

**THE STATE SCHOOL AID ACT OF 1979 (EXCERPT)**  
**Act 94 of 1979**

\*\*\*\*\* 388.1631g.added THIS ADDED SECTION IS EFFECTIVE OCTOBER 1, 2014 \*\*\*\*\*

**388.1631g.added Online, research-based, secure, personal user health and nutrition education software platform; contract; pilot; request for proposals; requirements; work project; progress report; post-audit.**

Sec. 31g. (1) From the general fund money appropriated in section 11, there is allocated to the department for 2014-2015 the amount of \$1,200,000.00 for a contract with a single provider to provide an online, research-based, secure, personal user health and nutrition education software platform in a representative sample of pilot schools in this state, to include schools operated by districts, public school academies, and intermediate districts, for 2 school years. The contract shall include platform and content development and evaluation. The department shall oversee a competitive request for proposals process for the contract, and the request for proposals shall include, but not be limited to, all of the following requirements:

(a) A Michigan-based, platform-neutral, technology-driven online platform that does not require additional information technology resources beyond Internet access.

(b) A sustainable, interactive health and nutrition education platform and personal responsibility health behavior record that is cost-neutral to all participants, including pupils, parents, guardians, and schools, and that requires an opt-in from the parent or legal guardian of each pupil participant.

(c) Personal use health behavior data that are cumulative and accessible in real time only to the user and those authorized by the user through a secure online dashboard that meets all federal, state, and local health information and child online privacy requirements, including, but not limited to, being in compliance with the children's online privacy protection act of 1998, 5 USC 6501 to 6505, and the kidsafe seal program.

(d) A program that provides for age- and developmentally appropriate self-monitoring through the recording of health habits, including, but not limited to, dietary intake and physical activity, that is consistent with current, established standards for well-child preventive health care, and that provides a personal responsibility health record.

(e) A program that promotes a healthy lifestyle and reinforces positive health outcomes while aligning with currently established school health curricula, physical education and physical activity curricula, federal school meal programs, school-based health programs, current United States dietary guidelines for Americans, and established state-funded and federally funded food, nutrition, and health promotion programs. The overall goal of the program shall be improved dietary intake and increased physical activity.

(2) The funds appropriated under this section are to be spent over 2 years and shall be considered a work project appropriation. Any unexpended funds for 2014-2015 are carried forward into 2015-2016. The purpose of the work project is as described under subsection (1). The total estimated cost of these projects is \$1,200,000.00. The tentative estimated completion date of the work project is September 30, 2017.

(3) The contract under subsection (1) shall require the provider to submit a progress report to the legislature by September 30, 2017. The report shall provide details on the program's progress and impact, including, but not limited to, all of the following:

(a) Increase in the number of active registrants in the program and in the length of participation by registrants in the program.

(b) Improvement and increase in the number of healthy options served to pupils by school lunch programs.

(c) Increase in participation by pupils in school athletic and physical activities.

(d) Continued alignment with the department of community health's Michigan Health and Wellness 4x4 plan.

(4) Not later than 1 year after the completion of the work project under this section, the auditor general shall perform a performance post-audit of the pilot project and submit a report to the legislature on the effectiveness of the program in achieving improvements in child health.

**History:** Add. 2014, Act 196, Eff. Oct. 1, 2014.