A bill for an act

relating to public health; establishing a public health access fund; establishing a program to monitor BMI in children; establishing a statewide health improvement program; increasing the tobacco impact fees; appropriating money; amending Minnesota Statutes 2006, sections 16A.725, subdivision 1; 256.9658, subdivisions 3, 9; Minnesota Statutes 2007 Supplement, section 120B.021, subdivision 1; proposing coding for new law in Minnesota Statutes, chapters 16A; 120B; 145.

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

Section 1. Minnesota Statutes 2006, section 16A.725, subdivision 1, is amended to read:

Subdivision 1. **Health impact fund.** There is created in the state treasury a health impact fund to which must be credited ~~all~~ revenue from the health impact fee as identified under section 256.9658, subdivision 9, clause (1), and any floor stocks fee enacted into law.

Sec. 2. **[16A.726] PUBLIC HEALTH ACCESS FUND.**

Subdivision 1. **Public health access fund.** There is created in the state treasury a public health access fund to which revenue from the health impact fee must be credited as identified under section 256.9658, subdivision 9, clause (2), and any floor stocks fee enacted into law. The fund is a direct appropriated special revenue fund. Notwithstanding section 11A.20, all investment income and all investment losses attributable to the investment of the public health access fund not currently needed shall be credited to the public health access fund.

Subd. 2. **Fund reimbursements.** Notwithstanding any law to the contrary, money in the public health access fund shall be appropriated only for public health initiatives.

Sec. 3. Minnesota Statutes 2007 Supplement, section 120B.021, subdivision 1, is amended to read:

Subdivision 1. **Required academic standards.** (a) The following subject areas are required for statewide accountability:

(1) language arts;

(2) mathematics;

(3) science;

(4) social studies, including history, geography, economics, and government and citizenship;

(5) health, nutrition, and physical education, for which locally developed academic standards apply; and

(6) the arts, for which statewide or locally developed academic standards apply, as determined by the school district. Public elementary and middle schools must offer at least three and require at least two of the following four arts areas: dance; music; theater; and visual arts. Public high schools must offer at least three and require at least one of the following five arts areas: media arts; dance; music; theater; and visual arts.

(b) The commissioner must submit proposed standards in science and social studies to the legislature by February 1, 2004.

For purposes of applicable federal law, the academic standards for language arts, mathematics, and science apply to all public school students, except the very few students with extreme cognitive or physical impairments for whom an individualized education plan team has determined that the required academic standards are inappropriate. An individualized education plan team that makes this determination must establish alternative standards.

(c) A school district, no later than the 2007-2008 school year, must adopt graduation requirements that meet or exceed state graduation requirements established in law or rule. A school district that incorporates these state graduation requirements before the 2007-2008 school year must provide students who enter the 9th grade in or before the 2003-2004 school year the opportunity to earn a diploma based on existing locally established graduation requirements in effect when the students entered the 9th grade. District efforts to develop, implement, or improve instruction or curriculum as a result of the provisions of this section must be consistent with sections 120B.10, 120B.11, and 120B.20.

(d) The commissioner must include the contributions of Minnesota American Indian tribes and communities as they relate to the academic standards during the review and revision of the required academic standards.

EFFECTIVE DATE. This section is effective for the 2008-2009 school year and later.

Sec. 4. **[120B.0215] BMI MONITORING IN CHILDREN AND YOUTH.**

By July 1, 2009, the commissioners of education and health shall collaboratively establish and implement a cost-effective program to monitor rates of overweight and obese children in the state by collecting and analyzing body mass index (BMI) data. To the extent possible, in establishing this body mass index monitoring program, the commissioners shall use existing child and youth monitoring systems or surveys. The body mass index data collected must be used to measure progress in reducing the percentage of overweight and obese children in the state, and must be used to accurately target intervention and prevention services throughout the state. To the extent necessary for implementation and analysis, the Departments of Education and Health may share data collected under this program, consistent with the requirements in chapter 13. Analysis of the data collected and trends in overweight and obese children in the state must be reported to the legislature every other year, starting January 15, 2010. By January 1, 2009, the commissioners must report to the legislature on the proposed design of the BMI monitoring program, and any local or statewide cost considerations.

Sec. 5. **[145.986] STATEWIDE HEALTH IMPROVEMENT PROGRAM.**

Subdivision 1. **Goals.** The initial goals of the public health access fund are to reduce the percent of Minnesotans who are obese or overweight to less than half by the year 2020 and to reduce tobacco smoking by 2 percent annually starting in 2011. By 2011, and considering available funding, the commissioner of health, in consultation with the State Community Health Advisory Committee established in section 145A.10, subdivision 10, and other stakeholders, may make recommendations as to future goals related to alcohol use and illegal drug use.

Subd. 2. **Grants to local communities.** Beginning January 1, 2009, the commissioner of health must provide grants to community health boards to convene, coordinate, and lead locally developed programs targeted at achieving measurable health improvement goals. Funding to each community health board will be distributed based on a per capita formula, with a base allocation of $50,000 to each community health board that receives funding. By January 15, 2011, the commissioner of health must recommend whether additional funding should be distributed to community health boards based on health disparities demonstrated in the populations served.

Subd. 3. **Outcomes.** (a) The commissioner of health must set performances measures and annually review the progress of local communities in improving the performance measures. The commissioner may provide technical assistance and corrective action plans to assure that local communities are making sufficient progress.

(b) The commissioner must measure current public health data, using existing measures and data collection systems when available, to determine baseline data against which progress shall be monitored.

Subd. 4. **Media campaign.** The commissioner of health must conduct a statewide marketing campaign using public media to reinforce local efforts at addressing health improvement goals. The commissioner must develop the statewide campaigns and determine the timing of these campaigns in consultation with local public health representatives.

Sec. 6. Minnesota Statutes 2006, section 256.9658, subdivision 3, is amended to read:

Subd. 3. **Fee imposed.** (a) A fee is imposed upon the sale of cigarettes in this state, upon having cigarettes in possession in this state with intent to sell, upon any person engaged in business as a distributor, and upon the use or storage by consumers of cigarettes. The fee is imposed at the following rates:

(1) on cigarettes weighing not more than three pounds per thousand, ~~37.5~~ 50 mills on each cigarette; and

(2) on cigarettes weighing more than three pounds per thousand, ~~75~~ 100 mills on each cigarette.

(b) A fee is imposed upon all tobacco products in this state and upon any person engaged in business as a distributor in an amount equal to the liability for tax under section 297F.05, subdivision 3, or on a consumer of tobacco products equal to the tax under section 297F.05, subdivision 4. Liability for the fee is in addition to the tax under section 297F.05, subdivision 3 or 4.

EFFECTIVE DATE. This section is effective for sales and purchases made after June 30, 2008.

Sec. 7. Minnesota Statutes 2006, section 256.9658, subdivision 9, is amended to read:

Subd. 9. **Deposit of revenues.** The commissioner of revenue shall deposit the revenues from the fee under this section in the state treasury and credit them ~~to the health impact fund~~ as follows:

(1) an amount equal to 75 percent of the revenues received under subdivision 3 to the health impact fund established under section 16A.725; and

(2) an amount equal to 25 percent of the revenues received under subdivision 3 to the public health access fund established under section 16A.726.

Sec. 8. **HEALTH, NUTRITION, AND PHYSICAL EDUCATION ADVISORY COUNCIL.**

The commissioner of education shall convene an advisory council that consists of 12 members appointed by the commissioner. The membership of the council shall include a curriculum specialist; a person familiar with the requirements of Title IX, Education Amendments of 1972; a representative of the Minnesota Board of Teaching; a representative of the Minnesota School Boards Association; a school nurse; a representative of the American Heart Association; an elementary school principal; a secondary school principal; a representative of the school food service industry; a nutritionist; a health educator; and a physical fitness educator. The advisory council shall develop recommendations for statewide curriculum standards that should be adopted for health, nutrition, and physical education. The goal of these standards must be to promote the understanding of the health habits that will serve students throughout their lifetimes, by promoting health and avoiding health risks, encouraging increased activity and cardiovascular health, and supporting improved nutrition. The commissioner of education shall report the recommendations to the legislature by January 15, 2009. The advisory council is governed by Minnesota Statutes, section 15.059.

Sec. 9. **NEW TOBACCO RATES.**

The commissioner of revenue must determine the change to the weighted average retail price in Minnesota Statutes, section 297F.25, as a result of this act and publish the new rates by June 1, 2008, effective for sales after June 30, 2008.

Sec. 10. **APPROPRIATIONS.**

(a) $..... is appropriated from the public health access fund in fiscal year 2009 depending on availability of funds to the commissioner of health to establish and implement the statewide health improvement program under Minnesota Statutes, section 145.986. Subject to the availability of funding, beginning January 1, 2009, the commissioner of health shall make grants to community health boards to implement local public health programs.

(b) $..... is appropriated from the public health access fund in fiscal year 2009 depending on availability of funds to the commissioner of health for a statewide public

health media campaign. Subject to the availability of funding, the funds shall be made available to the commissioner of health beginning January 1, 2009.