INUTES OF THE MEETING OF THE ASSEMBLY COMMITTEE ON EDUCATION

Seventy-Fifth Session March 16, 2009

The Committee on Education was called to order by Chair Bonnie Parnell at 3:51 p.m. on Monday, March 16, 2009, in Room 3142 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/75th2009/committees/. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblywoman Bonnie Parnell, Chair Assemblyman Mo Denis, Vice Chair Assemblyman David P. Bobzien Assemblywoman Marilyn Dondero Loop Assemblyman Joseph (Joe) P. Hardy Assemblyman Ruben J. Kihuen Assemblywoman April Mastroluca Assemblyman Richard McArthur Assemblyman Harvey J. Munford Assemblyman Lynn D. Stewart Assemblywoman Melissa Woodbury

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Assemblyman Chad Christensen, Clark County Assembly District No. 13



STAFF MEMBERS PRESENT:

Kristin Roberts, Committee Counsel Carol M. Stonefield, Committee Policy Analyst Scarlett Smith, Committee Secretary Cheryl McClellan, Committee Assistant Danny Peltier, Committee Manager

OTHERS PRESENT:

Ruth Mills, Nevada State Chair, League of Women Voters, Las Vegas, Nevada

Susan L. Meacham, School of Life Sciences, University of Nevada Las Vegas, League of Women Voters, Las Vegas, Nevada

Nicole Bungum, Southern Nevada Health District, Las Vegas, Nevada

Barbara Paulsen, Dietitian, Partners for a Healthy Nevada, Las Vegas, Nevada

Irene C. Smith, State Advocacy Chair, American Diabetes Association, Las Vegas, Nevada

Christopher Roller, representing American Heart Association, Las Vegas, Nevada

Jennifer Stoll-Hadayia, Public Health Program Manager, Washoe County Health Department, Reno, Nevada

Ashley Christensen, Private Citizen, Las Vegas, Nevada

Cooper Christensen, Student, Incline Elementary School, Incline Village, Nevada

Sara White, Student, Carson Montessori School, Carson City, Nevada Tez Allen, Student, Carson Montessori School, Carson City, Nevada Sabrina Voightlaender, Student, Carson Montessori School, Carson City, Nevada

Tiffany Thomas, Private Citizen, Las Vegas, Nevada

Chair Parnell:

[Roll called.] We are going to be brief today because it is the deadline for all individual bills and we are having a floor session at 5:00 p.m., so this meeting will last only about one hour. What we do not complete today, we will continue to another meeting. With that, I would like to welcome Assemblyman Denis and open the hearing on <u>Assembly Bill 191</u>.

Assembly Bill 191: Removes the prospective expiration of a provision requiring certain examinations of the height and weight of pupils. (BDR S-827)

Assemblyman Moises (Mo) Denis, Clark County Assembly District No. 28:

Since we are short on time, I will give you a quick synopsis about A.B. 191. First of all, Assembly Bill No. 354 of the 74th session was passed in 2007 to provide information to child health experts to measure the scope of childhood obesity in Nevada. The height and weight measurement provision had a sunset which would not provide long term Body Mass Index (BMI) data. Assembly Bill 191 would repeal the sunset provision, and allow continued measurements of height and weight in Nevada schools. That is the basic premise of the bill.

I have several people here today who will testify on different parts of A.B. 191 to provide you with its history. I have asked that they keep their presentations concise, but still give the information that they have. First, we will hear from Ruth Mills, League of Women Voters, who will talk about the history of the bill. Susan Meacham, League of Women Voters, will talk about the background of the bill. Nicole Bungum, Southern Nevada Health District will go next. Then, Barbara Paulsen, Partners for Healthy Nevada, will talk about interventions. Irene Smith, American Diabetes Association, will talk about a personal story relating to diabetes. Christopher Roller, American Heart Association, will talk about heart disease in relation to childhood obesity. Jennifer Stoll-Hadayia, Washoe County Health District, will talk about the data that has been collected. I am willing to take any questions at this point.

Chair Parnell:

Are there any questions?

Assemblyman Denis:

There have been some proposed amendments to A.B. 191. One is in a standard format entitled *Proposed Amendments to A.B. 191* (Exhibit C) and the other is an email from Christopher Roller (Exhibit D). I reviewed both of these amendments and do not have a problem with either of them. I believe they will help with the data that we are trying to get.

Chair Parnell:

Just to clarify, the generic amendment is from Christopher Roller from the American Heart Association?

Assemblyman Denis:

That is correct.

Chair Parnell:

Thank you. Most of the people you were speaking of are in Las Vegas, correct?

Assemblyman Denis:

Yes, the majority of them will be there.

Chair Parnell:

We will begin with Ruth Mills.

Ruth Mills, Nevada State Chair, League of Women Voters, Las Vegas, Nevada: [Spoke from written testimony (Exhibit E).]

Dr. Susan Meacham will address some of the problems related to childhood obesity.

Susan L. Meacham, School of Life Sciences, University of Las Vegas, League of Women Voters, Las Vegas, Nevada:

Thank you for the opportunity to speak today. I am providing an update from a presentation and discussion that was held October 1, 2008, with the Nevada State Chief Nurses Consortium. We discussed the protocol of A.B. No. 354 and the results. My packet of information that I have shared with you (Exhibit F), provides the website that Ruth Mills referred to for the League of Women Voters. It also shares the strategies that were written in September 2006 for the prevention of obesity in Nevada. It supports our need to improve children's health. Also in 2006, the University of Baltimore released a report that showed our state efforts to control childhood overweight prevalence. We were ranked in the bottom three out of 50 states. For overweight prevalence out of the 50 states, we were ranked 35th. Therefore, we do not have the heaviest children in the nation, but we do not have much support in what they consider state efforts to control childhood obesity. With that information, we went into action and have been working on this since 2002.

The Center for Science in the Public Interest also published a state school food report card, showing what improvements had been made in state schools. We looked good in this report since we were number two out of the 50 states, rating a B+, with Kentucky the only state receiving an A-. In 2007 we slipped to number four in the state school food report card, but the work and the progress that this Committee has made, simply through the schools, is very well received and is on the right track for continuing to grow in the future. Nevada needs this preliminary data, the heights and the weights, to calculate the body mass index (BMI). We cannot apply or come close to competing until we have the data to show that we have a problem. It is easy to walk through a school and look at the lunches being served and the students, and it seems like a no-brainer. But this data is needed to include in the proposals for grants from the National Heart, Lung, and Blood Institute, The Eunice Kennedy Shriver National Institute of Child Health and Human Development, The Robert Wood

Johnson Foundation, National Institutes of Health, which are all providing opportunities to improve the health of Nevadans. At the moment, Nevada does not have a very strong position in being awarded that funding without the data. On the following page ($\underbrace{\text{Exhibit } F}$), there is some information about our track record of how we started, how we developed this interest in school nutrition, and the policies. We ask that the efforts that were made on $\underbrace{\text{A.B. No. 354}}$ and the short window it provided be extended as illustrated in A.B. 191.

I put in a few examples of Arkansas' activities; they have, since 2003, a very comprehensive act, Arkansas Act 1220 of 2003 (Act 1220), which improved standards for meals, increased physical activity, and changed access and content of vending machines. It also included a BMI screening for all children K-12 and sent reports home to parents. I want to clarify that our goal is not to send notes home, but simply to document and monitor the progress. Over a five-year period of time, from 2003-2008, Arkansas believes there will be no increase in childhood obesity, but likewise, no improvement. They are showing that 38 percent of Arkansas' children are either overweight or at risk of being overweight. They budgeted \$30 million annually. We have acquired considerable data, which Jennifer will present, at no fiscal cost to the state, but it does require considerable effort from the Nevada school nurses. I hope we can compliment them and thank them for collecting that data. Of the 17 school districts in Nevada, 12 districts have reported with data. Washoe and Clark County School Districts account for 85 percent of students represented. Arkansas lists 30 percent of their Asian population as overweight or at risk of being overweight. Whereas, in Nevada 39.1 percent of the Asian population is considered to be overweight or at risk of being overweight. Yet, in our definition of Asian, we also include Pacific Islanders. There are quite a few differences in the way we calculate. Even though our average is still very close at 37.5 percent and 38 percent, there are differences. It is terrific to have this data from Washoe County; we are expecting more data from Clark County soon. We are anticipating the state data to be released at any time.

To summarize, we have made great strides in our efforts to prevent childhood obesity. We have a good grip on legislation that shows that Nevada cares. We have a good grip on data, but its value will be in being able to maintain this data to monitor the intervention programs over a long period of time. It also makes us much more competitive when we are submitting grants for federal funds. In brief, I support A.B. 191.

Chair Parnell:

Thank you. Just to provide some background, <u>A.B. No. 354</u> was in the 2007 Legislative Session. It established the program that has been talked about. Woven into the testimony regarding A.B. 191, are some results of the

random sampling that was part of $\underline{A.B.}$ No. 354. From this point on, I ask the speakers to speak only on $\underline{A.B.}$ 191, because we have a second bill to hear today. Not everyone needs to provide an in-depth explanation. I believe this will not be too controversial.

Assemblywoman Mastroluca:

By eliminating a part of the bill, are you removing the portion which condones conducting the examinations?

Assemblyman Denis:

We had Legal look at that. We asked the writer of the bill, and we were told it is the way it needed to be. Although it appears to be doing the opposite, it is actually doing what it is meant to be doing.

Assemblywoman Mastroluca:

I think it should be put back in some other place.

Assemblyman Denis:

I am sure it is there. Legal advised us that it should be that way.

Carol M. Stonefield, Committee Policy Analyst:

If you were to look at the Nevada Revised Statutes, you would find that there are two sections labeled 392.420. One of the sections contains the height and weight examination which is effective through June 30, 2010. The second section becomes effective on July 1, 2010, and it does not have the height and weight provisions. By repealing the second section and going into the transitory language of A.B. No. 354, which is Chapter 414 of the statutes of Nevada 2007, you are accomplishing what you want to do. Yet, that is the way the Legal Division has to draft it. If you were to actually look at the statutes, you would find two sections with the same number.

Assemblyman Denis:

Exactly.

Assemblywoman Mastroluca:

You made the statement that in Arkansas the schools sent the BMI information home to the parents, but that this bill would not be doing that. Could you tell me why?

Susan L. Meacham:

Nationally, there is generally a great deal of opposition to sending notes home. There has been a lot of controversy in many of the states that have tried to do that. We did not feel like we were that far along and believed we first need to

implement programs to assist. Even if we did identify children, we had nowhere to send them. Our first goal is to document the problem and to receive the federal funding or to find some type of intervention program. Once we have the intervention program, then we can identify the individual children to refer to that program. It would be very difficult to send a note home to a parent saying that their child is overweight with no direct program or solution to the problem. They would be overwhelmed with 38 percent of our children being referred.

Assemblywoman Mastroluca:

Could you make it optional? We do have a lot of low income families who would not know what the definition is. There are parents who do not know if their child is in the 5th percentile or the 95th percentile for height and weight because they are not getting the checkups that they need. If you were to send the information you gathered, you would be providing helpful information for them if they were open to receiving it.

Susan L. Meacham:

The workload would increase significantly for the school nurses. I am very sympathetic to what they have contributed without any fiscal contribution, as well as Alicia Hansen's office. I am in complete support of moving ahead and going faster. Someone will have to collate that information, mail it, and respond to parents' concerns. I think a generic educational flyer might suffice. I am sure there are ways to address the issue. I would like to see that happen, yet I would be concerned about the time and cost at this point.

Chair Parnell:

Anyone can go and look at the minutes of the hearing on <u>A.B. No. 354</u>. That was discussed and it was widely accepted that it should not be in the bill. That information is available to read.

Nicole Bungum, Southern Nevada Health District, Las Vegas, Nevada:

I will summarize a few points from my written testimony (Exhibit G) in the interest of saving time. We believe that A.B. 191 is important and significant, not only because it establishes a baseline for childhood obesity prevalence, but it also provides us with a mechanism by which we can track progress in our efforts. Also, the data collected will allow us to better direct our resources into communities where childhood obesity is significant and interventions are most needed. Finally, as mentioned by Dr. Meacham, we believe that possession of this type of data will make us more competitive with respect to federal grants to implement childhood obesity prevention treatment programs. We do support A.B. 191 and the amendments.

Barbara Paulsen, Dietitian, Partners for a Healthy Nevada, Las Vegas, Nevada:

I will also summarize my testimony and submit it in writing (Exhibit H). Childhood obesity has far-reaching effects. It increases the risk of chronic disease during childhood. We are now seeing adult diseases in children that we have not seen before, and are related to obesity.

When obesity extends into adulthood, those adults are also at continued risk for chronic health problems. There are also emotional issues attached to obesity. When we look at society as a whole, we pay a price through increased health care costs and reduced productivity. Childhood obesity has very far-reaching implications for both the affected individuals and society at large. The height and weight data that has been collected through the current legislation gives us a snapshot at one point in time. As we implement prevention and treatment strategies to address this problem, it is extremely important that we track the impact of these strategies. Continuous and ongoing collection of height and weight data is critical for tracking progress, monitoring change, developing new goals, and getting grant funds to help support this. Partners for a Healthy Nevada strongly supports passage of A.B. 191.

Irene C. Smith, State Advocacy Chair, American Diabetes Association, Las Vegas, Nevada:

I have two sons with diabetes. When my son was first diagnosed at 14 years of age, my first concern was that obesity plays a major role in complications with this disease. At this point, the overall rate of obesity of children from the ages of 6-11 has tripled in three decades. Twenty percent of our youth are now overweight. According to the Department of Health and Human Services, by the year 2010, 20 percent of our youth will be obese. The American Diabetes Association encourages you to support any efforts in collecting data that will move us forward. The American Diabetes Association, the American Heart Association, and the American Cancer Society have joined in a coalition for any efforts to help the health of our youth. Today, in the United States, we have statistics that are so alarming. The American Diabetes Association says that Type 2 diabetes, which normally affects adults at the age of 40 and up, is now being diagnosed in children as young as 7 years of age. This is a major concern, and we have to work on any efforts to support our children for a better life and future.

Christopher Roller, representing American Heart Association, Las Vegas, Nevada:

Childhood obesity is becoming an ever-growing concern and focus for the American Heart Association. We know that an overweight or obese child is much more likely to become an overweight or obese adult. This will lead to drastically higher health care costs, potential bankruptcy, increased cost to

taxpayers, and a shortened life. That is the situation that we are up against. It is becoming a very drastic problem. A.B. 191 will take the necessary first steps in creating programs and interventions that will help to curb that problem. The American Heart Association is very supportive of this bill. There is an article covering a longitudinal study done in Europe where researchers have found a distinct correlation between higher childhood BMI and a greater risk for future heart disease and a heart disease related death. Once again, I want to emphasize that childhood obesity is a problem that can lead to magnified health issues as adults. It will shorten lives and reduce the quality of life. We do support A.B. 191 and the amendments that have been proposed.

Jennifer Stoll-Hadayia, Public Health Program Manager, Washoe County District Health Department, Reno, Nevada:

I provided a copy of the report to which several prior speakers have made reference, which is the Epi - News Article on "Childhood Overweight and Obesity in Washoe County" (Exhibit I). Secondly, I simply want to add how valuable this data has been for us at the Health District. We have already used them to direct our program priorities to elementary school-aged children. We have also used them to target our educational messages to community events in those communities in Washoe County with the highest rates. The data allowed us to apply for federal funding for obesity prevention from the Center for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation. As you can see, the data are being used and are not simply being collected for the purpose of data collection. We are actually using the data to direct our efforts everyday in Washoe County. I believe Nicole Bungum, from Southern Nevada Health District, said it best about why it is important to collect subsequent years of comparable data. If we do not do that, we will not know if our programs are making the difference we need them to make in addressing the childhood obesity epidemic. We support A.B. 191 and the amendments proposed. We also thank the Assemblyman for taking it forward this session. If you have any questions I will be more than happy to answer them.

Chair Parnell:

Most of the conversation you have heard today is about the obesity issue. However, there was a part in $\underline{A.B.\ No.\ 354}$ that will now be continued. It said that no matter what year you come into a public school, your hearing, vision, height, and weight will be tested. That means that students who might have a hearing or vision problem, who might have gone years without the problem being identified, now will be checked by the end of their first year enrolled in public school. I think that is an incredibly important part of continuing to remove the sunset from $\underline{A.B.\ No.\ 354}$. Do you have any final comments, Assemblyman Denis?

Assemblyman Denis:

I want to point out one of the proposed amendments (Exhibit D), which specifies that the measurements will be taken from a sample of 4th, 7th, and 10th graders, provides continuity. The last section specifies that the interim health committee examined child weight related health issues. I think that will answer the question Mrs. Mastroluca had. The school could make recommendations at that point to do something. I know it would be expensive because of the extra work it takes to notify parents, but that might be something that comes out of this as they continue to receive the data. With that, I urge your support for A.B. 191. I think this is a wonderful cause, and hope that we will be able to pass this bill.

Chair Parnell:

Thank you Mr. Denis; is there anyone else wishing to speak in support? Is there anyone wishing to speak in opposition of $\underline{A.B. 191}$? Is there anyone neutral? I do not see anyone, so I will close the hearing on $\underline{A.B. 191}$. I will now open the hearing on $\underline{Assembly Bill 285}$. Welcome Mr. and Mrs. Christensen and Cooper Christensen.

Assembly Bill 285: Requires a certain amount of time each school day for physical activity in elementary schools and revises provisions governing the use of school property. (BDR 34-853)

Assemblyman Chad Christensen, Clark County Assembly District No. 13:

I am joined today by my wife, Ashley, as well as my son, Cooper. We are here to support A.B. 285. In the interest of being sensitive to time, I will say this bill is intended to bring recess, which is something that we had as kids, back to our schools. A.B. 191 addressed the issue of physical fitness which is directly related to A.B. 285. One of my favorite quotes is, "when things start right, they go right". Anything that this Committee can do to steer children in the right direction, especially in terms of fitness, will help us accomplish what we are all about and what our constituents request of us.

First of all, I know that we have great instructors all over the state. I know that each one of us is entirely committed to the well-being of our students. What can we do, as Legislators, to improve performance? What can we do to get smarter, apt, and able children? I think that A.B. 285 is a shove in the right direction which can help us accomplish that. The second part of the bill addresses the use of school facilities. Mr. Roller will address both parts. Whatever we can do to make our facilities available for youth sports or activities will also help us get closer to the goal. Something that I learned from George Will, a writer for the Washington Post, is that the United States Government spends \$100 billion a year on diabetes, and if the government did

not have to spend that money on diabetes, it could give every teacher in The United States a \$30,000 raise. That is a huge, daunting number. The statistics in the previous bill show we have quite a ways to go. I have also proposed two amendments to A.B. 285 (Exhibit J) and (Exhibit K).

Ashley Christensen, Private Citizen, Las Vegas, Nevada:

I have two major concerns as a mother. My first concern is the physical aspect of not having enough recess. I cannot speak about other districts, but I know what happens in Clark County School District. In a six-hour school day, 15 minutes of recess is not adequate time for little children to run around and release excess energy so that they can focus in the classroom. I can attest to this since I have experience with children. It has been scientifically proven that children, especially boys, need to release energy throughout the day to remain focused. Teachers feel they do not have adequate time to teach what they need; however, the extra time created by cutting recess is much less effective because the children cannot focus that long.

Secondly, the time the teachers take to discipline the children is more than 10 to 15 minutes a day. If these children were able to run around and release energy, they would not be as restless in the classroom setting. Lastly, Chad and I were talking about how far we have come as a society in deconstructing our children. When we were in school, we were able to do so many things that our children are not permitted to do now. Our list included two or three recesses per day, and we were able to play catch at recess with the football; we could kick a real soccer ball at recess; we could play tag; we were able to talk in the lunchroom without having to wait for recess, and we were even allowed to run on the blacktop. I know that these things are not going to change overnight, and we are not asking for all of this to change. At the very least, I think it is time we give recess back to our children.

Assemblywoman Dondero Loop:

It is always a pleasure to see students you have taught grow up. When you teach kindergarten, you do not often get to see your students as adults. Ashley was bright, she went to recess and it did not make her any less intelligent. We used to participate in Helldorado Day programs and have hot-dog cookouts and students still learned and were able to go on to be bright women, marry wonderful, bright men, and raise children.

Chair Parnell:

Thank you, welcome Cooper Christensen.

Cooper Christensen, Student, Incline Elementary School, Incline Village, Nevada: I am here to go over a few things about why we should have recess. (1) If we do not have recess, it feels like a long time. We cannot just sit there and listen, which is what the teachers expect us to do. That is a lot of work. (2) If we do not have recess, we do not have the ability to sit and do work for six hours straight. Those of you who have not had a chance to hear my name, my name is Cooper Christensen and I am eight years old. Thank you.

[Spoke from written testimony (Exhibit L).]

Chair Parnell:

Thank you very much; the Committee has some questions for you.

Assemblyman Bobzien:

Thank you for your testimony. You have witnessed the Legislative process for quite a long time now. Do you think that recess is something we should be looking at for Legislators as well?

Cooper Christensen:

Yes.

Assemblyman Bobzien:

Thank you.

Assemblywoman Dondero Loop:

Do you think there should be one recess or two recesses during the day?

Cooper Christensen:

I think there should be 50 recesses.

Assemblywoman Dondero Loop:

I cannot compromise with you on this; it is either one or two.

Assemblyman Denis:

Do you have recess where you are going to school now?

Cooper Christensen:

Yes.

Assemblyman Denis:

And you recently just started in a new school, is that correct?

Cooper Christensen:

Yes.

Assemblyman Denis:

Did you have it in your old school?

Cooper Christensen:

Yes.

Assemblyman Denis:

Have you gone to any school that does not have recess?

Cooper Christensen:

No.

Assemblyman Denis:

So you have always had recess where you have gone to school?

Cooper Christensen:

Yes.

Assemblyman Denis:

So you think we should have it?

Cooper Christensen:

Yes.

Assemblyman Denis:

Thank you.

Chair Parnell:

The reason you are proposing <u>A.B. 285</u> is because you have found that some schools in Nevada do not have recess at all, some have one 15 minute, and others have two 15 minute recesses. What you are striving for is continuity within all of the schools in Nevada, is that correct?

Chad Christensen:

Yes. Where children go to school in Clark County, it is different. Time allotted for recess is quite a bit shorter. At the school my children attended, they only had one 15-minute period in a six-hour day. Where they currently attend school, in Washoe County, there are 35 minutes in a six hour day.

Chair Parnell:

Thank you all very much; are there any further questions or comments? I see other students in the audience and would like to invite them forward if they wish to speak about A.B. 185. Welcome to all of you.

Sara White, Student, Carson Montessori School, Carson City, Nevada: [Spoken from written testimony (Exhibit M).]

Tez Allen, Student, Carson Montessori School, Carson City, Nevada: [Spoken from written testimony (Exhibit N).]

Sabrina Voightlaender, Student, Carson Montessori School, Carson City, Nevada:

[Spoken from written testimony (Exhibit O).]

Chair Parnell:

Thank you very much. Are there any questions? I agree, we do need some physical activity because after this we have to go back into floor session for another hour. We are jealous that you get to get up and move around. I am very glad you were all able to come to the meeting today. I will not close the hearing on <u>A.B. 285</u>, but recess the hearing until Wednesday. Is that okay with the bill sponsor?

Chad Christensen:

Yes. There were a number of parents in the audience, and I was just wondering if I could see a show of hands to see who is tracking this bill.

Chair Parnell:

Those of you who came to support both <u>A.B. 191</u> and <u>A.B. 185</u>, please put your hands up. If we have any families or parents who are here to support only <u>A.B. 185</u>? I do not see any. I think everyone is here in support of both bills.

Chad Christensen:

That is great.

Chair Parnell:

Is there anyone who needs to immediately speak regarding A.B. 285? I will recess the hearing. I will now ask for public comment on any issue.

Tiffany Thomas, Private Citizen, Las Vegas, Nevada:

I am here in support of $\underline{A.B.285}$. I agree with what Ashley Christensen and the children have said today. I specifically want to let you know that our school Parent Teacher Organization (PTO) is very concerned about recess being taken

out of the school, so we have set up enrichment classes after school so that our children are able to get involved in physical activity, which also has social benefits. That was a huge success at our school. Our school completely supports <u>A.B. 285</u>. Many teachers and parents are in support of this bill and I believe it would enhance our childrens' grades and allow them to fully develop socially.

Chair Parnell:

Thank you very much. I will also state that Tara Christensen, Sheryl Collins, and Tiffany Thomas are all signed in to support <u>A.B. 285</u>. If either Tara Christensen or Sheryl Collins are able to come back Wednesday, they will be welcome. Is there any additional public comment? Is there any business from the Committee?

[Meeting Adjourned at 4:46 p.m.]	
	RESPECTFULLY SUBMITTED:
	Scarlett Smith Committee Secretary
APPROVED BY:	
Accombination Donnie Donnell Chair	
Assemblywoman Bonnie Parnell, Chair	

DATE:

EXHIBITS

Committee Name: Committee on Education

Date: March 16, 2009 Time of Meeting: 3:51 p.m.

Bill	Exhibit	Witness / Agency	Description
	А		Agenda.
	В		Attendance roster.
A.B. 191	С	Assemblyman Denis	Proposed Amendment to A.B. 191.
A.B. 191	D	Christopher Roller	Proposed Amendment to A.B. 191.
A.B. 191	Е	Ruth Mills	Written testimony
A.B. 191	F	Susan L. Meacham	A.B. 191 Extension of BMI random sampling of children in schools.
A.B. 191	G	Nicole Bungum	Written testimony.
A.B. 191	Н	Barbara Paulsen	Written testimony.
A.B. 191	I	Jennifer Stoll-Hadayia	EPI – NEWS: Childhood Overweight and Obesity in Washoe County – 2008.
A.B. 285	J	Assemblyman Chad Christensen	Proposed Amendment to A.B. 285.
A.B. 285	K	Assemblyman Chad Christensen	Proposed Amendment to A.B. 285.
A.B. 285	L	Cooper Christensen	Written testimony entitled <i>Recess</i> .
A.B. 285	М	Sara White	Written testimony.
A.B. 285	N	Tez Allen	Written testimony.
A.B. 285	0	Sabrina Voigtlaender	Written testimony.