

1-1 By: Lucio, et al. S.B. No. 474  
1-2 (In the Senate - Filed February 13, 2003; February 19, 2003,  
1-3 read first time and referred to Committee on Education;  
1-4 May 9, 2003, reported adversely, with favorable Committee  
1-5 Substitute by the following vote: Yeas 8, Nays 0; May 9, 2003, sent  
1-6 to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 474 By: Van de Putte

1-8 A BILL TO BE ENTITLED  
1-9 AN ACT

1-10 relating to an interim study on nutrition and health in public  
1-11 schools.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. LEGISLATIVE FINDINGS. The legislature finds  
1-14 that:

1-15 (a) Childhood obesity has reached epidemic levels in Texas.  
1-16 More than 28.6 percent of low-income children between the ages of 2  
1-17 and 5 are obese. Approximately 38.7 percent of fourth-graders,  
1-18 37.1 percent of eighth-graders, and 29.4 percent of  
1-19 eleventh-graders are overweight or obese. Child obesity rates in  
1-20 Texas are generally believed to be increasing even faster than the  
1-21 national rate, which has more than doubled over the last two  
1-22 decades.

1-23 (b) The incidence of childhood obesity and its serious  
1-24 health consequences reach across all racial, ethnic, and  
1-25 socioeconomic classes, and children who are overweight at age 12  
1-26 have a 75 percent risk of being overweight as adults.

1-27 (c) Overweight and obese children are at higher risk for  
1-28 serious long-term health problems, including Type II diabetes,  
1-29 cardiovascular disease and stroke, hypertension, high blood  
1-30 pressure, gallbladder disease, asthma, and certain cancers.

1-31 (d) Sixty-two percent of all deaths in Texas result from  
1-32 four chronic diseases--heart disease, cancer, stroke, and  
1-33 diabetes--and health care experts agree that one of the most  
1-34 effective ways of preventing these chronic diseases is to establish  
1-35 in childhood habits of healthy eating and physical exercise that  
1-36 people can maintain throughout their lives.

1-37 (e) The Texas State Strategic Health Partnership, under the  
1-38 leadership of the commissioner of public health, adopted "healthy  
1-39 eating and physical exercise" as its top public health priority for  
1-40 this decade in its "Declaration for Health."

1-41 (f) Healthy eating plays an important role in learning and  
1-42 cognitive development in children. Studies and pilot programs  
1-43 across the nation and in Texas have demonstrated that children who  
1-44 are well-nourished and physically fit are more likely to be  
1-45 academically motivated and successful, as evidenced by improved  
1-46 standardized test scores, increased attention and retention,  
1-47 better school attendance, less tardiness, better behavior, fewer  
1-48 disciplinary referrals, and reduced drop-out rates.

1-49 (g) The school environment plays a highly influential role  
1-50 in a child's diet, as a child who eats a school breakfast and lunch  
1-51 that meet the nutritional standards established by the United  
1-52 States Department of Agriculture for the National School Breakfast  
1-53 and National School Lunch Programs will receive 60 percent of the  
1-54 child's average daily nutritional needs.

1-55 (h) In the 2001-2002 school year, 85 percent of Texas  
1-56 schools and 99 percent of Texas school districts offered the  
1-57 National School Breakfast Program, and of the 4.1 million Texas  
1-58 students in grade levels kindergarten through 12, approximately 2.4  
1-59 million, or 59 percent, participated in the National School Lunch  
1-60 Program, while only one million, or 24 percent, enjoyed the  
1-61 benefits of the National School Breakfast Program.

1-62 (i) While the United States Department of Agriculture  
1-63 regulates the nutrient content of meals sold under its reimbursable

2-1 meal programs, similar standards do not exist for "competitive  
2-2 foods" which are frequently sold outside of the department meal  
2-3 programs through vending machines and other means of sale and which  
2-4 are often very high in added sugar, sodium, and fat, and lacking  
2-5 even minimal nutritional value.

2-6 (j) In 2001, the Texas Legislature recognized the serious  
2-7 challenge to public health resulting from poor eating habits and  
2-8 lack of exercise by enacting Senate Bill No. 19 to encourage and  
2-9 assist in the establishment in all public schools programs of  
2-10 nutrition education and minimal standards of physical education.

2-11 SECTION 2. JOINT INTERIM COMMITTEE. (a) A joint interim  
2-12 committee is established for the purposes of this Act and is  
2-13 composed of the following members:

- 2-14 (1) the commissioner of education;
- 2-15 (2) the commissioner of public health;
- 2-16 (3) the commissioner of agriculture;
- 2-17 (4) three members of the senate, appointed by the  
2-18 lieutenant governor;
- 2-19 (5) three members of the house of representatives,  
2-20 appointed by the speaker of the house of representatives;
- 2-21 (6) one physician who provides health services to  
2-22 school-aged children, appointed by the governor;
- 2-23 (7) one member who has expertise in nutrition,  
2-24 appointed by the governor;
- 2-25 (8) one member who is a parent of a school-aged child,  
2-26 appointed by the governor; and
- 2-27 (9) one member who is a superintendent of schools or a  
2-28 school principal, appointed by the governor.

2-29 (b) To the extent that funds are available, the interim  
2-30 committee shall hold hearings throughout the state to:

2-31 (1) determine the nutritional content and quality of  
2-32 foods and beverages served to public school children, including  
2-33 food service meals, a la carte foods, and competitive foods and food  
2-34 provided in vending machines;

2-35 (2) evaluate the short-term and long-term financial,  
2-36 psychological, and physiological impact of obesity in public school  
2-37 children;

2-38 (3) assess the academic, emotional, and health value  
2-39 of a universal breakfast and lunch program by evaluating school  
2-40 children from school districts that provide each child a free or  
2-41 reduced-price breakfast and lunch; and

2-42 (4) evaluate school contracts relating to competitive  
2-43 food products and vending machines, including the following issues  
2-44 related to competitive food products and vending machines:

2-45 (A) economic and other impacts of potential  
2-46 conflicts of interest;

2-47 (B) the length of contracts;

2-48 (C) advertising and marketing of competitive  
2-49 food products;

2-50 (D) revenues realized by schools and school  
2-51 districts from the sale of competitive food products;

2-52 (E) officials in charge of receiving and  
2-53 disbursing revenue and the accounting of that revenue; and

2-54 (F) the extent to which competitive foods impact  
2-55 each school district's food service program.

2-56 (c) The interim committee may consult with the School Health  
2-57 Advisory Committee to carry out its duties.

2-58 SECTION 3. REPORT. To the extent that funds are available,  
2-59 not later than October 1, 2004, the interim committee shall submit  
2-60 to the governor, the lieutenant governor, and the speaker of the  
2-61 house of representatives a report of the committee's findings and  
2-62 recommendations under this Act.

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