Written Testimony in Support of A06939

Hearing: Joint Legislative Budget Committee on Elementary Education/Secondary Education

January 29, 2026

Senate Finance Committee Chair Liz Krueger, Assembly Ways and Means Committee Chair J. Gary Pretlow, and Members of the Joint Legislative Budget Committee on Elementary Education/Secondary Education:

Thank you for the opportunity to submit testimony in support of A06939. This legislation addresses one of the most urgent and underappreciated drivers of long-term health care costs and chronic disease in the United States: physical inactivity beginning in childhood.

Chronic disease does not begin in adulthood. It begins early, and the patterns established during childhood strongly predict lifelong health outcomes. Schools are one of the most powerful environments available to states to influence those outcomes at scale, and recess is a proven, evidence-based public health intervention.

A Generation Sitting Still: Chronic Disease Begins Early

The United States is experiencing a pediatric chronic disease crisis with serious implications for public health spending, workforce readiness, and long-term economic stability.

Nearly 40 percent of U.S. children now have at least one chronic condition, including asthma, obesity, diabetes, autoimmune disease, or serious mental health disorders.[1] More than 80 percent of U.S. adolescents fail to meet recommended daily physical activity levels, increasing their lifetime risk of cardiovascular disease, metabolic disorders, and mental illness.[2]

Physical inactivity is a major contributor to obesity, insulin resistance, systemic inflammation, anxiety, and depression—conditions that track strongly from childhood into adulthood.[3]

These harms are not evenly distributed. Low-income and urban students are more likely to attend schools that reduce or eliminate recess in favor of test preparation or behavioral control, compounding existing health inequities.[4]

Why Recess Is a Chronic Disease Prevention Tool

The medical and public health evidence is clear: regular, unstructured physical activity during the school day is one of the most effective ways to protect children's long-term health.

A 2025 policy analysis led by researchers at the Johns Hopkins Bloomberg School of Public Health, in collaboration with pediatric, education, and public health experts, identifies daily recess as a key strategy for reducing sedentary behavior and chronic disease risk among school-age children.[5]

Peer-reviewed research consistently shows that recess:

- Increases daily physical activity and reduces sedentary time, lowering obesity risk and improving cardiometabolic health.[6]
- Improves hormonal and nervous-system regulation, reducing chronic stress and inflammation linked to anxiety, depression, and autoimmune disease.[7]
- Supports insulin sensitivity and metabolic health, helping prevent early onset type 2 diabetes.[8]
- Reduces behavioral dysregulation.

In short, recess addresses the biological drivers of chronic disease rather than merely treating symptoms later in life. Beyond providing a strong safeguard against chronic disease pathways, unstructured play has also been shown to improve attention, emotional regulation, and classroom behavior—benefits that support both health and academic outcomes.

Schools Are a Critical Lever for Prevention

Children spend more than half of their waking hours in school. Yet academic pressure has increasingly displaced movement, despite strong evidence that physical activity enhances—not undermines—learning.

Importantly, states with recess requirements show significantly higher odds that children meet daily physical activity guidelines, demonstrating that policy decisions directly shape health outcomes. Recess is among the lowest-cost, highest-return interventions available to reduce long-term health care expenditures associated with chronic disease.

The Johns Hopkins-led policy review also finds that schools with protected daily recess report better attendance, fewer behavioral incidents, and improved classroom climate. Withholding recess worsens behavior rather than correcting it, particularly among children already at higher health risk.

Fiscal Impact: Cost to the State of New York

A06939 represents a low-cost policy intervention with significant long-term fiscal benefits. Research from the CDC and state education agencies consistently finds that recess policies do not require new facilities, specialized equipment, or additional instructional staff. Rather, schools typically use existing school infrastructure and personnel already present during the school day for recess implementation and supervision.

Data also shows us that states with recess mandates have not reported meaningful increases in per-pupil spending attributable to recess implementation. The primary cost associated with recess laws is scheduling—not new expenditures.

By contrast, the long-term costs of pediatric chronic disease are substantial. Childhood obesity alone is associated with significantly higher lifetime medical expenditures, including increased Medicaid and public insurance spending.[9]

Modeling studies indicate that increasing physical activity in childhood produces downstream savings through reduced incidences of conditions that account for a large share of state and federal health care spending, such as diabetes, cardiovascular disease, musculoskeletal disorders, and depression, to name a few. In fiscal terms, recess is a preventive investment that reduces future budgetary pressure rather than creating it.

What The Bill Does

A06939 establishes a statewide minimum standard for daily recess in New York public elementary schools, recognizing recess as an essential component of students' physical, mental, and emotional well-being.

Specifically, the bill:

- Requires all New York school districts to provide at least 30 minutes of daily recess for students in kindergarten through fifth grade, as well as sixth-grade students in elementary schools, in any school where the instructional day exceeds five hours.
- Defines recess as student-directed, supervised physical activity, distinct from physical education classes and lunch periods.
- Prohibits the routine use of electronic devices during recess and requires schools to provide appropriate physical play materials, such as balls, jump ropes, or similar equipment.
- Directs that recess be held outdoors whenever possible, supporting exposure to fresh air and natural movement.
- Requires schools that lack adequate outdoor space to develop alternative physical play plans or seek a waiver, ensuring flexibility while maintaining access to daily movement.
- Prohibits recess from being routinely withheld as punishment, except in cases of immediate safety concerns.
- Explicitly bars the use of recess time for academic instruction, test preparation, or disciplinary measures.
- Clarifies that recess is separate from physical education and lunch, and does not replace either.
- Encourages school districts to exceed the minimum recess requirements where feasible.

Conclusion

The United States cannot medicate its way out of its chronic disease crisis. Prevention must begin in childhood, and schools are a lynchpin of that effort. A06939 recognizes recess for what it truly is: a public health intervention, a mental health support, and a fiscally responsible investment in long-term population health.

I respectfully urge the committee to advance this legislation and include it in the Governor's budget so that New York can lead the nation in protecting children's health, resilience, and prosperity.

Kelly McKenna
CEO, End Chronic Disease

Endnotes

1. **Data Resource Center for Child and Adolescent Health — National Survey of Children's Health**: Provides data on health conditions, physical activity, and other health indicators among U.S. children. https://www.childhealthdata.org/learn-about-the-nsch/NSCH/data (childhealthdata.org)
2. **Global Status Report on Physical Activity 2022 — World Health Organization**: Reports that *more than 80%* of adolescents worldwide do not meet recommended levels of physical activity. https://www.who.int/teams/health-promotion/physical-activity/global-status-report-on-physical-activity-2022 (World Health Organization)
3. **Physical Activity – World Health Organization**: WHO fact sheet on why physical activity is critical for health across the lifespan. https://www.who.int/news-room/fact-sheets/detail/physical-activity (World Health Organization)
4. **Global Recommendations on Physical Activity for Health — National Center for Biotechnology Information (NCBI)**: Summarizes WHO guidance recommending *≥60 minutes/day* of moderate-to-vigorous activity for children ages 5–17. https://www.ncbi.nlm.nih.gov/books/NBK305060/ (NCBI)
5. **Johns Hopkins Bloomberg School of Public Health Recess Toolkit:** https://americanhealth.jhu.edu/recess-in-schools
6. **CDC & SHAPE America Strategies for Recess in Schools**: Guidance recommending recess distinct from physical education and recommending *≥20 minutes+ daily*, expanding physical activity. https://www.cdc.gov/physical-activity-education/media/pdfs/2019_04_25_SchoolRecess_strategies_508tagged.pdf (CDC)
7. **"The Crucial Role of Recess in School" — Pediatrics (AAP)**: Policy statement affirming recess as necessary for *children's development and should not be withheld* for punitive or academic reasons. https://publications.aap.org/pediatrics/article-abstract/131/1/183/30893/The-Crucial-Role-of-Recess-in-School (Pediatrics Publications)
8. **Physical Activity Guidelines for School-Aged Children — CDC**: U.S. guidelines recommending *60 minutes or more of daily moderate-to-vigorous activity* for school-age youth. https://www.cdc.gov/physical-activity-education/guidelines/index.html (CDC)
9. **CDC Recess Page — Physical Education and Physical Activity**: Describes how recess *increases physical activity* and provides cognitive, social, and behavior benefits in schools. https://www.cdc.gov/physical-activity-education/recess/index.html (CDC)