H-0239.2

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**HOUSE BILL 1149**

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**State of Washington 67th Legislature 2021 Regular Session**

**By** Representatives Pollet, Dolan, Ramel, Ormsby, Lekanoff, Goodman, Wicks, and Valdez

AN ACT Relating to improving the public health knowledge of students in public schools; adding a new section to chapter 28A.655 RCW; creating new sections; and providing an expiration date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  (1) In 2020, more than 2,500 Washingtonians have died due to COVID-19. State data shows that COVID-19 has disproportionately affected people who identify as Hispanic, Black, American Indian, Alaska Native, and Native Hawaiian or other Pacific Islander. The centers for disease control and prevention has identified inequities in social determinants of health as factors that contribute to racial and ethnic minority groups' increased risk of contracting COVID-19. Social determinants of health are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes. In addition, despite public health guidelines, people continue to engage in practices that contribute to the spread of COVID-19.

(2) According to the office of the superintendent of public instruction, the purpose of health education is to develop health-literate students, students who acquire the knowledge and skills needed to engage in meaningful and health-enhancing lifetime behaviors. However, data shows that health literacy is very low in the United States, including in Washington state. In addition, current state health education standards and outcomes focus primarily on individual health behaviors and outcomes even though individual health behaviors and outcomes only account for half of an individual's health. These factors and others indicate current health education does not adequately provide high school students with a comprehensive understanding of how to be healthy and how to create healthy communities.

(3) COVID-19 has shown the need for every student to understand the principles of public health, including the social determinants of health, and have adequate health literacy. The legislature intends to address this need by establishing a collaborative process to strengthen state health education high school learning outcomes for the purpose of explicitly including public health concepts.

NEW SECTION. **Sec.**  A new section is added to chapter 28A.655 RCW to read as follows:

(1) The superintendent of public instruction shall identify the public health knowledge and skills that public school students in grades nine through 12 need to know and apply in support of health enhancing behaviors, positive health outcomes, and healthy communities. The knowledge and skills identified in accordance with this section must be based on the student learning goals in RCW 28A.150.210.

(2) The public health knowledge and skills identified under this section, and the associated outcomes, must:

(a) Be an integrated component of the health and physical education state learning standards adopted under RCW 28A.655.070;

(b) Include new or modified grade-level outcomes for students in grades nine through 12; and

(c) Take effect in the beginning of the 2022-23 school year and be incorporated into the health and physical education state learning standards upon the adoption of any new or revised health and physical education state learning standards occurring on or after January 1, 2022.

NEW SECTION. **Sec.**  (1) The superintendent of public instruction shall convene a public health education advisory committee to provide advice, assistance, and recommendations to the superintendent in meeting the requirements of section 2 of this act.

(2) The committee shall also:

(a) Identify or develop proposals for grade-level outcomes for students in grades nine through 12 that can be used for public health instruction and promotion;

(b) Identify and recommend public health curricula for students in grades nine through 12 and propose an alignment of the identified curricula with standards and outcomes used prior to the effective date of this section. In meeting the requirements of this subsection, the committee may also recommend alignment of the curricula with standards and outcomes in other subject matters, including mathematics, social studies, and science; and

(c) Advise the office of the superintendent of public instruction on whether there is a need for new educational materials, resources, and professional development in support of section 2 of this act.

(3) The superintendent of public instruction has discretion in determining the membership of the committee but, at a minimum, must invite participation and seek input from:

(a) The interagency coordinating council on health disparities of the office of the governor;

(b) The department of health;

(c) The commission on African American affairs;

(d) The commission on Asian Pacific American affairs;

(e) The commission on Hispanic affairs;

(f) The LGBTQ commission of the office of the governor;

(g) The Washington school directors' association;

(h) K-12 educators with either experience in developing public health curricula or health and fitness endorsements, or both, from a statewide organization representing teachers;

(i) A statewide organization representing parents, teachers, and students;

(j) A statewide organization representing school principals; and

(k) Higher education public health programs.

(4) Staff support for the committee must be provided by the office of the superintendent of public instruction.

(5) This section expires December 31, 2021.

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