

2517--A

2013-2014 Regular Sessions

I N   A S S E M B L Y

January 16, 2013

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Introduced by M. of A. CRESPO, RODRIGUEZ, RAMOS, RIVERA, ARROYO, MOYA, ORTIZ, SEPULVEDA -- Multi-Sponsored by -- M. of A. PERRY -- read once and referred to the Committee on Education -- recommitted to the Committee on Education in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the education law, in relation to 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  
19    screening [and], audiometer tests, AND MAY INCLUDE CHILDHOOD OBESITY AS  
20    MEASURED BY BODY MASS INDEX AND WEIGHT STATUS CATEGORY, designed to

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

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

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

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

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

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

ty, ASTHMA, CHRONIC BRONCHITIS AND OTHER CHRONIC RESPIRATORY DISEASES. PROVIDED, FURTHER, THE COMMITTEE MAY PROVIDE INFORMATION TO PERSONS IN PARENTAL RELATION ON opportunities offered to parents or guardians to encourage healthier eating habits to students, and the education provided to teachers and other staff as to the importance of healthy nutrition AND ABOUT THE DANGERS OF CHILDHOOD OBESITY. In addition the committee shall consider recommendations and practices of other districts and nutrition studies.

5. The committee is encouraged to report periodically to the district regarding practices that will educate teachers, parents or guardians and children about healthy nutrition and raise awareness of the dangers of CHILDHOOD obesity, ASTHMA, CHRONIC BRONCHITIS AND OTHER CHRONIC RESPIRATORY DISEASES. The committee is encouraged also to provide any parent teacher associations in the district with such findings and recommendations.

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

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

S 5. Section 813 of the education law, as added by chapter 296 of the laws of 1994, is amended to read as follows:

S 813. School lunch period; scheduling. Each school shall schedule a reasonable time DURING EACH SCHOOL DAY for each full day pupil attending pre-kindergarten through grade twelve WITH AMPLE TIME to consume lunch AND TO ENGAGE IN PHYSICAL EXERCISE OR RECREATION.

S 6. This act shall take effect immediately, except that sections one, two and three of this act shall take effect two years after this act shall have become a law.