

HOUSE BILL REPORT

HB 2643

As Reported by House Committee On:

Health Care & Wellness
Appropriations Subcommittee on Health & Human Services

Title: An act relating to coordinating and expanding efforts with private and public partnerships to help ensure Washington's healthiest next generation.

Brief Description: Concerning efforts with private and public partnerships to help produce Washington's healthiest next generation.

Sponsors: Representatives Farrell, Riccelli, Cody, Bergquist, Stanford, Gregerson, Sawyer, Tarleton, Fey, Stonier, Robinson, Walkinshaw, Morrell, Pollet, Ormsby and Freeman; by request of Governor Inslee.

Brief History:

Committee Activity:

Health Care & Wellness: 1/29/14, 2/3/14 [DPS];
Appropriations Subcommittee on Health & Human Services: 2/6/14 [DP2S(w/o sub HCW)].

Brief Summary of Second Substitute Bill

- Establishes the Governor's Council for the Healthiest Next Generation to identify policy-related action plans and funding recommendations that protect children's health.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Cody, Chair; Riccelli, Vice Chair; Harris, Assistant Ranking Minority Member; Clibborn, Green, Jinkins, Moeller, Morrell, Tharinger and Van De Wege.

Minority Report: Do not pass. Signed by 5 members: Representatives Schmick, Ranking Minority Member; DeBolt, G. Hunt, Manweller and Ross.

Staff: Jim Morishima (786-7191).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Background:

Many public and private entities have programs, or provide resources, aimed at improving the health of children. For example:

- The Department of Health administers a variety of programs relating to child health, including programs that:
 - provide health screening, nutrition education, food, and breastfeeding support to pregnant women, new mothers, and children under the age of 5;
 - promote an integrated system for at-risk children who require an above-average amount of services;
 - offer technical assistance on how to keep children safe, healthy, and in developmentally appropriate learning environments; and
 - help identify children with hearing loss.
 - The Department of Early Learning provides information to parents on topics such as nutrition and health care, licenses childcare facilities, and offers early intervention services to children with disabilities and developmental delays through the Early Support for Infants and Toddlers program.
 - The Office of the Superintendent of Public Instruction offers resources and establishes standards for health and fitness education. The Washington State School Directors Association, with the assistance of the Department of Health and the Washington Alliance for Health, Physical Education, Recreation, and Dance, developed a model policy regarding student access to nutritious food and opportunities for developmentally appropriate exercise.
 - The American Indian Health Commission developed a strategic plan for improving the health status for American Indian/Alaskan Native pregnant women and infants.
 - Local governments are authorized to conduct child mortality reviews and participate with private, nonprofit organizations to prevent unintentional childhood injuries.
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Summary of Substitute Bill:

The Governor's Council for the Healthiest Next Generation.

The Governor's Council for the Healthiest Next Generation (GCHNG) is established to:

- identify policy-related action plans and funding recommendations based on data, best practices, and expert opinion that protect children's health and support community-level changes;
- measure and complete a comprehensive coordinated project with private and public organizations that have work underway;
- guide and inform activities; and
- consider innovative incentives that have been demonstrated to work to help children be more active and healthy, like offering small grants to expand effective programs or reward programs for meeting physical fitness and healthy eating goals and choices for children.

The membership of the GCHNG includes:

- the Governor, or his or her designee, who will also serve as the chair;

- the chairs of the legislative health and education committees;
- agency heads of the Department of Health, the Office of the Superintendent of Public Instruction, the Department of Early Learning, the Health Care Authority, the Department of Agriculture, the Department of Transportation, and the Department of Social and Health Services; and
- local and state community and business leaders appointed by the Governor.

For the purpose of informing its research, policy, and funding recommendations, the GCHNG may create ad hoc advisory committees to obtain input and supporting working relationships with nutrition and physical activity practitioners, parent and student associations, school and child care administrators and faculty, businesses, and established stakeholder organizations. The GCHNG must maintain a contact list of the ad hoc advisory committees for the purpose of providing notices to stakeholders regarding the purpose of the committees, timelines for planned work, means for participation, and desired outcomes.

The Governor must discontinue the GCHNG upon a determination of reduced need or resources.

The Strategic Work Group.

A strategic work group (Work Group) is established under the oversight of the GCHNG. The Work Group includes the existing efforts of, and representation by, the Department of Health, the Office of the Superintendent of Public Instruction, and the Department of Early Learning. The Work Group must also include representatives of local public health and others with expertise in nutrition and physical activity.

The Work Group must:

- provide expertise and collaborate across three high-impact focus areas to prevent childhood obesity: breastfeeding-friendly environments, health early learning environments, and healthy school environments;
- take the following immediate actions to improve children's health:
 - support comprehensive breastfeeding policies;
 - use existing toolkits for early learning professionals, including child care providers and early childhood education and assistance contractors that provide recommended strategies to ensure all children are active, eating healthy food, and have access to drinking water. The toolkits must be made available on the Department of Early Learning's web site;
 - create a mentoring program to support child care providers in early learning facilities and school staff to implement the toolkits and recommended strategies developed by the Work Group and the GCHNG;
 - use research and best practices to enhance the performance standards for the Early Childhood Education and Assistance Program. The best practice standards must include standards on healthy eating and physical activity, must include nutrition education activities in written curriculum plans, and must incorporate healthy eating, physical activity, and screen time education into parent education suggested topics;
 - revise statewide guidelines for quality health and fitness education in schools;

- consider childhood obesity prevention research and best practices when revising rules concerning children's health outcomes; and
- identify and support other cross-collaboration opportunities between state agencies and other private and public organizations; and
- submit, by December 31, 2014, recommendations to ensure better children's health to the Governor, the GCHNG, and the appropriate committees of the Legislature. The recommendations must include:
 - a summary of impacts of childhood obesity on short and long-term health outcomes, health care and other costs, academic achievement in early learning, and school settings;
 - opportunities for partnerships and multi-sector collaboration;
 - an identification, description, and gap analysis of state and local government and community-based programs to prevent childhood obesity. The identification, description, and gap analysis must use expertise from the GCHNG and include cross-agency efforts and analysis such as environmental factors, safe streets, access to drinking water, and consideration of family and population differences;
 - an assessment of the feasibility, benefits, and challenges of the strategies in each of the high-impact focus to prevent childhood obesity;
 - an identification of additional policy and funding recommendations, including a range of actionable items for consideration by the Legislature. The items must include innovative programs to increase physical fitness in schools, healthy food choices, and tobacco and substance use cessation and prevention;
 - additional action steps and outcomes to reduce childhood obesity, including a focus on reducing health disparities in specific population groups; and
 - costs and resources required to implement the strategies identified by the Work Group.

Shared Goals and Benchmarks.

The GCHNG and the Work Group must collaborate to identify shared goals and benchmarks, such as:

- increasing the percentage of infants who continue to breast-feed for at least six months;
- increasing the percentage of children ages two through four with a healthy weight; and
- increasing the percentage of tenth graders with a healthy weight.

Substitute Bill Compared to Original Bill:

The substitute bill makes a variety of technical and clarifying changes, such as:

- moving the tasks of the GCHNG from the intent section to the section that establishes the council;
- clarifying that the strategic work group does not have the authority to modify rules; and
- making a variety of non-substantive technical, grammatical, and structural changes.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Many issues can affect a child's health, including breastfeeding, nutrition, and playing outside. Policies in this area really matter. This bill creates a collaborative and strategic approach to children's health and allows flexibility in the use of state resources. This bill represents a focused, inclusive, transparent approach that will have all departments in state government working together. Research suggests that members of the current generation will not live as long as members of their parents' generation. Childhood obesity and diabetes are important issues in this area. Childhood obesity is an epidemic, but a solvable problem. While the state has made encouraging progress on these issues, our job is not done. This bill will give the state the necessary resources to get evidence-based approaches up to scale. The roots of adult health are planted during childhood. Lifestyle choices affect 50 percent of our health outcomes. This bill will help organizations that provide early care and learning, childcare, after school programs, and athletics for kids. This bill builds on efforts such as creating safe environments and making water the go-to beverage. Kids should have the best start possible. Childhood obesity will not be eliminated one kid at a time; we need a systems change. Many careers require a healthy weight, including the military. The military loses 20-25 percent of candidates because of weight issues. We owe our youth a healthy lifestyle to help them succeed in any career they choose. Eighty percent of tenth graders take no physical education at all; this is why body mass indices are increasing. This bill will help give tools to early learning professionals. This bill's emphasis on public-private collaboration is important. Nurses should inform the GCHNG's work.

(Opposed) None.

Persons Testifying: Representative Farrell, prime sponsor; John Wiesman, Department of Health; Bette Hyde, Department of Early Learning; Vic Coleman, Childhood Obesity Prevention Coalition; Sue Anderson, Washington State Alliance of YMCAs; Lindsay Hovind, American Heart Association; Wallace Turner, Washington Military Department; Steve Leahy, Mission: Readiness; Sydney Smith Zvara, Association of Washington Healthcare Plans; Debra French, Washington State Dairy Council; Lauren Hipp, Momsrising; and Kate White Tudor, Washington State Nurses Association.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS SUBCOMMITTEE ON HEALTH & HUMAN SERVICES

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care &

Wellness. Signed by 7 members: Representatives Morrell, Chair; Harris, Ranking Minority Member; Cody, Green, Kagi, Ormsby and Tharinger.

Minority Report: Do not pass. Signed by 3 members: Representatives G. Hunt, Ross and Schmick.

Staff: Mary Mulholland (786-7391).

Summary of Recommendation of Committee On Appropriations Subcommittee on Health & Human Services Compared to Recommendation of Committee On Health Care & Wellness:

The proposed second substitute bill removes small grants as an example of an innovative incentive to be considered by the Governor's Council for the Healthiest Next Generation.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Second Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) For the first time in 200 years, the current generation of American children may have shorter life expectancies than their parents. This is due specifically to unhealthy weight. This is unacceptable. The bill would create a framework for the Department of Early Learning (DEL), the Office of Superintendent of Public Instruction (OSPI), and Department of Health (DOH) to work as partners to find effective and workable steps to combat childhood obesity.

Research supports that early intervention is critical. Prevention strategies can have the greatest impact where children spend a lot of time, such as early learning environments and schools.

Three agencies will cooperate in a strategic work group. The DEL will have a full-time nurse to serve as an obesity prevention coordinator, and the OSPI would have a subject matter expert on the relationship between health and academic achievement. The fiscal note anticipates a one-time cost of \$126,000 for each of those positions. The DOH would facilitate and coordinate the work of the group, including research and developing the report to the Governor's Council. An epidemiologist would work on the project and a health services consultant would coordinate the work of the three agencies. The cost for the DOH staff in the fiscal note is \$98,000. The fiscal note on the bill represents the entire cost for all three agencies.

The remainder of the fiscal impact of the bill would support small grants for efforts to combat childhood obesity. The DOH understands that if needed, the DOH could reduce the small grant program by about \$120,000.

A partnership between agencies represents the best possibility for broad and effective action to prevent childhood obesity.

Retired admirals, generals, and business people throughout the state realize that to produce the workforce of the future and a secure nation, it is a worthwhile investment to provide health and nutrition information to parents and help kids form healthy habits while in early learning environments. The program would pay for itself in avoided costs.

(Opposed) None.

Persons Testifying: John Wiesman, Department of Health; and Steve Leahy, America's Edge.

Persons Signed In To Testify But Not Testifying: None.