

Commissioner's Health TEKS Study Recommendations

Background

The Texas State Board of Education (SBOE) first adopted curriculum standards, the Texas Essential Knowledge and Skills or TEKS, for health education in 1998. In preparation for a revision of the health education TEKS, the SBOE requested that the commissioner prepare a study of current health education research and state standards, including national best practices, that would be used as a guide to begin the SBOE's processes to review and consider revising the health education TEKS.

The commissioner was charged with the following:

1. Summarizing all statutory requirements related to health education
2. Developing a framework for what the strands or organizing principles could be for the TEKS
3. Establishing grade level and/or band distinctions at which health concepts are most appropriately taught
4. Suggesting the most appropriate methods for integrating health education statutory requirements into the framework

The commissioner convened a Health Education Advisory Committee to provide recommendations. Health Education Advisory Committee members were selected based on their expertise and current research in content areas encompassed within the field of health education. The committee met for three face-to-face meetings and a series of webinars to complete its recommendations. Committee members reviewed a variety of health education research and resources, including the National Health Education Standards (NHES),¹ the current health education TEKS, Texas statutory requirements related to health instruction, and health education standards from other states. The Health Education Advisory Committee reached consensus on a set of recommendations that were submitted to the agency. Agency staff further refined the recommendations based on new legislative requirements, including House Bill 18, passed by the 86th Texas Legislature and signed into law on June 2, 2019. This report is the result of that work.

Importance of Health Education

The Health Education Advisory Committee emphasized the importance of health education in promoting the health and wellness of children in the United States and Texas and shared the following research.

Unintentional injuries, homicide, suicide, cancer, heart disease, and diabetes are among the leading causes of death for young people aged 10-24 in the United States.² Mental health disorders, obesity, substance use, teen pregnancy, and sexually transmitted infections are also serious health issues.³

According to the Texas Department of State Health Services, Vital Statistics Annual Report, (2016)⁴ Texas youth are affected by the same health issues. For example, one-third of Texas youth aged 10-17 are obese or overweight⁵ and more than one in ten aged 12-17 reported experiencing at least one major depressive episode in the past year.⁶ Further, in 2016, Texas ranked fourth in the nation for highest rate of teen births among youth aged 15-19⁷. When compared to national statistics, Texas youth are more likely to participate in health risk behaviors that contribute to health problems (See Table 1).

Implementation of age-appropriate effective health education across kindergarten–grade 12 could substantially reduce youth participation in these health risk behaviors, ultimately reducing the incidence of some of the leading health problems affecting Texas youth.⁸

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Table 1. Health Risk Behaviors among Texas and U.S. Youth (2017)

Behavior	Texas YRBS	U.S. YRBS
Riding with a driver who had been drinking alcohol ^a	20.8%	16.5%
Safety concerns at school or in transit	8.0%	6.7%
Experienced physical dating violence from a dating partner	7.1%	8.0%
Considered suicide	17.6%	17.2%
Attempted suicide ^a	12.3%	7.4%
Currently use alcohol	26.8%	29.8%
Used prescription drugs without a prescription	14.9%	14.0%
Ever had sex	39.2%	39.5%
Did not use a condom at last sex ^a	52.4%	46.2%
Did not use birth control pills at last sex ^a	85.8%	79.3%
Drank a can, bottle, or glass of soda or pop during the past 7 days (one or more times per day)	18.0%	18.7%
Did not eat vegetables during the past 7 days ^a	11.0%	7.2%
Were not physically active for at least 60 minutes on at least one day during the past 7 days ^a	19.0%	15.4%

^a Statistically significant ($p < 0.05$): YRBS is the Youth Risk Behavior Surveillance System and conducted by the Centers for the Disease Control and Prevention (CDC).

The **goal of health curriculum standards** should be to provide classroom instruction and support to allow youth to develop and sustain health-promoting behaviors throughout their lives. “Healthier students are better learners.”⁹ Research in neuroscience, child development, epidemiology, and public health provide compelling evidence for the causal role that improving health can play in closing the educational achievement gap. How health education is framed is very important. An abundance of research has demonstrated that merely teaching health literacy is insufficient to result in behavioral change and positive outcomes. The health education field has demonstrated that other factors such as personal motivation, self-efficacy, behavioral intention, and social reinforcement are critical.¹⁰ Addressing these factors in the classroom helps build confidence in students’ ability to set goals and create action plans for positive change.

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Essential Components of Health Education

Achieving a **culture of health** can be promoted through a science-based approach, including a conceptual framework like the social-ecological model of human development.^{11,12} This model focuses on understanding how individual health behaviors of children and adolescents are influenced by one’s knowledge, skills, and attitudes and multiple environmental factors surrounding these individual factors. Environmental levels can be separated into relationship, community, and societal factors. Relationship factors encompass family (e.g., parental monitoring, parent-child communication, parental attitudes) and peer groups (e.g., frequency of peers who engage in unhealthy behaviors). Community factors encompass the school (e.g., school connectedness, school-wide norms) and workplace and neighborhood (e.g., community connectedness, neighborhood conditions). Societal factors encompass culture and policy (e.g., laws related to school safety). Within each level of the social-ecology model, there are numerous risk and protective factors that contribute to health behaviors.

Protective and risk factors occur at the biological, psychosocial, family, community, and societal levels. **Risk factors** deter healthy behaviors while reinforcing unhealthy behaviors (e.g. lack of knowledge and skills to adopt healthy behaviors; absence of stable and supportive relationships; limited access to healthy food and opportunities for safe physical activity; exposure to violence; availability of tobacco, alcohol, and other drugs). **Protective factors** are characteristics associated with greater likelihood of positive health outcomes and can buffer the impact of risk factors (e.g. emotional self-regulation; adaptive coping and problem-solving skills; access to supportive adults, school connectedness). Some risk and protective factors are fixed: they do not change over time (e.g. race/ethnicity). Other risk and protective factors are considered variable and can be modified. Variable risk and protective factors can include attitudes, motivation, self-efficacy, socioeconomic status, communication skills, and peer groups.

Finally, **healthy relationship skills** are essential to positive youth development and should be woven into all aspects of health education—from elementary school where the emphasis is on friendships and relationships with siblings, parents, and teachers to middle and high school where there is an increased focus on romantic relationships. Students who exhibit healthy relationship skills perform better in school; are happier and healthier; and are less likely to be involved in bullying, dating violence, substance misuse, and risky sexual behavior. Thus, the more we can promote healthy relationships, the more effective we will be at reducing the burden of multiple problem behaviors. Indeed, relationships can serve as risk factors (i.e., unhealthy peer and family relationships can increase likelihood of engaging in risk behaviors) or protective factors (i.e., preventing the development of risk behaviors). Healthy relationships are characterized by respect, trust, communication, autonomy, healthy conflict resolution, and the absence of physical, psychological, and sexual abuse. Administrators, teachers, staff, and coaches throughout the school environment should also learn and practice healthy relationship skills. In fact, a healthy teacher-student relationship is one of the most important protective factors for youth and is essential to effectively teaching health concepts.

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Statutory Requirements

There are a significant number of statutory requirements imposed on the SBOE and on school districts that impact the teaching of health. See the appendices to this document for a comprehensive list. Effort has been made to ensure the following recommended knowledge and skills strands are structured to allow for the incorporation of all the statutory requirements as the SBOE begins its process to review and consider revising the health education TEKS.

Recommended Knowledge & Skill Strands

The following six strands are organized by topic areas to identify knowledge of issues impacting health and skills to more easily engage in healthy behaviors. This framework provides an organizational structure to help teachers easily navigate the standards by knowledge and skills. The strands and substrands are summarized in chart form at the end of this document.

Physical Health and Hygiene

The physical health and hygiene strand recognizes the need for foundational curriculum in the areas of body systems, changes to those systems as we grow, and general personal hygiene. The knowledge base required to describe the 10 physical organ systems essential to a well-functioning human body as well as knowledge of the physical, emotional, and mental stages of growth for an individual should be taught in interdisciplinary coordination with a robust nutrition, biology, and science curriculum throughout the K–12 years. Demonstration of proper hand washing techniques is an example of simple skills that can be taught at an early age to prevent the spread of contagious disease. The teaching of specific skills in personal hygiene, dental cleansing (brushing and flossing as well as oral health visits), and skin and hair cleansing should be reinforced by the demonstration of these skills in an age-appropriate setting. Repetition of these skills can lead to proficiency and prevent illness.

Mental Health and Wellness

The mental health and wellness strand features the knowledge and skills necessary to reach one's full potential by managing one's emotions, reactions, and relationships. These skills are essential to personal, interpersonal, academic, and career success, especially when it comes to managing stress. Beginning in kindergarten, students should learn that emotional health is as important as physical health. Instruction will focus on recognizing and developing a vocabulary for one's feelings and understanding the relationship among feelings, thoughts, and behaviors. Strategies for practicing cognitive, emotional, and behavioral self-control will help students learn to express and manage their emotions in healthy ways. Strategies such as deep breathing, stretching, and focused attention, are intended to help children cope with the stresses of everyday life and develop persistence and resilience in the face of challenging circumstances. Students in all grades should understand that self-regulation helps them succeed socially and academically. As children progress through the primary grades, they should learn to show acceptance of others by respecting differing perspectives, while resisting prejudice and stereotypes. Instruction in late elementary through high school will help students develop a positive self-image. An exploration of the positive and negative factors that influence self-esteem, including the use, misuse, and excessive use of social and other media, will help students make choices about factors to which they should attend or ignore. Beginning in seventh grade, students should learn to recognize symptoms in self and others that may indicate a need to seek support or intervention. The importance of healthy relationships is emphasized throughout all grade levels. Students will also learn the prosocial behaviors that will help them develop and maintain healthy relationships. Health instruction should outline the characteristics of healthy and unhealthy relationships and emphasize appropriate ways to solve interpersonal conflicts.

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Healthy Eating and Physical Activity

The healthy eating and physical activity strand features education that inspires students to adopt and sustain health promoting dietary patterns and routine physical activity. This stems from the importance of primary prevention to improve quality of life and productivity, and decrease diseases, such as type 2 diabetes, cardiovascular disease, and some cancers. Beginning in kindergarten, students are ready to learn why eating fruit, vegetables, and other healthful foods will help them be their best. Then, in the upper elementary grades, students are developmentally able to understand the importance of limiting portion sizes and frequency of some foods, such as sweetened beverages, candy, and snack foods. This is most effective when students understand the challenges of our current food product marketing—less healthful foods are heavily marketed, ubiquitous, and engineered to be irresistible. Additionally, education about physical activity teaches students why aerobic activities, strength training, and flexibility stretches are important as well as how to incorporate each of these types of activities in their lives. In middle school and high school, students can learn about energy balance—balancing caloric intake from food with caloric expenditure from physical activity. Food and physical activity literacy, including food shopping on a budget, basic cooking, appropriate portion sizes for well-balanced meals,¹³ exercise planning, and creating action plans to achieve specific health-related goals teach students practical skills they can use throughout life.

Injury and Violence Prevention and Safety

The injury and violence prevention and safety strand recognizes the need for education to prevent unintentional injury, promote healthy relationship skills, and identify risk and protective factors associated with interpersonal and intrapersonal violence. Beginning in kindergarten and continuing through high school, students should learn about the importance of using protective equipment, including bike helmets and seatbelts; avoiding distracted driving (including texting while driving); safely storing dangerous objects; avoiding harmful situations; and practicing healthy relationship skills. Academic and social success requires learning, using, and reinforcing strong personal and interpersonal skills including goal-setting, decision-making, and refusal skills; help-seeking and coping; empathy and perspective taking; and the ability to effectively resolve conflicts. Starting in late elementary, students should have direct instruction into these skills as developmentally appropriate. Bullying and other forms of peer aggression and victimization emerge in early elementary school; therefore, third-grade students should be educated about what constitutes bullying, consequences of bullying, and skills necessary to seek help for themselves or for others who are being bullied. Bullying prevention education should continue from fourth grade through twelfth grade. Consequences of sexual harassment and teen dating violence should be introduced in seventh grade. It is critical that middle and high school students learn characteristics of healthy relationships including respect, trust, open and respectful communication, autonomy, nonviolent conflict resolution skills, and the absence of physical, psychological, and sexual abuse. It is critical that this education also point to maladaptive relationship characteristics, such as coercion, controlling/stalking behaviors, and violence and abuse, as well as results of these risk factors such as human trafficking and gangs. Violence can also be intrapersonal in nature when students may engage in self-harm and experience suicidal ideation themselves or learn of their friends who are suicidal.

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Alcohol, Tobacco, and Other Drugs (ATOD)

Students may begin to experiment with alcohol, tobacco, and other drugs (ATOD) as early as elementary and middle school and use may become especially prominent in high school. While alcohol, marijuana (including synthetic marijuana), and cigarettes (including e-cigarettes) are the most commonly used substances, other drugs are also common including the misuse of prescription drugs and certain illegal drugs. This makes ATOD education essential for K–12 students. Students should learn about the short- and long-term consequences of substance misuse, which can range from impacting student relationships and school performance to chronic health problems (e.g., cancer) and death (e.g., from overdose, drinking and driving). To reduce harm associated with the use of alcohol, tobacco, and drugs, students should learn the risk and protective factors of substance misuse, as well as skills necessary to avoid and delay use. Risk factors include exposure to community or family violence, any substance use, parental substance use, peer substance use, behavioral problems (e.g., delinquency, aggressive behavior), academic problems, alcohol/drug availability, poverty, peer rejection, child abuse/neglect, and undiagnosed mental health problems. Protective factors include parental support and involvement, access to trusted adults, school engagement, emotional self-regulation, and good coping and problem-solving skills. Teaching students to avoid the modifiable risk factors, while promoting protective factors, will result in a safer and healthier environment for them to learn and play. While this information should occur throughout K–12, education on topics in this strand is especially relevant for middle and high school students.

Reproductive and Sexual Health

The reproductive and sexual health strand addresses an integral part of a person’s well-being, and while parents and families are the primary educators regarding their children’s reproductive health behaviors, schools can also play an important role. Reproductive and sexual health can be integrated in an age-appropriate way as early as kindergarten. Understanding a sense of self, developing skills for healthy relationships, and exploring personal safety while setting limits and boundaries are essential as a child enters kindergarten and should continue through all grade levels. Anatomy, reproduction, and pregnancy can be as simple in the early grades as discussing how a caterpillar develops into a butterfly or how plants require cross-pollination. These topics of reproduction advance as the child grows ensuring age-appropriate material. Throughout a child’s education, promotion of anatomically correct language to describe body parts is optimal. As noted in statute, abstinence from sexual activity must be presented as the preferred choice of behavior in relationships of unmarried people of school age. By the end of middle school, adolescents should understand sexual risk avoidance as the primary goal and learn sexual risk reduction methods that may be needed later in their lives. As diseases can be transmitted person to person, the most common sexually transmitted diseases (STDs) should be discussed in general terms. They can be described in categories that highlight characteristics and modes of transmission, focusing on the fact that most STDs have ZERO symptoms. Emphasis should be placed on teaching decision-making, communication, negotiation, and refusal skills; how to avoid risky situations; and increasing parent-child communication. Schools should also consider factors in the environment that may influence students’ reproductive and sexual health behaviors, including one’s family, peers, and the media. Finally, reproductive considerations can have legal implications with regard to mandatory reporting, consent, and parenting requirements.

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Guiding Principles

While the recommended health education strands have been framed around critical content areas, health education standards should focus on the development of the student's capacity to understand **health information**, recognize the **factors** that impact health and wellness, and apply the **intrapersonal and interpersonal skills** necessary to make decisions that lead to health and wellness. Effective health education requires that students are able to use these concepts in their daily lives. Therefore, the SBOE should work to integrate the following guiding principles throughout the essential knowledge and skills.

Health Information and Literacy: Students must have the ability to gather, interpret, and understand health information across different domains. The TEKS work groups should consider how health literacy is advanced within each strand in health education. This guiding principle is reflected within National Health Education Standard 1 (students will comprehend concepts related to health promotion and disease prevention to enhance health) and Standard 3 (students will demonstrate the ability to access valid information and products and services to enhance health).

Risk and Protective Factors: Students must understand and be able to consider the various factors that contribute to health and wellness as well as those that may increase the risk of poor health and functioning. In addition to health literacy, students should value positive relationships in supporting sustained healthy behaviors, including those with family, school, and community. Students must be able to understand how the personal, social, and environmental influences interact to impact individual health. Some risk and protective factors may be unique to one or more health knowledge strand, while others impact a number of strands. The committee outlined the following core risk and protective areas to consider in the development of student expectations for each health strand:

- Individual factors (e.g., biological, demographic, psychosocial [knowledge, attitude, motivation], and emotional [stress, coping])
- Family, peers, and partners
- School and community
- Media, including social media and other technology

As an example, an understanding of alcohol and other drugs should include a consideration of how feeling connected to one's school and the ability to cope with stressful situations can reduce the risk of substance use problems, while having a peer group who engages in substance use increases one's risk. This guiding principle is reflected in National Health Education Standard 2 (students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors) and Standard 7 (students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks).

Personal/Interpersonal Skills: Ultimately, health and well-being depend upon a variety of personal and interpersonal skills that allow a student to problem solve issues, weigh decisions, carry out planned health and prosocial behaviors, and resolve conflicts and barriers to success. The TEKS should include the teaching and application of these skills within the context of the health strands, allowing youth to demonstrate the following skills within the classroom, home, and community:

- Goal setting
- Decision-making and problem-solving
- Refusal skills
- Help-seeking and coping
- Empathy and perspective-taking
- Conflict resolution
- Communication and sticking up for oneself

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This guiding principle is reflected in National Health Standard 4 (students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks), Standard 5 (students will demonstrate the ability to use decision-making skills to enhance health), and Standard 6 (students will demonstrate the ability to use goal-setting skills to enhance health).

Physical Health and Hygiene	Substrands	K	1	2	3	4	5	6	7-8	9-12
	Body systems	X	X	X	X	X	X	X	X	X
	Growth and development			X	X	X	X	X	X	X
	Personal health and hygiene	X	X	X	X	X	X	X	X	X
Mental Health and Wellness	Substrands	K	1	2	3	4	5	6	7-8	9-12
	Emotional and mental health	X	X	X	X	X	X	X	X	X
	Developing a healthy self-concept						X	X	X	X
	Healthy and unhealthy relationships	X	X	X	X	X	X	X	X	X
	Self-regulation	X	X	X	X	X	X	X	X	X
	Coping with stress and trauma		X	X	X	X	X	X	X	X
	Mental health concerns								X	X
Healthy Eating and Physical Activity	Substrands	K	1	2	3	4	5	6	7-8	9-12
	Food and beverages to eat and drink every day	X	X	X	X	X	X	X	X	X
	Food and beverages to limit			X	X	X	X	X	X	X
	Energy balance				X	X	X	X	X	X
	Physical activity	X	X	X	X	X	X	X	X	X
	Food and physical activity literacy	X	X	X	X	X	X	X	X	X
Injury and Violence Prevention and Safety	Substrands	K	1	2	3	4	5	6	7-8	9-12
	Safety skills/unintentional Injury	X	X	X	X	X	X	X	X	X
	Healthy relationships - Conflict resolution skills					X	X	X	X	X
	Healthy home, school and community climate							X	X	X
	Intrapersonal violence								X	X
	Interpersonal violence, including Bullying				X	X	X	X	X	X
Alcohol, Tobacco, and Other Drugs	Substrands	K	1	2	3	4	5	6	7-8	9-12
	Prevention							X	X	X
	Risk and protective factors							X	X	X
	Use and misuse (incl Prescription drug & alcohol awareness)							X	X	X
	Effects							X	X	X
	Treatment									X
Reproductive and Sexual Health	Substrands	K	1	2	3	4	5	6	7-8	9-12
	Sense of self	X	X	X	X	X	X	X	X	X
	Healthy relationships	X	X	X	X	X	X	X	X	X
	Personal safety /Limits/Boundaries	X	X	X	X	X	X	X	X	X
	Anatomy, reproduction, and pregnancy		X	X	X	X	X	X	X	X
	Sexual risk avoidance and sexual risk reduction							X	X	X
	Sexually transmitted diseases and HIV							X	X	X
	Legal issues regarding sexual health								X	X

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Notes

¹ Joint Committee on National Health Education Standards. (2007). *National health education standards: Achieving excellence*. Centers for Disease Control and Prevention.

²See Melonie Heron, July 26, 2018. *Death: Leading causes for 2016*. National Vital Statistics Reports, 67(6)

³ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2020 Framework*. Retrieved from www.healthypeople.gov.

⁴ Texas Health and Human Services. (2016). *Texas Department of State Health Services, Vital Statistics Annual Report, Table 17*. Retrieved from <https://www.dshs.texas.gov/chs/vstat/vs14/t17.aspx>.

⁵ Robert Wood Johnson Foundation. (2018). *The State of Obesity: Better policies for a healthier America*. Retrieved from <https://stateofobesity.org/states/tx/>

⁶ Mental Health America. (2018). *Mental health in America-Prevalence data*. Retrieved from: <http://www.mentalhealthamerica.net/issues/mental-health-america-prevalence-data>

⁷ Centers for Disease Control and Prevention: National Center for Health Statistics. (2016). *Stats of the State of Texas*. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/nchs/pressroom/states/texas/texas.htm>

⁸ Basch, C.E. (2011). Healthy students are better learners: A missing link in school reforms to close the achievement gap. *Journal of School Health, 81*(10), 593-598. American School Health Association.

⁹ Ibid, pg. 597

¹⁰ Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). *Health behavior and health education: theory, research, and practice*. John Wiley & Sons.

¹¹ Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*(7), pg. 513-531. American Psychological Association. Retrieved from <http://dx.doi.org/10.1037/0003-066X.32.7.513>

¹² Sallis, J.F., Taylor, W.C., Dowda, M. Freedson, P. & Pate, R.R. (2002). Correlates of vigorous physical activity for children in Grades 1 through 12: Comparing parent-reported and objectively measured physical activity. *Human Kinetics Journal: Pediatric Exercise Science, 14*(1), pg. 30-44. <https://doi.org/10.1123/pes.14.1.30>

¹³ United States Department of Agriculture. ChooseMyPlate.gov. Accessed September 28, 2018.

APPENDIX A – HEALTH INSTRUCTION STATUTORY REQUIREMENTS

TEXAS STATUTORY REQUIREMENTS FOR HEALTH INSTRUCTION	
<p>Diabetes Education Program Texas Education Code (TEC) §28.002(k) Program required: Classroom instruction may be included; district decision.</p>	<p>(k) The State Board of Education, in consultation with the Department of State Health Services and the Texas Diabetes Council, shall develop a diabetes education program that a school district may use in the health curriculum under Subsection (a)(2)(B).</p>
<p>Physical activity TEC §28.002(p)</p>	<p>(l-2) To encourage school districts to promote physical activity for children through classroom curricula for health and physical education, the agency, in consultation with the Department of State Health Services, shall designate nationally recognized health and physical education program guidelines that a school district may use in the health curriculum under Subsection (a)(2)(B) or the physical education curriculum under Subsection (a)(2)(C).</p>
<p>Parenting and Paternity Awareness TEC §28.002(p) Texas Administration Code (TAC) §74.35 Classroom instruction required in high school and may be included in middle or junior high school.</p> <p>Family Violence Prevention Program TEC §28.002 (p)(3)(p-2)(3) May include family violence prevention if district does not have a family violence program.</p> <p>Teenage Pregnancy TEC §28.002 (p-2)(3)</p>	<p>(p)The State Board of Education, in conjunction with the office of the attorney general, shall develop a parenting and paternity awareness program that a school district shall use in the district's high school health curriculum. A school district may use the program developed under this subsection in the district's middle or junior high school curriculum. At the discretion of the district, a teacher may modify the suggested sequence and pace of the program at any grade level. The program must:</p> <ol style="list-style-type: none"> (1) address parenting skills and responsibilities, including child support and other legal rights and responsibilities that come with parenthood; (2) address relationship skills, including money management, communication skills, and marriage preparation; and (3) in district middle, junior high, or high schools that do not have a family violence prevention program, address skills relating to the prevention of family violence. <p>(p-2) A school district may develop or adopt research-based programs and curriculum materials for use in conjunction with the program developed under Subsection (p). The programs and curriculum materials may provide instruction in:</p> <ol style="list-style-type: none"> (1) child development; (2) parenting skills, including child abuse and neglect prevention; and (3) assertiveness skills to prevent teenage pregnancy, abusive relationships, and family violence. <p>(p-3) The agency shall evaluate programs and curriculum materials developed under Subsection (p-2) and distribute to other school districts information regarding those programs and materials.</p> <p>(p-4) A student under 14 years of age may not participate in a program developed under Subsection (p) without the permission of the student's parent or person standing in parental relation to the student.</p>
<p>Alcohol Awareness TEC §28.002(r) * TAC §74.35 (b) Classroom instruction required in middle school and high school. Instruction not required in elementary.</p> <p><i>*See addendum for amended language.</i></p>	<p>(r) In adopting the essential knowledge and skills for the health curriculum under Subsection (a)(2)(B), the State Board of Education shall adopt essential knowledge and skills that address the dangers, causes, consequences, signs, symptoms, and treatment of binge drinking and alcohol poisoning. The agency shall compile a list of evidence-based alcohol awareness programs from which a school district shall choose a program to use in the district's middle school, junior high school, and high school health curriculum. In this subsection, "evidence-based alcohol awareness program" means a program, practice, or strategy that has been proven to effectively prevent or delay alcohol use among students, as determined by evaluations that use valid and reliable measures and that are published in peer-reviewed journals.</p>
<p>Bullying/Harassment TEC §28.002(s) Classroom instruction required.</p>	<p>(s) In this subsection, "bullying" has the meaning assigned by Section 37.0832 and "harassment" has the meaning assigned by Section 37.001. In addition to any other essential knowledge and skills the State Board of Education adopts for the health curriculum under Subsection (a)(2)(B), the board shall adopt for the health curriculum, in consultation with the Texas School Safety Center, essential knowledge and skills that include evidence-based practices that will effectively address awareness, prevention, identification, self-defense in response to, and resolution of and intervention in bullying and harassment.</p>

APPENDIX A – HEALTH INSTRUCTION STATUTORY REQUIREMENTS

<p>Prescription Drugs TEC §28.002(w) Classroom instruction required in middle school and high school. Instruction not required in elementary.</p>	<p>(w) In adopting the essential knowledge and skills for the health curriculum under Subsection (a)(2)(B), the State Board of Education shall adopt essential knowledge and skills that address the dangers, causes, consequences, signs, symptoms, and treatment of nonmedical use of prescription drugs. The agency shall compile a list of evidence-based prescription drug misuse awareness programs from which a school district may choose a program to use in the district’s middle school, junior high school, and high school health curriculums. In this subsection, an "evidence-based prescription drug misuse awareness program" means a program, practice, or strategy that has been proven to effectively prevent nonmedical use of prescription drugs among students, as determined by evaluations that use valid and reliable measures and that are published in peer-reviewed journals.</p>
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<p style="text-align: center;">TEXAS STATUTORY REQUIREMENTS HEALTH-RELATED INSTRUCTION, INFORMATION, AND/OR PROGRAMS</p>	
<p>Cardiopulmonary Resuscitation TEC §28.0023</p> <p>Required classroom instruction for grades 7-12; however, instruction may be provided as part of any course. District decision.</p> <p>TAC §74.38</p>	<p>(b) The State Board of Education by rule shall require instruction in cardiopulmonary resuscitation for students in grades 7 through 12.</p> <p>(c) A school district or open-enrollment charter school shall provide instruction to students in grades 7 through 12 in cardiopulmonary resuscitation in a manner consistent with the requirements of this section and State Board of Education rules adopted under this section. The instruction may be provided as a part of any course. A student shall receive the instruction at least once before graduation.</p> <p>(d) A school administrator may waive the curriculum requirement under this section for an eligible student who has a disability.</p> <p>(e) Cardiopulmonary resuscitation instruction must include training that has been developed:</p> <ol style="list-style-type: none"> (1) by the American Heart Association or the American Red Cross; or (2) using nationally recognized, evidence-based guidelines for emergency cardiovascular care and incorporating psychomotor skills to support the instruction. <p>(f) For purposes of Subsection (e), "psychomotor skills" means hands-on practice to support cognitive learning. The term does not include cognitive-only instruction and training.</p> <p>(g) A school district or open-enrollment charter school may use emergency medical technicians, paramedics, police officers, firefighters, representatives of the American Heart Association or the American Red Cross, teachers, other school employees, or other similarly qualified individuals to provide instruction and training under this section. Instruction provided under this section is not required to result in certification in cardiopulmonary resuscitation. If instruction is intended to result in certification in cardiopulmonary resuscitation, the course instructor must be authorized to provide the instruction by the American Heart Association, the American Red Cross, or a similar nationally recognized association.</p>
<p>Local School Advisory Council TEC §28.004 (a-c) *</p> <p>Districts must consider the recommendations of the local SHAC regarding the curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, Type 2 diabetes and mental health concerns. SHAC provides recommendations related to human sexuality instruction and the prevention of the use of tobacco.</p>	<p>(a) The board of trustees of each school district shall establish a local school health advisory council to assist the district in ensuring that local community values are reflected in the district’s health education instruction.</p> <p>(b) A school district must consider the recommendations of the local school health advisory council before changing the district's health education curriculum or instruction.</p> <p>(c) The local school health advisory council's duties include recommending</p> <ol style="list-style-type: none"> (1) the number of hours of instruction to be provided in health education; (2) policies, procedures, strategies, and curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, Type 2 diabetes, and mental health concerns through coordination of: <ol style="list-style-type: none"> (A) health education; (B) physical education and physical activity; (C) nutrition services; (D) parental involvement; (E) instruction to prevent the use of tobacco; (F) school health services;

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<p>*See addendum for amended language.</p>	<p>(G) counseling and guidance services; (H) a safe and healthy school environment; and (I) school employee wellness; (3) appropriate grade levels and methods of instruction for human sexuality instruction; (4) strategies for integrating the curriculum components specified by Subdivision (2) with the following elements in a coordinated school health program for the district: (A) school health services; (B) counseling and guidance services; (C) a safe and healthy school environment; and (D) school employee wellness; and (5) if feasible, joint use agreements or strategies for collaboration between the school district and community organizations or agencies.</p>
<p>Human Sexuality Instruction TEC §28.004(e-j) Instruction includes: Abstinence, human sexuality, STDs, HIV, AIDS, pregnancy prevention (contraception/condoms)</p>	<p>(e) Any course materials and instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the board of trustees with the advice of the local school health advisory council and must: (1) present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age; (2) devote more attention to abstinence from sexual activity than to any other behavior; (3) emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity; (4) direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with human immunodeficiency virus or acquired immune deficiency syndrome; and (5) teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content. (f) A school district may not distribute condoms in connection with instruction relating to human sexuality. (g) A school district that provides human sexuality instruction may separate students according to sex for instructional purposes. (h) The board of trustees shall determine the specific content of the district's instruction in human sexuality, in accordance with Subsections (e), (f), and (g). (i) Before each school year, a school district shall provide written notice to a parent of each student enrolled in the district of the board of trustees' decision regarding whether the district will provide human sexuality instruction to district students. If instruction will be provided, the notice must include: (1) a summary of the basic content of the district's human sexuality instruction to be provided to the student, including a statement informing the parent of the instructional requirements under state law; (2) a statement of the parent's right to: (A) review curriculum materials as provided by Subsection (j); and (B) remove the student from any part of the district's human sexuality instruction without subjecting the student to any disciplinary action, academic penalty, or other sanction imposed by the district or the student's school; and (3) information describing the opportunities for parental involvement in the development of the curriculum to be used in human sexuality instruction, including information regarding the local school health advisory council established under Subsection (a). (i-1) A parent may use the grievance procedure adopted under Section 26.011 concerning a complaint of a violation of Subsection (i).</p>

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	(j) A school district shall make all curriculum materials used in the district's human sexuality instruction available for reasonable public inspection.
<p>Sexual Harassment TEC §37.083</p> <p>Program requirement: Must provide education concerning sexual harassment. Classroom instruction required in TEC §28.002(s).</p>	<p>(a) Each school district shall adopt and implement a discipline management program to be included in the district improvement plan under Section 11.252. The program must provide for prevention of and education concerning unwanted physical or verbal aggression and sexual harassment in school, on school grounds, and in school vehicles.</p> <p>(b) Each school district may develop and implement a sexual harassment policy to be included in the district improvement plan under Section 11.252.</p>
<p>Dating Violence Prevention TEC §37.0831</p> <p>Policy requirement: Provide awareness education for students. Classroom instruction district decision.</p>	<p>(a) Each school district shall adopt and implement a dating violence policy to be included in the district improvement plan under Section 11.252.</p> <p>(b) A dating violence policy must:</p> <p>(1) include a definition of dating violence that includes the intentional use of physical, sexual, verbal, or emotional abuse by a person to harm, threaten, intimidate, or control another person in a dating relationship, as defined by Section 71.0021, Family Code; and</p> <p>(2) address safety planning, enforcement of protective orders, school-based alternatives to protective orders, training for teachers and administrators, counseling for affected students, and awareness education for students and parents.</p>
<p>Bullying Prevention Policies TEC §37.0832</p> <p>Definition includes cyberbullying</p> <p>Districts must adopt a policy concerning bullying. TEC 37.0832(c)</p> <p>Districts may establish a district-wide policy to assist in the prevention of bullying. TEC 37.0832(f)</p> <p>Classroom instruction required in TEC §28.002(s).</p>	<p>(a) In this section:</p> <p>(1) "Bullying":</p> <p>(A) means a single significant act or a pattern of acts by one or more students directed at another student that exploits an imbalance of power and involves engaging in written or verbal expression, expression through electronic means, or physical conduct that satisfies the applicability requirements provided by Subsection (a-1), and that:</p> <p>(i) has the effect or will have the effect of physically harming a student, damaging a student's property, or placing a student in reasonable fear of harm to the student's person or of damage to the student's property;</p> <p>(ii) is sufficiently severe, persistent, or pervasive enough that the action or threat creates an intimidating, threatening, or abusive educational environment for a student;</p> <p>(iii) materially and substantially disrupts the educational process or the orderly operation of a classroom or school; or</p> <p>(iv) infringes on the rights of the victim at school; and</p> <p>(B) includes cyberbullying.</p> <p>(2) "Cyberbullying" means bullying that is done through the use of any electronic communication device, including through the use of a cellular or other type of telephone, a computer, a camera, electronic mail, instant messaging, text messaging, a social media application, an Internet website, or any other Internet-based communication tool.</p> <p>(a-1) This section applies to:</p> <p>(1) bullying that occurs on or is delivered to school property or to the site of a school-sponsored or school-related activity on or off school property;</p> <p>(2) bullying that occurs on a publicly or privately owned school bus or vehicle being used for transportation of students to or from school or a school-sponsored or school-related activity; and</p> <p>(3) cyberbullying that occurs off school property or outside of a school-sponsored or school-related activity if the cyberbullying:</p> <p>(A) interferes with a student's educational opportunities; or</p> <p>(B) substantially disrupts the orderly operation of a classroom, school, or school-sponsored or school-related activity.</p>

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<p>Hazing TEC §37.151(6)</p> <p>Definition</p>	<p>(a) The principal of a public primary or secondary school, or a person designated by the principal under Subsection (c), may make a report to any school district police department, if applicable, or the police department of the municipality in which the school is located or, if the school is not in a municipality, the sheriff of the county in which the school is located if, after an investigation is completed, the principal has reasonable grounds to believe that a student engaged in conduct that constitutes an offense under Section 22.01 or 42.07(a)(7), Penal Code.</p> <p>(6) "Hazing" means any intentional, knowing, or reckless act, occurring on or off the campus of an educational institution, by one person alone or acting with others, directed against a student, that endangers the mental or physical health or safety of a student for the purpose of pledging, being initiated into, affiliating with, holding office in, or maintaining membership in an organization. The term includes</p> <p>(A) any type of physical brutality, such as whipping, beating, striking, branding, electronic shocking, placing of a harmful substance on the body, or similar activity;</p> <p>(B) any type of physical activity, such as sleep deprivation, exposure to the elements, confinement in a small space, calisthenics, or other activity that subjects the student to an unreasonable risk of harm or that adversely affects the mental or physical health or safety of the student;</p> <p>(C) any activity involving consumption of a food liquid, alcoholic beverage, liquor, drug, or other substance that subjects the student to an unreasonable risk of harm or that adversely affects the mental or physical health or safety of the student;</p> <p>(D) any activity that intimidates or threatens the student with ostracism, that subjects the student to extreme mental stress, shame, or humiliation, that adversely affects the mental health or dignity of the student or discourages the student from entering or remaining registered in an educational institution, or that may reasonably be expected to cause a student to leave the organization or the institution rather than submit to acts described in this subdivision; and</p> <p>(E) any activity that induces, causes, or requires the student to perform a duty or task that involves a violation of the Penal Code.</p>
<p>Community Education Relating to Internet Safety TEC §37.217</p> <p>Program requirement: Schools are not required to use the program for classroom instruction. District decision.</p>	<p>(a) The center, in cooperation with the attorney general, shall develop a program that provides instruction concerning Internet safety, including instruction relating to</p> <ol style="list-style-type: none"> (1) the potential dangers of allowing personal information to appear on an Internet website; (2) the manner in which to report an inappropriate online solicitation; and (3) the prevention, detection, and reporting of bullying or threats occurring over the Internet. <p>(b) In developing the program, the center shall:</p> <ol style="list-style-type: none"> (1) solicit input from interested stakeholders; and (2) to the extent practicable, draw from existing resources and programs. <p>(c) The center shall make the program available to public schools.</p>
<p>Programs on Dangers of Students Sharing Visual Material Depicting Minor Engaged in Sexual Conduct TEC §37.218</p> <p>Policy/Program requirement: Programs must address: The prevention of, identification of, responses to, and reporting of incidents of bullying; 2) the connection between bullying,</p>	<p>(a) In this section:</p> <ol style="list-style-type: none"> (1) "Bullying" has the meaning assigned by Section 25.0342 . (2) "Cyberbullying" means the use of any electronic communication device to engage in bullying or intimidation. (3) "Harassment" has the meaning assigned by Section 37.001 . (4) "Sexual conduct" has the meaning assigned by Section 43.25, Penal Code . <p>(b) The center, in consultation with the office of the attorney general, shall develop programs for use by school districts that address:</p> <ol style="list-style-type: none"> (1) the possible legal consequences, including criminal penalties, of sharing visual material depicting a minor engaged in sexual conduct; (2) other possible consequences of sharing visual material depicting a minor engaged in sexual conduct, including: <ol style="list-style-type: none"> (A) negative effects on relationships; (B) loss of educational and employment opportunities; and

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<p>cyberbullying, and harassment; 3) and a minor sharing visual material depicting a minor engaged in sexual conduct. District required to make available information on program. District decision.</p>	<p>(C) possible removal, if applicable, from certain school programs or extracurricular activities; (3) the unique characteristics of the Internet and other communications networks that could affect visual material depicting a minor engaged in sexual conduct, including: (A) search and replication capabilities; and (B) a potentially worldwide audience; (4) the prevention of, identification of, responses to, and reporting of incidents of bullying; and (5) the connection between bullying, cyberbullying, harassment, and a minor sharing visual material depicting a minor engaged in sexual conduct. (c) Each school district shall annually provide or make available information on the programs developed under Subsection (b) to parents and students in a grade level the district considers appropriate. Each district shall provide or make available the information by any means the district considers appropriate.</p>
<p>Dissemination of Bacterial Meningitis Information TEC §38.0025 *</p> <p>Required procedure: Districts required to provide information to students and parents. Does not require classroom instruction. District decision.</p> <p>*See addendum for amended language.</p>	<p>(a) The agency shall prescribe procedures by which each school district shall provide information relating to bacterial meningitis to its students and their parents each school year. The procedures must ensure that the information is reasonably likely to come to the attention of the parents of each student. The agency shall prescribe the form and content of the information. The information must cover: (1) the symptoms of the disease, how it may be diagnosed, and its possible consequences if untreated; (2) how the disease is transmitted, how it may be prevented, and the relative risk of contracting the disease for primary and secondary school students; (3) the availability and effectiveness of vaccination against and treatment for the disease, and a brief description of the risks and possible side effects of vaccination; and (4) sources of additional information regarding the disease, including any appropriate office of the school district and the appropriate office of the Texas Department of Health. (b) The agency shall consult with the Texas Department of Health in prescribing the content of the information to be provided to students under this section. The agency shall establish an advisory committee to assist the agency in the initial implementation of this section. The advisory committee must include at least two members who are parents of students at public schools in this state. (c) A school district, with the written consent of the agency, may provide the information required by this section to its students and their parents by a method different from the method prescribed by the agency under Subsection (a) if the agency determines that method would be effective in bringing the information to the attention of the parents of each student.</p>
<p>Provide Child Abuse Anti-victimization Programs in Elementary and Secondary Schools TEC §38.004(b)</p> <p>Program requirement: Districts must provide a child abuse anti-victimization program in elementary and secondary schools.</p>	<p>(b) Each school district shall provide child abuse antivictimization programs in elementary and secondary schools.</p>
<p>Policies Addressing Sexual Abuse and other Maltreatment of Children TEC §38.0041 *</p> <p>Policy requirement: Increase student awareness of issues regarding sexual</p>	<p>(a) Each school district and open-enrollment charter school shall adopt and implement a policy addressing sexual abuse and other maltreatment of children, to be included in the district improvement plan under Section 11.252 and any informational handbook provided to students and parents. (b) A policy required by this section must address:</p>

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<p>abuse. No classroom instruction required. District decision.</p> <p>*See addendum for amended language.</p>	<p>(1) methods for increasing staff, student, and parent awareness of issues regarding sexual abuse and other maltreatment of children, including prevention techniques and knowledge of likely warning signs indicating that a child may be a victim of sexual abuse or other maltreatment, using resources developed by the agency under Section 38.004;</p> <p>(2) actions that a child who is a victim of sexual abuse or other maltreatment should take to obtain assistance and intervention; and</p> <p>(3) available counseling options for students affected by sexual abuse or other maltreatment.</p> <p>(c) The methods under Subsection (b)(1) for increasing awareness of issues regarding sexual abuse and other maltreatment of children must include training, as provided by this subsection, concerning prevention techniques for and recognition of sexual abuse and all other maltreatment of children. The training:</p> <p>(1) must be provided, as part of a new employee orientation, to all new school district and open-enrollment charter school employees and to existing district and open-enrollment charter school employees on a schedule adopted by the agency by rule until all district and open-enrollment charter school employees have taken the training; and</p> <p>(2) must include training concerning:</p> <p>(A) factors indicating a child is at risk for sexual abuse or other maltreatment;</p> <p>(B) likely warning signs indicating a child may be a victim of sexual abuse or other maltreatment;</p> <p>(C) internal procedures for seeking assistance for a child who is at risk for sexual abuse or other maltreatment, including referral to a school counselor, a social worker, or another mental health professional;</p> <p>(D) techniques for reducing a child's risk of sexual abuse or other maltreatment; and</p> <p>(E) community organizations that have relevant existing research-based programs that are able to provide training or other education for school district or open-enrollment charter school staff members, students, and parents.</p> <p>(d) For any training under Subsection (c), each school district and open-enrollment charter school shall maintain records that include the name of each district or charter school staff member who participated in the training.</p> <p>(e) If a school district or open-enrollment charter school determines that the district or charter school does not have sufficient resources to provide the training required under Subsection (c), the district or charter school shall work in conjunction with a community organization to provide the training at no cost to the district or charter school.</p> <p>(f) The training under Subsection (c) may be included in staff development under Section 21.451.</p> <p>(g) A school district or open-enrollment charter school employee may not be subject to any disciplinary proceeding, as defined by Section 22.0512(b), resulting from an action taken in compliance with this section. The requirements of this section are considered to involve an employee's judgment and discretion and are not considered ministerial acts for purposes of immunity from liability under Section 22.0511. Nothing in this section may be considered to limit the immunity from liability provided under Section 22.0511.</p> <p>(h) For purposes of this section, "other maltreatment" has the meaning assigned by Section 42.002, Human Resources Code.</p>
<p>Coordinated School Health Programs (CSHP)</p> <p>TEC §38.013 *</p> <p>*See addendum for amended language.</p>	<p>(a) The agency shall make available to each school district one or more coordinated health programs designed to prevent obesity, cardiovascular disease, oral diseases, and Type 2 diabetes in elementary school, middle school, and junior high school students. Each program must provide for coordinating:</p> <p>(1) health education, including oral health education;</p> <p>(2) physical education and physical activity;</p> <p>(3) nutrition services; and</p> <p>(4) parental involvement.</p> <p>(a-1) The commissioner by rule shall adopt criteria for evaluating a coordinated health program before making the program available under Subsection (a). Before adopting the criteria, the commissioner shall request review and comment concerning the criteria from the Department of State Health Services School Health Advisory Committee. The commissioner may make available under Subsection (a) only those programs that meet criteria adopted under this subsection.</p> <p>(b) The agency shall notify each school district of the availability of the programs.</p>

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	(c) The commissioner by rule shall adopt criteria for evaluating the nutritional services component of a program under this section that includes an evaluation of program compliance with the Department of Agriculture guidelines relating to foods of minimal nutritional value.
<p>Implementation of Coordinated School Health Program (CSHP) TEC §38.014 Program requirement: CSHPs required at each elementary, middle, and junior high school. Program not required for high schools.</p>	<p>(a) Each school district shall:</p> <ol style="list-style-type: none"> (1) participate in appropriate training for the implementation of the program approved by the agency under Section 38.013; and (2) implement the program in each elementary school, middle school, and junior high school in the district. <p>(b) The agency, in cooperation with the Texas Department of Health, shall adopt a schedule for regional education service centers to provide necessary training under this section.</p>
<p>Response to Cardiac Arrest TEC §38.018 Required procedure: Procedures do not have to address students. Classroom instruction not required.</p>	<p>(a) Each school district and private school shall develop safety procedures for a district or school employee or student to follow in responding to a medical emergency involving cardiac arrest, including the appropriate response time in administering cardiopulmonary resuscitation, using an automated external defibrillator, as defined by Section 779.001, Health and Safety Code, or calling a local emergency medical services provider.</p> <p>(b) A private school is required to develop safety procedures under this section only if the school receives an automated external defibrillator from the agency or receives funding from the agency to purchase or lease an automated external defibrillator.</p>
<p>List of Resources Concerning Internet Safety TEC §38.023 Districts may use resources to provide instruction to students. Classroom instruction not required.</p>	<p>The agency shall develop and make available to school districts a list of resources concerning Internet safety, including a list of organizations and Internet websites that may assist in educating teachers and students about:</p> <ol style="list-style-type: none"> (1) the potential dangers of allowing personal information to appear on an Internet website; (2) the significance of copyright laws; and (3) the consequences of cyber-plagiarism and theft of audiovisual works, including motion pictures, software, and sound recordings, through uploading and downloading files on the Internet.
<p>Mental Health Promotion and Intervention, Substance Abuse Prevention and Intervention, and Suicide Prevention Health and Safety Code §161.325 Instruction not required, district decision.</p>	<p>Each school district may select from the list a program or programs appropriate for implementation in the district.</p> <p>(a-1) The list must include programs in the following areas:</p> <ol style="list-style-type: none"> (1) early mental health intervention; (2) mental health promotion and positive youth development; (3) substance abuse prevention; (4) substance abuse intervention; and (5) suicide prevention.

APPENDIX B – ADDENDUM TO HEALTH INSTRUCTION STATUTORY REQUIREMENTS PENDING FINAL GUBERNATORIAL ACTION

TEXAS STATUTORY REQUIREMENTS FOR HEALTH INSTRUCTION		
<p>Mental Health of Public School Students HB 18 Signed 06/02/2019</p>	<p>Relates to consideration of the mental health of public school students in training requirements for certain school employees, curriculum requirements, counseling programs, educational programs, state and regional programs and services, and health care services for students and to mental health first aid program training and reporting regarding local mental health authority and school district personnel.</p>	<p>TEC §28.002 (excerpts)</p> <p>(a) Each school district that offers kindergarten through grade 12 shall offer, as a required curriculum:</p> <p>(2) an enrichment curriculum that includes:</p> <p>(A) to the extent possible, languages other than English;</p> <p>(B) health, with emphasis on:</p> <p style="padding-left: 20px;">(i) <u>physical health, including the importance of proper nutrition and exercise; and</u></p> <p style="padding-left: 20px;">(ii) <u>mental health, including instruction about mental health conditions, substance abuse, skills to manage emotions, establishing and maintaining positive relationships, and responsible decision-making;</u></p> <p>(C) physical education;</p> <p>(D) fine arts;</p> <p>(E) career and technology education;</p> <p>(F) technology applications;</p> <p>(G) religious literature, including the Hebrew Scriptures (Old Testament) and New Testament, and its impact on history and literature; and</p> <p>(H) personal financial literacy.</p> <p>(r) In adopting the essential knowledge and skills for the health curriculum under Subsection (a)(2)(B), the State Board of Education shall adopt essential knowledge and skills that address the <u>science, risk factors, causes, dangers, [causes,] consequences, signs, symptoms, and treatment of substance abuse, including the use of illegal drugs, abuse of prescription drugs, abuse of alcohol such as by binge drinking or other excessive drinking resulting in [and] alcohol poisoning, inhaling solvents, and other forms of substance abuse.</u> The agency shall compile a list of evidence-based <u>substance abuse [alcohol] awareness programs</u> from which a school district shall choose a program to use in the district 's middle school, junior high school, and high school health curriculum. In this subsection, "evidence-based <u>substance abuse [alcohol] awareness program</u>" means a program, practice, or strategy that has been proven to effectively prevent <u>substance abuse [or delay alcohol use]</u> among students, as determined by evaluations that <u>are evidence-based [use valid and reliable measures and that are published in peer reviewed journals].</u></p> <p>TEC §28.004 (excerpt)</p> <p>(c) The local school health advisory council 's duties include recommending:</p> <p>(1) the number of hours of instruction to be provided in:</p> <p style="padding-left: 20px;"><u>(A) health education in kindergarten through grade eight; and</u></p> <p style="padding-left: 20px;"><u>(B) if the school district requires health education for high school graduation, health education, including physical health education and mental health education, in grades 9 through 12;</u></p> <p>(2) policies, procedures, strategies, and curriculum appropriate for specific grade levels designed to prevent <u>physical health concerns, including obesity, cardiovascular disease, Type 2 diabetes, and mental health concerns through coordination of:</u></p> <p style="padding-left: 20px;">(A) health education, which must address physical health concerns and mental health concerns to ensure the integration of physical health education and mental health education;</p> <p style="padding-left: 20px;">(B) physical education and physical activity;</p>

APPENDIX B – ADDENDUM TO HEALTH INSTRUCTION STATUTORY REQUIREMENTS PENDING FINAL GUBERNATORIAL ACTION

		<p>(C) nutrition services; (D) parental involvement; (E) instruction <u>on substance abuse prevention</u> [to prevent the use of e-cigarettes, as defined by Section 161.081, Health and Safety Code, and tobacco]; (F) school health services, <u>including mental health services;</u> (G) <u>a comprehensive school counseling program under Section 33.005</u> [and guidance services]; (H) a safe and healthy school environment; and (I) school employee wellness;</p> <p>(3) appropriate grade levels and methods of instruction for human sexuality instruction; (4) strategies for integrating the curriculum components specified by Subdivision (2) with the following elements in a coordinated school health program for the district: (A) school health services, including physical health services and mental health services, if provided at a campus by the district or by a third party under a contract with the district; (B) a comprehensive school counseling program under Section 33.005 [and guidance services]; (C) a safe and healthy school environment; and (D) school employee wellness;</p> <p>TEC §38.013 (excerpt) (a) The agency shall make available to each school district one or more coordinated health programs [designed to prevent obesity, cardiovascular disease, oral diseases, and Type 2 diabetes] in elementary school, middle school, and junior high school [students]. Each program must provide for coordinating <u>education and services related to:</u> (1) <u>physical health education, including programs designed to prevent obesity, cardiovascular disease, oral diseases, and Type 2 diabetes and programs designed to promote the role of proper nutrition</u> [oral health education]; (2) <u>mental health education, including education about mental health conditions, mental health well-being, skills to manage emotions, establishing and maintaining positive relationships, and responsible decision-making;</u> (3) <u>substance abuse education, including education about alcohol abuse, prescription drug abuse, and abuse of other controlled substances;</u> (4) <u>physical education and physical activity; and</u> (5) [(3) nutrition services; and [(4)] parental involvement.</p>
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APPENDIX B – ADDENDUM TO HEALTH INSTRUCTION STATUTORY REQUIREMENTS PENDING FINAL GUBERNATORIAL ACTION

<p>Cardiac Assessments HB 76 Enrolled; sent to the Governor on 05/29/2019</p>	<p>Relates to cardiac assessments of high school participants in extracurricular athletic activities sponsored or sanctioned by the University Interscholastic League.</p>	<p>TEC §33.096. CARDIAC ASSESSMENTS OF HIGH SCHOOL PARTICIPANTS IN EXTRACURRICULAR ATHLETIC ACTIVITIES.</p> <p><u>(a) A school district must provide a district student, who is required under University Interscholastic League rule or policy to receive a physical examination before being allowed to participate in an athletic activity sponsored or sanctioned by the University Interscholastic League, the following:</u></p> <ul style="list-style-type: none"> <u>(1) information about sudden cardiac arrest and electrocardiogram testing; and</u> <u>(2) notification of the option of the student to request the administration of an electrocardiogram, in addition to the physical examination.</u> <p><u>(b) A student may request an electrocardiogram from any health care professional, including a health care professional provided through the student’s patient-centered medical home, as defined by Section 533.0029, Government Code, a health care professional provided through a school district program, or another health care professional chosen by the parent or person standing in parental relation to the student, provided that the health care professional is:</u></p> <ul style="list-style-type: none"> <u>(1) appropriately licensed in this state; and</u> <u>(2) authorized to administer and interpret electrocardiograms under the health care professional’s scope of practice, as established by the health care professional’s Texas licensing act.</u> <p><u>(c) The University Interscholastic League shall adopt rules as necessary to administer this section.</u></p> <p><u>(d) The rules adopted under Subsection (c) must include:</u></p> <ul style="list-style-type: none"> <u>(1) criteria under which a school district may request an exemption from the requirements of Subsection (a);</u> <u>(2) variances that allow for a delay of the implementation of the requirement to notify students of the option to request an electrocardiogram under this section;</u> <u>(3) procedures to ensure students receiving the required annual physical examination are notified of the option to request an electrocardiogram; and</u> <u>(4) provisions to ensure that the requirements under this section are minimum standards that provide a school district with the option to implement a program that exceeds the standards required by this section.</u>
<p>Training for Public School Employees HB 111 Signed 05/31/2019</p>	<p>Relates to public school policy and training for public school employees addressing the prevention of sexual abuse, sex trafficking, and other maltreatment of certain children.</p>	<p>TEC §38.0041 (excerpt)</p> <p>(b) A policy required by this section must address:</p> <ul style="list-style-type: none"> (1) methods for increasing staff, student, and parent awareness of issues regarding sexual abuse and other maltreatment of children, including prevention techniques and knowledge of likely warning signs indicating that a child may be a victim of sexual abuse or other maltreatment, using resources developed by the agency or the commissioner regarding those issues, including <u>resources developed by the agency</u> under Section 38.004; (2) actions that a child who is a victim of sexual abuse or other maltreatment should take to obtain assistance and intervention; and (3) available counseling options for students affected by sexual abuse or other maltreatment. <p>(c) The methods under Subsection (b)(1) for increasing awareness of issues regarding sexual abuse and other maltreatment of children must include training, as provided by this subsection, concerning prevention techniques for and recognition of sexual abuse and all other maltreatment of children, <u>including the sexual abuse, sex trafficking, and other maltreatment of children with significant cognitive disabilities.</u></p>

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<p>Training for the Board of Trustees and the Superintendent HB 403 Signed 05/25/2019</p>	<p>Relates to training requirements for a member of the board of trustees and the superintendent of an independent school district regarding sexual abuse, human trafficking, and other maltreatment of children.</p>	<p>TEC §11.159 (excerpt) (c) The State Board of Education shall require a trustee to complete <u>every two years</u> at least: (1) three hours of training [every two years] on evaluating student academic performance; <u>and</u> (2) <u>one hour of training on identifying and reporting potential victims of sexual abuse, human trafficking, and other maltreatment of children.</u> TEC §21.054 (h) Continuing education requirements for a superintendent must include at least 2-1/2 hours of training every five years on identifying and reporting potential victims of sexual abuse, human trafficking, and other maltreatment of children. For purposes of this subsection, "other maltreatment" has the meaning assigned by Section 42.002, Human Resources Code.</p>
<p>Recess HB 455 Enrolled; sent to the Governor on 05/24/2019</p>	<p>Relates to policies on the recess period in public schools</p>	<p>TEC §28.0047. MODEL RECESS POLICIES. The Department of State Health Services School Health Advisory Committee established under Section 1001.0711, Health and Safety Code, shall develop model policies for the recess period during the school day that encourage constructive, age-appropriate outdoor playtime. The model policies must include guidelines for outdoor equipment and facilities on public school campuses that maximize the effectiveness of outdoor physical activity. §28.0048 RECESS POLICY. (a) The board of trustees of each school district shall: (1) after reviewing the model recess policies developed under Section 28.0047 and the policy recommendations of the local school health advisory council provided under Section 28.004(l), adopt a recess policy based on those model policies and recommendations; and (2) review and, if necessary, revise the recess policy at least every five years. (b) The recess policy must specify: (1) the required number of minutes of weekly unstructured playtime; and (2) whether a student 's recess time may be withheld as a form of student discipline. (c) Each school district campus subject to the district recess policy adopted under Subsection (a) shall implement the recess policy.</p>
<p>Injury Response HB 496 Enrolled; sent to the Governor on 05/29/2019</p>	<p>Relates to traumatic injury response protocol and the use of bleeding control stations in public schools</p>	<p>TEC §38.030. TRAUMATIC INJURY RESPONSE PROTOCOL. (a) Each school district and open-enrollment charter school shall develop and annually make available a protocol for school employees and volunteers to follow in the event of a traumatic injury. (b) The protocol required under this section must: (1) provide for a school district or open-enrollment charter school to maintain and make available to school employees and volunteers bleeding control stations, as described by Subsection (d), for use in the event of a traumatic injury involving blood loss; (2) ensure that bleeding control stations are stored in easily accessible areas of the campus that are selected by the district 's school safety and security committee or the charter school's governing body; (3) require that agency-approved training on the use of a bleeding control station in the event of an injury to another person be provided to: (A) each school district peace officer commissioned under Section 37.081 or school security personnel employed under that section who provides security services at the campus; (B) each school resource officer who provides law enforcement at the campus; and</p>

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		<p>(C) all other district or school personnel who may be reasonably expected to use a bleeding control station; and</p> <p>(4) require the district or charter school to annually offer instruction on the use of a bleeding control station from a school resource officer or other appropriate district or school personnel who has received the training under Subdivision (3) to students enrolled at the campus in grade seven or higher.</p>
<p>Concussions HB 961 Signed 06/02/2019</p>	<p>Relating to the membership and training course requirements of a public-school concussion oversight team and the removal of a public-school student from an interscholastic athletic activity on the basis of a suspected concussion.</p>	<p>TEC §38.154 (excerpt) (b-1) <u>If a school district or open-enrollment charter school employs a school nurse, the school nurse may be a member of the district or charter school concussion oversight team if requested by the school nurse.</u></p> <p>TEC §38.156 (excerpt) REMOVAL FROM PLAY IN PRACTICE OR COMPETITION FOLLOWING CONCUSSION. A student shall be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition: (5) <u>a school nurse; or</u></p> <p>TEC §38.158 (excerpt) (c) The following persons must take a training course in accordance with Subsection (e) from an authorized training provider at least once every two years: (2) <u>a school nurse who serves as a member of a concussion oversight team;</u></p> <p>(e) For purposes of Subsection (c): (3) <u>a school nurse or</u> licensed health care professional, other than an athletic trainer, must take: (A) a course described by Subsection (a) or (b); or (B) a course concerning the subject matter of concussions that has been approved for continuing education credit by the appropriate licensing authority for the profession.</p> <p>(g) <u>A school nurse or</u> licensed health care professional who is not in compliance with the training requirements under this section may not serve on a concussion oversight team in any capacity.</p>
<p>Positive Character Traits HB 1026 Enrolled; sent to the Governor on 05/29/2019</p>	<p>Relates to instruction in positive character traits in public schools.</p>	<p>TEC §29.906 (a) <u>The State Board of Education shall integrate positive character traits into the essential knowledge and skills adopted for kindergarten through grade 12, as appropriate [A school district may provide a character education program].</u></p> <p>(b) The State Board of Education must include the following <u>[A character education program under this section must:</u> (1) A <u>stress</u> positive character traits [, such as]: (1) (A) courage; (2) (B) trustworthiness, including honesty, reliability, punctuality, and loyalty; (3) (C) integrity; (4) (D) respect and courtesy; (5) (E) responsibility, including accountability, diligence, perseverance, and self-control (6) (F) fairness, including justice and freedom from prejudice; (7) (G) caring, including kindness, empathy, compassion, consideration, patience, generosity, and charity;</p>

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		<p>(8) [(H)] good citizenship, including patriotism, concern for the common good and the community, and respect for authority and the law; [and]</p> <p>(9) [(H)] school pride; <u>and</u></p> <p>(10) <u>gratitude</u> [;</p> <p>[(2) use integrated teaching strategies; and</p> <p>[(3) be age appropriate].</p> <p>(c) <u>Each school district and open-enrollment charter school must adopt a character education program that includes the positive character traits listed in Subsection (b).</u> In developing or selecting a character education program under this section, a school district shall consult with a committee selected by the district that consists of:</p> <p>(1) parents of district students;</p> <p>(2) educators; and</p> <p>(3) other members of the community, including community leaders.</p> <p><u>(g) The State Board of Education may adopt rules as necessary to implement this section.</u></p>
<p>Bacterial Meningitis HB 3884 Enrolled; sent to the Governor on 05/28/2019</p>	<p>Relates to dissemination of bacterial meningitis information by school districts</p>	<p>TEC §38.0025 (excerpts)</p> <p>(a) The <u>Department of State Health Services</u> [agency] shall prescribe procedures by which each school district shall provide information relating to bacterial meningitis to its students and their parents each school year. The procedures must ensure that the information is reasonably likely to come to the attention of the parents of each student. The <u>department</u> [agency] shall prescribe the form and content of the information. The information must cover:</p> <p>(1) the symptoms of the disease, how it may be diagnosed, and its possible consequences if untreated;</p> <p>(2) how the disease is transmitted, how it may be prevented, and the relative risk of contracting the disease for primary and secondary school students;</p> <p>(3) the availability and effectiveness of vaccination against and treatment for the disease, and a brief description of the risks and possible side effects of vaccination; and</p> <p>(4) sources of additional information regarding the disease, including any appropriate office of the school district and the appropriate office of the <u>department</u> [Texas Department of Health].</p> <p>(c) A school district, with the written consent of the <u>Department of State Health Services</u> [agency], may provide the information required by this section to its students and their parents by a method different from the method prescribed by the <u>department</u> [agency] under Subsection (a) if the agency determines that method would be effective in bringing the information to the attention of the parents of each student.</p>
<p>Mental Health Promotion SB 11 Signed 05/31/2019</p>	<p>Relates to policies, procedures, and measures for school safety and mental health promotion in public schools and the creation of the Texas Child Mental Health Care Consortium.</p>	<p>TEC §28.002 (excerpts)</p> <p>(a) Each school district that offers kindergarten through grade 12 shall offer, as a required curriculum:</p> <p>(2) an enrichment curriculum that includes:</p> <p>(A) to the extent possible, languages other than English;</p> <p>(B) health, with emphasis on:</p> <p><u>(i) physical health, including the importance of proper nutrition and exercise; and</u></p> <p><u>(ii) mental health, including instruction about mental health conditions, substance abuse, skills to manage emotions, establishing and maintaining positive relationships, and responsible decision-making; and</u></p>

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		<p>(iii) <u>suicide prevention, including recognizing suicide-related risk factors and warning signs</u></p> <p>(C) physical education;</p> <p>(D) fine arts;</p> <p>(E) career and technology education;</p> <p>(F) technology applications;</p> <p>(G) religious literature, including the Hebrew Scriptures (Old Testament) and New Testament, and its impact on history and literature; and</p> <p>(H) personal financial literacy.</p> <p><u>(z) The State Board of Education by rule shall require each school district to incorporate instruction in digital citizenship into the district’s curriculum, including information regarding the potential criminal consequences of cyberbullying. In this subsection:</u></p> <p><u>(1) "Cyberbullying" has the meaning assigned by Section 37.0832.</u></p> <p><u>(2) "Digital citizenship" means the standards of appropriate, responsible, and healthy online behavior, including the ability to access, analyze, evaluate, create, and act on all forms of digital communication.</u></p> <p><u>TEC §28.004</u></p> <p>(c) The local school health advisory council’s duties include recommending:</p> <p>(1) the number of hours of instruction to be provided in health education <u>in kindergarten through grade eight</u>; and</p> <p>(2) policies, procedures, strategies, and curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, Type 2 diabetes, and mental health concerns, <u>including suicide</u>, through coordination of:</p> <p>(A) health education, which must address physical health concerns and mental health concerns to ensure the integration of physical health education and mental health education;</p> <p>(B) physical education and physical activity;</p> <p>(C) nutrition services;</p> <p>(D) parental involvement;</p> <p>(E) instruction to prevent the use of e-cigarettes, as defined by Section 161.081, Health and Safety Code, and tobacco;</p> <p>(F) school health services;</p> <p>(G) counseling and guidance services;</p> <p>(H) a safe and healthy school environment; and</p> <p>(I) school employee wellness;</p> <p>(3) appropriate grade levels and methods of instruction for human sexuality instruction;</p> <p>(4) strategies for integrating the curriculum components specified by Subdivision (2) with the following elements in a coordinated school health program for the district:</p> <p>(A) school health services, including physical health services and mental health services, if provided at a campus by the district or by a third party under a contract with the district;</p> <p>(B) a comprehensive school counseling program under Section 33.005 [and guidance services];</p> <p>(C) a safe and healthy school environment; and</p>
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		<p>(D) school employee wellness;</p> <p>(5) if feasible, joint use agreements or strategies for collaboration between the school district and community organizations or agencies; and</p> <p><u>(6) strategies to increase parental awareness regarding:</u></p> <p><u>(A) risky behaviors and early warning signs of suicide risks and behavioral health concerns, including mental health disorders and substance use disorders; and</u></p> <p><u>(B) available community programs and services that address risky behaviors, suicide risks, and behavioral health concerns.</u></p> <p><u>(o) The local school health advisory council shall make policy recommendations to the district to increase parental awareness of suicide-related risk factors and warning signs and available community suicide prevention services.</u></p>
<p>Opioid Addiction and Abuse Education SB 435 Signed on 05/31/2019</p>	<p>Relates to recommendations by local school health advisory councils regarding opioid addiction and abuse education in public schools</p>	<p>TEC §28.004</p> <p>(c) The local school health advisory council 's duties include recommending:</p> <p>(1) the number of hours of instruction to be provided in health education;</p> <p>(2) policies, procedures, strategies, and curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, Type 2 diabetes, and mental health concerns through coordination of:</p> <p>(A) health education;</p> <p>(B) physical education and physical activity;</p> <p>(C) nutrition services;</p> <p>(D) parental involvement;</p> <p>(E) instruction to prevent the use of e-cigarettes, as defined by Section 161.081, Health and Safety Code, and tobacco;</p> <p>(F) school health services;</p> <p>(G) counseling and guidance services;</p> <p>(H) a safe and healthy school environment; and</p> <p>(I) school employee wellness;</p> <p>(3) appropriate grade levels and methods of instruction for human sexuality instruction;</p> <p>(4) strategies for integrating the curriculum components specified by Subdivision (2) with the following elements in a coordinated school health program for the district:</p> <p>(A) school health services;</p> <p>(B) counseling and guidance services;</p> <p>(C) a safe and healthy school environment; and</p> <p>(D) school employee wellness; and</p> <p>(5) if feasible, joint use agreements or strategies for collaboration between the school district and community organizations or agencies; and</p> <p><u>(6) appropriate grade levels and curriculum for instruction regarding opioid addiction and abuse and methods of administering an opioid antagonist, as defined by Section 483.101, Health and Safety Code.</u></p>