b) Health care professionals, health care service plans, health care providers, and other entities participating in a voluntary initiative with a school district may not market their services when undertaking activities related to the initiative. For purposes of this subdivision, "marketing" is defined as making a communication about a product or service that is intended to encourage recipients of the communication to purchase or use the product or service. Health care or health education information provided in a brochure or pamphlet that contains the logo or name of a health care service plan or health care organization is not considered marketing if provided in coordination with the voluntary initiative. The marketing prohibitions contained in this subdivision do not apply to outreach, application assistance, and enrollment activities relating to federal, state, or county sponsored health care insurance programs that are conducted by health care professionals, health care service plans, health care providers, and other entities if the activities are conducted in compliance with the statutory, regulatory, and programmatic guidelines applicable to those programs.

SEC. 2. Section 51913 of the Education Code is amended to read:

51913. The plan for a comprehensive health education program shall include a statement setting forth the district's educational program for health education on a districtwide basis. The State Board of Education shall establish standards and criteria to be used in the evaluation of plans submitted by school districts. The standards and criteria for review and approval of plans by the State Board of Education shall include, but not be limited to, provision

for:

(a) Assessment of the health educational needs of the pupils.

(b) Defined and measurable program objectives and methods of assessing the effectiveness of the program.

(c) Coordination of all district resources with the objectives of the plan.

(d) Utilization of health care professionals representing, at the school district's option, the varied fields of health care, including voluntary collaborations with managed health care and health care providers; local public and private health, safety, and community service agencies; and other appropriate community resources in the development and implementation of the plan.

(e) Direct participation of health care professionals representing, at the school district's option, the varied fields of health care, including voluntary collaborations with managed health care, health care providers, and local public and private health, safety, and community service agencies in the course evaluation.

(f) Staff development and in-service training.

(g) Evaluation of the program by the governing board of the school district with the assistance of administrators, teachers, parents, pupils, and participants in the program from the community.