

6504--B

2015-2016 Regular Sessions

I N A S S E M B L Y

March 25, 2015

Introduced by M. of A. CRESPO, PICHARDO, RIVERA, COOK, CROUCH, FINCH, RAIA, DILAN, ARROYO, SEPULVEDA, BUCHWALD -- Multi-Sponsored by -- M. of A. LUPINACCI -- 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 -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the education law, in relation to authorizing the screening for childhood diabetes 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. Subdivision 1 of section 903 of the education law, as
2 amended by chapter 376 of the laws of 2015, is amended to read as
3 follows:
4 1. A health certificate shall be furnished by each student in the
5 public schools upon his or her entrance in such schools and upon his or
6 her entry into the grades prescribed by the commissioner in regulations,
7 provided that such regulations shall require such certificates at least
8 twice during the elementary grades and twice in the secondary grades. An
9 examination and health history of any child may be required by the local
10 school authorities at any time in their discretion to promote the educa-
11 tional interests of such child. Each certificate shall be signed by a
12 duly licensed physician, physician assistant, or nurse practitioner, who
13 is authorized by law to practice in this state, and consistent with
14 subdivision three of section six thousand nine hundred two of this chap-
15 ter, or by a duly licensed physician, physician assistant, or nurse
16 practitioner, who is authorized to practice in the jurisdiction in which
17 the examination was given, provided that the commissioner has determined
18 that such jurisdiction has standards of licensure and practice compara-

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

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1 ble to those of New York. Each such certificate shall describe the
2 condition of the student when the examination was made, which shall not
3 be more than twelve months prior to the commencement of the school year
4 in which the examination is required, and shall state whether such
5 student is in a fit condition of health to permit his or her attendance
6 at the public schools. THE EXAMINATION MAY INCLUDE A DIABETES RISK
7 ANALYSIS AND, IF NECESSARY, CHILDREN WITH RISK FACTORS FOR TYPE 1
8 DIABETES, OR RISK FACTORS ASSOCIATED WITH TYPE 2 DIABETES SUCH AS OBESI-
9 TY, A FAMILY HISTORY OF TYPE 2 DIABETES, OR ANY OTHER FACTORS CONSISTENT
10 WITH INCREASED RISK MAY ALSO BE TESTED FOR DIABETES. Each such certif-
11 icate shall also state the student's body mass index (BMI) and weight
12 status category. For purposes of this section, BMI is computed as the
13 weight in kilograms divided by the square of height in meters or the
14 weight in pounds divided by the square of height in inches multiplied by
15 a conversion factor of 703. Weight status categories for children and
16 adolescents shall be as defined by the commissioner of health. In all
17 school districts such physician, physician assistant or nurse practi-
18 tioner shall determine whether a one-time test for sickle cell anemia is
19 necessary or desirable and he or she shall conduct such a test and the
20 certificate shall state the results.

21 S 2. Subdivisions 4 and 5 of section 918 of the education law, as
22 added by chapter 493 of the laws of 2004, are amended to read as
23 follows:

24 4. The committee is encouraged to study AND MAKE RECOMMENDATIONS ON
25 all facets of the current nutritional policies of the district includ-
26 ing, but not limited to, the goals of the district to promote health and
27 proper nutrition, REDUCE THE INCIDENCE OF CHILDHOOD OBESITY, vending
28 machine sales, menu criteria, educational curriculum teaching healthy
29 nutrition, AND educational information provided to parents or guardians
30 regarding healthy nutrition and the health risks associated with obesi-
31 ty, ASTHMA, CHRONIC BRONCHITIS AND OTHER CHRONIC RESPIRATORY DISEASES.
32 PROVIDED, FURTHER, THE COMMITTEE MAY PROVIDE INFORMATION TO PERSONS IN
33 PARENTAL RELATION ON opportunities offered to parents or guardians to
34 encourage healthier eating habits to students, and the education
35 provided to teachers and other staff as to the importance of healthy
36 nutrition AND ABOUT THE DANGERS OF CHILDHOOD OBESITY. In addition the
37 committee shall consider recommendations and practices of other
38 districts and nutrition studies.

39 5. The committee is encouraged to report periodically to the district
40 regarding practices that will educate teachers, parents or guardians and
41 children about healthy nutrition and raise awareness of the dangers of
42 CHILDHOOD obesity, ASTHMA, CHRONIC BRONCHITIS AND OTHER CHRONIC RESPIR-
43 ATORY DISEASES. The committee is encouraged also to provide any parent
44 teacher associations in the district with such findings and recommenda-
45 tions.

46 S 3. Subdivision 1 of section 804-a of the education law, as added by
47 chapter 730 of the laws of 1986, is amended to read as follows:

48 1. Within the amounts appropriated, the commissioner is hereby
49 authorized to establish a demonstration program and to distribute state
50 funds to local school districts, boards of cooperative educational
51 services and in certain instances community school districts, for the
52 development, implementation, evaluation, validation, demonstration and
53 replication of exemplary comprehensive health education programs to
54 assist the public schools in developing curricula, training staff, and
55 addressing local health education needs of students, parents, and staff.
56 SUCH PROGRAMS MAY SERVE THE PURPOSE OF DEVELOPING AND ENHANCING PUPILS'

1 HEALTH KNOWLEDGE, SKILLS, ATTITUDES AND BEHAVIORS, WHICH IS FUNDAMENTAL
2 TO IMPROVING THEIR HEALTH STATUS AND ACADEMIC PERFORMANCE, AS WELL AS
3 REDUCING THE INCIDENCE OF ADOLESCENT PREGNANCY, ALCOHOL ABUSE, TOBACCO
4 ABUSE, TRUANCY, SUICIDE, SUBSTANCE ABUSE, OBESITY, ASTHMA, OTHER CHRONIC
5 RESPIRATORY DISEASES, AND OTHER PROBLEMS OF CHILDHOOD AND ADOLESCENCE.
6 S 4. This act shall take effect immediately, except that sections one
7 and two of this act shall take effect two years after this act shall
8 have become a law.