



# OLR RESEARCH REPORT

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## OBESITY-RELATED LEGISLATION

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You asked for information on obesity-related legislation considered by the General Assembly in recent years, including bills that did not pass. You are also interested in legislative activity in other states.

### SUMMARY

Since 2004, Connecticut has passed at least five laws that relate to obesity. (One of these was vetoed.) Generally, these laws address students' nutrition and physical activity, including restrictions on beverage choices, nutritional standards for food sold to students, and periods of physical activity. Legislation also addressed student health assessments.

The legislature has also considered proposals to (1) create task forces, study groups, or councils on obesity prevention; (2) provide insurance coverage for obesity prevention and treatment; (3) fund various projects, towns, or health care facilities for obesity prevention-related activities; and (4) screen students' physical fitness (e.g. body mass index).

The Department of Public Health and the Connecticut Commission on Children created a Childhood Obesity Council without legislation.

Other states have considered and passed similar legislation. Some of these are highlighted below.

## **RECENT OBESITY-RELATED LEGISLATION**

### **2004**

**PA 04-224** (HB 5344) requires local and regional school boards to (1) provide all full-day students with a minimum 20-minute daily lunch break and (2) include a daily period of physical exercise for most students in kindergarten through grade five. It allows a planning and placement team to develop a different schedule for an identified special education student. The act also requires school boards to make nutritious food and drinks available for purchase whenever students can purchase drinks in school or when they can buy food during the regular school day. These products can include low-fat milk and other dairy products, water, 100% fruit juices, and fresh and dried fruit.

SB 419 established a task force to study the issues related to obesity and whether mandatory health insurance coverage for the treatment or prevention of obesity should be enacted. This bill received a favorable report from the Insurance and real Estate Committee but died in the Legislative Management Committee.

### **2005**

**PA 05-117** (sSB 117, vetoed) required students in full-day kindergarten and grades one through five to have the opportunity to engage in physical exercise for at least 20 minutes per full school day in addition to any physical education requirements. A planning and placement team could develop a different schedule for a child requiring special education services. The act allowed boards to establish wellness committees to monitor nutrition and physical activity policies required by federal law. It also limited the beverages that could be offered in schools and required boards to implement and enforce a State Department of Education (SDE)-published list of recommended foods that could be offered to students. Another bill (SB 1174), favorably reported by the Children's Committee but eventually not passed in 2005, was similar to SB 117.

sHB 6631 would have created an 18-member Obesity Prevention Council made up of public officials and experts in nutrition and public health. The council was charged with developing a plan to reduce obesity-related health complications in children. The bill also required

the Insurance and Public Health commissioners to (1) create a list of health insurers that offered benefits that promoted obesity prevention and (2) submit a joint recommendation to the Public Health and Children's committees on how health insurance coverage could promote obesity prevention. This bill was favorably reported by the Children's and Public Health committees, but died in Appropriations.

Proposed Bill 833 would have required each local and regional board of education to explore methods to increase the availability of fresh fruits and vegetables in schools and identify ways to increase procurement and preparation of Connecticut-grown foods in schools. This bill did not receive a public hearing.

## **2006**

**PA 06-44** (sSB 204) requires the SDE to develop guidelines to comprehensively address and coordinate students' physical health needs before, after, and during the regular school day. It authorizes all boards of education to use them to develop their own comprehensive, coordinated plans. SDE must develop the guidelines by January 1, 2007; schools can implement their plans beginning in the 2007-08 school year.

**PA 06-63** (sSB 73) (1) restricts the types of beverages that may be sold to students in school; (2) requires the SDE to set nutritional standards for food sold to students in schools; and (3) provides a financial incentive for local and regional school boards, charter school, endowed academy, and interdistrict magnet school governing authorities, and the regional vocational-technical school system to certify that their schools meet the SDE standards.

The act supersedes a requirement that school boards provide nutritious and low-fat drink options whenever drinks are available for purchase by students (See PA 04-244 above).

sSB 522, passed by the Senate but not the House, would have required a study of health insurance coverage for medical services and treatment for morbid obesity and prosthetic devices.

sSB 579, favorably reported by the Public Health committee, would have required certain health insurers to offer individual and group coverage for the medically necessary expenses of diagnosing and treating morbid obesity. It died in the Insurance Committee.

## **2007**

**PA 07-58** (SB 260) requires public school students to have health assessments in either grade nine or 10, instead of grade 10 or 11. Under existing law, unchanged by this act, students must also have health assessments in either grade six or seven.

sSB 226 would have appropriated \$500,000 to the Department of Public Health (DPH) to provide funds to organizations to create a year-round physical fitness and nutrition program for children age eight to 18 who are overweight or at risk of becoming so. This bill was favorably reported by the Children's Committee but died in Appropriations.

Another Children's Committee bill (6515) would have appropriated \$12 million to DPH to enhance school health clinical services at existing school-based health centers, including medical, oral health, and prevention services including obesity and bullying prevention. This bill was favorably reported by the Children's and Public Health committees, but died in Appropriations.

sHB 6843, favorably reported by the Public Health and Appropriations committees, created a competitive grant program to help towns develop community-based physical activity programs to prevent or reduce cardiovascular disease and obesity in children and adults. The bill died on the House calendar.

Under a couple of proposed bills (5353 and 6725), each local or regional school board had to require each enrolled pupil to have a body mass index check. PB 6725 received a public hearing in the Children's Committee.

## **2008**

We could not identify any public acts or bill proposals.

## **2009**

The "Sustinet" bill (sHB 6600, File 615) creates a task force to study childhood and adult obesity. It must examine evidence-based strategies for preventing and reducing obesity and develop a comprehensive plan that will result in a reduction in obesity.

## **CONNECTICUT CHILDHOOD OBESITY COUNCIL**

The council was created by DPH and the Connecticut Commission on Children. Its mission includes establishing state priorities for combating childhood obesity and coordinating statewide initiatives. The council is chaired by Mario Garcia, public health services manager for DPH and Thomas Brooks, director of policy and research analysis for the Children's Commission. Its membership includes the departments of agriculture, children and families, education, environmental protection, public health, and social services; the Office of Policy and Management, Senate president pro tempore, House speaker, Senate minority leader, African-American Affairs Commission, Commission on Children, and Latino and Puerto Rican Affairs Commission.

## **OTHER STATES**

The following information is taken from a National Conference of State Legislature report -- "Childhood Obesity-2008 Update of Legislative Policy Options." We are highlighting some of the activities that other states have recently undertaken in regard to obesity. The full report can be accessed at <http://www.ncsl.org/programs/health/ChildhoodObesity-2008.htm>.

### ***School Nutrition***

Michigan's PA 315 of 2008 requires its State Department of Education to (1) investigate the potential of various procurement procedures and tools for school authorities to purchase local farm products; (2) educate food service directors on farm-to-school initiatives; (3) implement food preparation training for food service staff workers; and (4) encourage inclusion of local farmers, processors, and suppliers when taking bids for farm products.

New Hampshire established a multi-disciplinary commission on the prevention of childhood obesity. The commission must identify and consider legislative and policy strategies that may be effective in preventing childhood obesity. This includes developing recommendations to assist schools in adopting school nutrition standards (Chapter 219, 2008).

Tennessee passed legislation (Public Chapter 963, 2008) that requires each local school board to submit a plan that considers the availability and cost of local agricultural products, allows a flexible bidding process to assist farmers to bid on portions of a nutrition plan and requires that the food meet or exceed food safety standards for commercial food operations.

Virginia passed legislation requiring the State Education Department to develop and maintain a nutrition and physical activity best practices database that contains the results of any wellness-related fitness testing done by local school divisions, as well as successful programs and policies they implement to improve nutrition and physical activity in the schools (Chapter 47, 2008).

### ***Body Mass Index (BMI); Student Fitness Screening***

Delaware established a pilot program in 2006 legislation (Chapter 75:409) that requires physical fitness testing for students and includes measuring BMI as part of testing in some local school districts. The law requires the State Education Department to develop a regulation requiring each local school district and charter school to assess the physical fitness of each student at least once at the elementary, middle, and high school level. The intent is to provide baseline and periodic updates for each student and his or her parent or guardian so that knowledge is shared on obesity and other chronic illnesses.

Iowa established a nutrition and community obesity prevention grant program in 2006. Pilot program activities in six locations were selected to receive grants for measurement, reporting, and tracking of the height and weight of students in elementary schools (Chapter 135, Sec. 135.27).

Missouri's legislatively established Model School Wellness Program, funded by federal Child Nutrition and WIC money, created pilot programs in school districts to encourage students to avoid tobacco use, balance their diets, get regular exercise, and become familiar with chronic conditions resulting from being overweight. (Missouri HB 568T, 2005).

New York's 2007 budget bill requires school entry health certificates to include the student's BMI and weight status category as defined by the state health commissioner.

A 2008 Oklahoma law (Chapter 342) directs the state's departments of education and health to help develop a physical fitness assessment software program customized for public schools with the capability to track five components of student health-related physical fitness: aerobic capacity, muscular strength, muscular endurance, flexibility, and a weight status assessment that includes a BMI calculation.

In Pennsylvania, the State Health Department requires school nurses to compute BMI-height-to-weight ratio for students in grades one through eight during annual growth screenings. Parents receive letters about the BMI results that encourage them to share the information with their family physician. BMI measurement is required for students in all grades beginning in the 2007-08 school year.

### ***Insurance Coverage for Obesity Prevention and Treatment***

Maryland requires insurers to cover morbid obesity treatment including surgery, while Georgia, Indiana, and Virginia require insurers to offer general coverage for morbid obesity as an option.

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