

AN ACT

relating to an interim study on nutrition and health in public schools.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
SECTION 1. LEGISLATIVE FINDINGS. The legislature finds

that:

(a) Childhood obesity has reached epidemic levels in Texas. More than 28.6 percent of low-income children between the ages of 2 and 5 are obese. Approximately 38.7 percent of fourth-graders, 37.1 percent of eighth-graders, and 29.4 percent of eleventh-graders are overweight or obese. Child obesity rates in Texas are generally believed to be increasing even faster than the national rate, which has more than doubled over the last two decades.

(b) The incidence of childhood obesity and its serious health consequences reach across all racial, ethnic, and socioeconomic classes, and children who are overweight at age 12 have a 75 percent risk of being overweight as adults.

(c) Overweight and obese children are at higher risk for serious long-term health problems, including Type II diabetes, cardiovascular disease and stroke, hypertension, high blood pressure, gallbladder disease, asthma, and certain cancers.

(d) Sixty-two percent of all deaths in Texas result from four chronic diseases--heart disease, cancer, stroke, and diabetes--and health care experts agree that one of the most effective ways of preventing these chronic diseases is to establish in childhood habits of healthy eating and physical exercise that people can maintain throughout their lives.

(e) The Texas State Strategic Health Partnership, under the leadership of the commissioner of public health, adopted "healthy eating and physical exercise" as its top public health priority for this decade in its "Declaration for Health."

(f) Healthy eating plays an important role in learning and cognitive development in children. Studies and pilot programs across the nation and in Texas have demonstrated that children who are well-nourished and physically fit are more likely to be academically motivated and successful, as evidenced by improved standardized test scores, increased attention and retention, better school attendance, less tardiness, better behavior, fewer disciplinary referrals, and reduced drop-out rates.

(g) The school environment plays a highly influential role in a child's diet, as a child who eats a school breakfast and lunch that meet the nutritional standards established by the United States Department of Agriculture for the National School Breakfast and National School Lunch Programs will receive 60 percent of the child's average daily nutritional needs.

(h) In the 2001-2002 school year, 85 percent of Texas schools and 99 percent of Texas school districts offered the National School Breakfast Program, and of the 4.1 million Texas students in grade levels kindergarten through 12, approximately 2.4 million, or 59 percent, participated in the National School Lunch Program, while only one million, or 24 percent, enjoyed the benefits of the National School Breakfast Program.

(i) While the United States Department of Agriculture regulates the nutrient content of meals sold under its reimbursable meal programs, similar standards do not exist for "competitive foods" which are frequently sold outside of the department meal programs through vending machines and other means of sale and which are often very high in added sugar, sodium, and fat, and lacking even minimal nutritional value.

(j) In 2001, the Texas Legislature recognized the serious challenge to public health resulting from poor eating habits and lack of exercise by enacting Senate Bill No. 19 to encourage and assist in the establishment in all public schools programs of nutrition education and minimal standards of physical education.

SECTION 2. JOINT INTERIM COMMITTEE. (a) A joint interim committee is established for the purposes of this Act and is composed of the following members:

- (1) the commissioner of education;
- (2) the commissioner of public health;
- (3) the commissioner of agriculture;
- (4) three members of the senate, appointed by the lieutenant governor;
- (5) three members of the house of representatives, appointed by the speaker of the house of representatives;
- (6) one physician who provides health services to school-aged children, appointed by the governor;
- (7) one member who has expertise in nutrition, appointed by the governor;
- (8) one member who is a parent of a school-aged child, appointed by the governor;
- (9) one member who is a superintendent of schools or a school principal, appointed by the governor;
- (10) a school food service director, appointed by the governor; and
- (11) a representative of a statewide, voluntary membership organization representing school district boards of trustees who is an elected public school trustee, appointed by the governor.

(b) To the extent that funds are available, the interim committee shall hold hearings throughout the state to:

- (1) determine the nutritional content and quality of foods and beverages served to public school children, including food service meals, a la carte foods, and competitive foods and food provided in vending machines;
- (2) evaluate the short-term and long-term financial, psychological, and physiological impact of obesity in public school children;
- (3) assess the academic, emotional, and health value of a universal breakfast and lunch program by evaluating school children from school districts that provide each child a free or reduced-price breakfast and lunch; and
- (4) evaluate school contracts relating to competitive food products and vending machines, including the following issues related to competitive food products and vending machines:

(A) economic and other impacts of potential

conflicts of interest;

(B) the length of contracts;

food products;

(C) advertising and marketing of competitive

districts from the sale of competitive food products;

(D) revenues realized by schools and school

disbursing revenue and the accounting of that revenue; and

(F) the extent to which competitive foods

impact

each school district's food service program.

(c) The interim committee may consult with the School Health Advisory Committee to carry out its duties.

SECTION 3. REPORT. To the extent that funds are available, not later than October 1, 2004, the interim committee shall submit to the governor, the lieutenant governor, and the speaker of the house of representatives a report of the committee's findings and recommendations under this Act.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 474 passed the Senate on May 14, 2003, by a viva-voce vote; May 30, 2003, Senate refused to concur in House amendment and requested appointment of Conference Committee; May 31, 2003, House granted request of the Senate; June 1, 2003, Senate adopted Conference Committee Report by a viva-voce vote.

Secretary of the Senate

I hereby certify that S.B. No. 474 passed the House, with amendment, on May 28, 2003, by a non-record vote; May 31, 2003, House granted request of the Senate for appointment of Conference Committee; June 1, 2003, House adopted Conference Committee Report by a non-record vote.

Chief Clerk of the House

Approved:

Date

Governor