

2437--B

Cal. No. 397

2013-2014 Regular Sessions

I N S E N A T E

January 17, 2013

Introduced by Sens. KLEIN, DILAN -- read twice and ordered printed, and when printed to be committed to the Committee on Education -- recommitted to the Committee on Education in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the education law, in relation to authorizing the screening for childhood obesity and instruction in good health and reducing the incidence of obesity

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 901 of the education law, as amended by chapter 477
2 of the laws of 2004, subdivision 1 as amended by section 57 of part A-1
3 of chapter 58 of the laws of 2006, is amended to read as follows:
4 S 901. School health services to be provided. 1. School health
5 services, as defined in subdivision two of this section, shall be
6 provided by each school district for all students attending the public
7 schools in this state, except in the city school district of the city of
8 New York, as provided in this article. School health services shall
9 include the services of a registered professional nurse, if one is
10 employed, and shall also include such services as may be rendered as
11 provided in this article in examining students for the existence of
12 disease or disability, OR MAY INCLUDE SERVICES RELATED TO EXAMINING FOR
13 CHILDHOOD OBESITY BASED UPON THE CALCULATION OF EACH STUDENT'S BODY MASS
14 INDEX AND WEIGHT STATUS CATEGORY PURSUANT TO SECTION NINE HUNDRED FOUR
15 OF THIS ARTICLE, and in testing the eyes and ears of such students.
16 2. School health services for the purposes of this article shall mean
17 the several procedures, including, but not limited to, medical examina-
18 tions, dental inspection and/or screening, scoliosis screening, vision

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

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1 screening [and], audiometer tests, AND MAY INCLUDE CHILDHOOD OBESITY AS
2 MEASURED BY BODY MASS INDEX AND WEIGHT STATUS CATEGORY, designed to
3 determine the health status of the child; to inform parents or other
4 persons in parental relation to the child, pupils and teachers of the
5 individual child's health condition subject to federal and state confi-
6 dentiality laws; to guide parents, children and teachers in procedures
7 for preventing and correcting defects [and], diseases AND CHILDHOOD
8 OBESITY CONDITIONS; to instruct the school personnel in procedures to
9 take in case of accident or illness; to survey and make necessary recom-
10 mendations concerning the health and safety aspects of school facilities
11 and the provision of health information.

12 S 2. Subdivision 1 of section 903 of the education law, as separately
13 amended by section 11 of part B of chapter 58 and chapter 281 of the
14 laws of 2007, is amended to read as follows:

15 1. A health certificate shall be furnished by each student in the
16 public schools upon his or her entrance in such schools and upon his or
17 her entry into the grades prescribed by the commissioner in regulations,
18 provided that such regulations shall require such certificates at least
19 twice during the elementary grades and twice in the secondary grades. An
20 examination and health history of any child may be required by the local
21 school authorities at any time in their discretion to promote the educa-
22 tional interests of such child. Each certificate shall be signed by a
23 duly licensed physician, physician assistant, or nurse practitioner, who
24 is authorized by law to practice in this state, and consistent with any
25 applicable written practice agreement, or by a duly licensed physician,
26 physician assistant, or nurse practitioner, who is authorized to prac-
27 tice in the jurisdiction in which the examination was given, provided
28 that the commissioner has determined that such jurisdiction has stand-
29 ards of licensure and practice comparable to those of New York. Each
30 such certificate shall describe the condition of the student when the
31 examination was made, which shall not be more than twelve months prior
32 to the commencement of the school year in which the examination is
33 required, and shall state whether such student is in a fit condition of
34 health to permit his or her attendance at the public schools. THE EXAM-
35 INATION MAY INCLUDE A DIABETES RISK ANALYSIS AND, IF NECESSARY, CHILDREN
36 WITH RISK FACTORS FOR TYPE 1 DIABETES, OR RISK FACTORS ASSOCIATED WITH
37 TYPE 2 DIABETES SUCH AS OBESITY, A FAMILY HISTORY OF TYPE 2 DIABETES, OR
38 ANY OTHER FACTORS CONSISTENT WITH INCREASED RISK MAY ALSO BE TESTED FOR
39 DIABETES. Each such certificate shall also state the student's body mass
40 index (BMI) and weight status category. For purposes of this section,
41 BMI is computed as the weight in kilograms divided by the square of
42 height in meters or the weight in pounds divided by the square of height
43 in inches multiplied by a conversion factor of 703. Weight status cate-
44 gories for children and adolescents shall be as defined by the commis-
45 sioner of health. In all school districts such physician, physician
46 assistant or nurse practitioner shall determine whether a one-time test
47 for sickle cell anemia is necessary or desirable and he or she shall
48 conduct such a test and the certificate shall state the results.

49 S 3. Subdivisions 4 and 5 of section 918 of the education law, as
50 added by chapter 493 of the laws of 2004, are amended to read as
51 follows:

52 4. The committee is encouraged to study AND MAKE RECOMMENDATIONS ON
53 all facets of the current nutritional policies of the district includ-
54 ing, but not limited to, the goals of the district to promote health and
55 proper nutrition, REDUCE THE INCIDENCE OF CHILDHOOD OBESITY, vending
56 machine sales, menu criteria, educational curriculum teaching healthy

1 nutrition, AND educational information provided to parents or guardians
2 regarding healthy nutrition and the health risks associated with obesi-
3 ty, ASTHMA, CHRONIC BRONCHITIS AND OTHER CHRONIC RESPIRATORY DISEASES.
4 PROVIDED, FURTHER, THE COMMITTEE MAY PROVIDE INFORMATION TO PERSONS IN
5 PARENTAL RELATION ON opportunities offered to parents or guardians to
6 encourage healthier eating habits to students, and the education
7 provided to teachers and other staff as to the importance of healthy
8 nutrition AND ABOUT THE DANGERS OF CHILDHOOD OBESITY. In addition the
9 committee shall consider recommendations and practices of other
10 districts and nutrition studies.

11 5. The committee is encouraged to report periodically to the district
12 regarding practices that will educate teachers, parents or guardians and
13 children about healthy nutrition and raise awareness of the dangers of
14 CHILDHOOD obesity, ASTHMA, CHRONIC BRONCHITIS AND OTHER CHRONIC RESPIR-
15 ATORY DISEASES. The committee is encouraged also to provide any parent
16 teacher associations in the district with such findings and recommenda-
17 tions.

18 S 4. Subdivision 1 of section 804-a of the education law, as added by
19 chapter 730 of the laws of 1986, is amended to read as follows:

20 1. Within the amounts appropriated, the commissioner is hereby
21 authorized to establish a demonstration program and to distribute state
22 funds to local school districts, boards of cooperative educational
23 services and in certain instances community school districts, for the
24 development, implementation, evaluation, validation, demonstration and
25 replication of exemplary comprehensive health education programs to
26 assist the public schools in developing curricula, training staff, and
27 addressing local health education needs of students, parents, and staff.
28 SUCH PROGRAMS MAY SERVE THE PURPOSE OF DEVELOPING AND ENHANCING PUPILS'
29 HEALTH KNOWLEDGE, SKILLS, ATTITUDES AND BEHAVIORS, WHICH IS FUNDAMENTAL
30 TO IMPROVING THEIR HEALTH STATUS AND ACADEMIC PERFORMANCE, AS WELL AS
31 REDUCING THE INCIDENCE OF ADOLESCENT PREGNANCY, ALCOHOL ABUSE, TOBACCO
32 ABUSE, TRUANCY, SUICIDE, SUBSTANCE ABUSE, OBESITY, ASTHMA, OTHER CHRONIC
33 RESPIRATORY DISEASES, AND OTHER PROBLEMS OF CHILDHOOD AND ADOLESCENCE.

34 S 5. This act shall take effect immediately, except that sections one,
35 two and three of this act shall take effect two years after this act
36 shall have become a law.