

1-1 By: Nelson S.B. No. 1357  
1-2 (In the Senate - Filed March 13, 2003; March 19, 2003, read  
1-3 first time and referred to Committee on Education; April 29, 2003,  
1-4 reported adversely, with favorable Committee Substitute by the  
1-5 following vote: Yeas 8, Nays 0; April 29, 2003, sent to printer.)

1-6 COMMITTEE SUBSTITUTE FOR S.B. No. 1357 By: Zaffirini

1-7 A BILL TO BE ENTITLED  
1-8 AN ACT

1-9 relating to local school health advisory councils, health education  
1-10 instruction, and coordinated health programs for elementary school  
1-11 students.

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

1-13 SECTION 1. The heading to Section 28.004, Education Code,  
1-14 is amended to read as follows:

1-15 Sec. 28.004. LOCAL SCHOOL HEALTH ~~[EDUCATION]~~ ADVISORY  
1-16 COUNCIL AND HEALTH EDUCATION INSTRUCTION.

1-17 SECTION 2. Section 28.004, Education Code, is amended by  
1-18 amending Subsections (a) through (e) and adding Subsection (k) to  
1-19 read as follows:

1-20 (a) The board of trustees of each school district shall  
1-21 establish a local school health ~~[education]~~ advisory council to  
1-22 assist the district in ensuring that local community values are  
1-23 reflected in the district's health education instruction.

1-24 (b) A school district must consider the recommendations of  
1-25 the local school health ~~[education]~~ advisory council before  
1-26 changing the district's health education curriculum or  
1-27 instruction.

1-28 (c) The local school health ~~[education]~~ advisory council's  
1-29 duties include recommending:

1-30 (1) the number of hours of instruction to be provided  
1-31 in health education;

1-32 (2) ~~[health education]~~ curriculum appropriate for  
1-33 specific grade levels ~~[that may include a coordinated health~~  
1-34 ~~education program]~~ designed to prevent obesity, cardiovascular  
1-35 disease, and Type 2 ~~[II]~~ diabetes through coordination of:

1-36 (A) health education;  
1-37 (B) physical education and physical activity;  
1-38 (C) nutrition ~~[nutritional]~~ services;  
1-39 (D) parental involvement; and  
1-40 (E) instruction to prevent the use of tobacco;

1-41 ~~[and]~~

1-42 (3) appropriate grade levels and methods of  
1-43 instruction for human sexuality instruction; and

1-44 (4) strategies for integrating the curriculum  
1-45 components specified by Subdivision (2) with the following elements  
1-46 in a coordinated school health program for the district:

1-47 (A) school health services;  
1-48 (B) counseling and guidance services;  
1-49 (C) a safe and healthy school environment; and  
1-50 (D) school employee wellness.

1-51 (d) The board of trustees shall appoint members to the local  
1-52 school health ~~[education]~~ advisory council. A majority of the  
1-53 members must be persons who are parents of students enrolled in the  
1-54 district and who are not employed by the district. The board of  
1-55 trustees also may appoint one or more persons from each of the  
1-56 following groups or a representative from a group other than a group  
1-57 specified under this subsection:

1-58 (1) public school teachers;  
1-59 (2) public school administrators;  
1-60 (3) district students;  
1-61 (4) health care professionals;  
1-62 (5) the business community;  
1-63 (6) law enforcement;  
1-64 (7) senior citizens;  
1-65 (8) the clergy; and

2-1 (9) nonprofit health organizations.

2-2 (e) Any course materials and instruction relating to human  
2-3 sexuality, sexually transmitted diseases, or human  
2-4 immunodeficiency virus or acquired immune deficiency syndrome  
2-5 shall be selected by the board of trustees with the advice of the  
2-6 local school health ~~[education]~~ advisory council and must:

2-7 (1) present abstinence from sexual activity as the  
2-8 preferred choice of behavior in relationship to all sexual activity  
2-9 for unmarried persons of school age;

2-10 (2) devote more attention to abstinence from sexual  
2-11 activity than to any other behavior;

2-12 (3) emphasize that abstinence from sexual activity, if  
2-13 used consistently and correctly, is the only method that is 100  
2-14 percent effective in preventing pregnancy, sexually transmitted  
2-15 diseases, infection with human immunodeficiency virus or acquired  
2-16 immune deficiency syndrome, and the emotional trauma associated  
2-17 with adolescent sexual activity;

2-18 (4) direct adolescents to a standard of behavior in  
2-19 which abstinence from sexual activity before marriage is the most  
2-20 effective way to prevent pregnancy, sexually transmitted diseases,  
2-21 and infection with human immunodeficiency virus or acquired immune  
2-22 deficiency syndrome; and

2-23 (5) teach contraception and condom use in terms of  
2-24 human use reality rates instead of theoretical laboratory rates, if  
2-25 instruction on contraception and condoms is included in curriculum  
2-26 content.

2-27 (k) A school district shall make available for reasonable  
2-28 public inspection:

2-29 (1) a statement of the policies adopted to ensure that  
2-30 students in elementary grades engage in at least 30 minutes per  
2-31 school day or 135 minutes per school week of physical activity; and

2-32 (2) a statement of:

2-33 (A) the number of times during the year the  
2-34 district's school health advisory council has met;

2-35 (B) whether the district has adopted and enforces  
2-36 policies to ensure that district campuses comply with agency  
2-37 vending machine and food service guidelines for restricting student  
2-38 access to vending machines; and

2-39 (C) whether the district has adopted and enforces  
2-40 policies and procedures that prescribe penalties for the use of  
2-41 tobacco products by students and others on school campuses or at  
2-42 school-sponsored or school-related activities.

2-43 SECTION 3. Section 38.013, Education Code, as added by  
2-44 Chapter 907, Acts of the 77th Legislature, Regular Session, 2001,  
2-45 is amended to read as follows:

2-46 Sec. 38.013. COORDINATED HEALTH PROGRAM FOR ELEMENTARY  
2-47 SCHOOL STUDENTS. (a) The agency shall make available to each  
2-48 school district one or more ~~[a]~~ coordinated health programs  
2-49 ~~[program]~~ designed to prevent obesity, cardiovascular disease, and  
2-50 Type 2 ~~[II]~~ diabetes in elementary school students. Each ~~[The]~~  
2-51 program must provide for coordinating:

2-52 (1) health education;

2-53 (2) physical education and physical activity;

2-54 (3) nutrition services; and

2-55 (4) parental involvement.

2-56 (a-1) The commissioner by rule shall adopt criteria for  
2-57 evaluating a coordinated health program before making the program  
2-58 available under Subsection (a). Before adopting the criteria, the  
2-59 commissioner shall request review and comment concerning the  
2-60 criteria from the Texas Department of Health's School Health  
2-61 Advisory Committee. The commissioner may make available under  
2-62 Subsection (a) only those programs that meet criteria adopted under  
2-63 this subsection.

2-64 (b) The agency shall notify each school district of the  
2-65 availability of the programs ~~[program]~~.

2-66 SECTION 4. This Act takes effect September 1, 2003.

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