

1521--A

2015-2016 Regular Sessions

I N S E N A T E

January 13, 2015

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

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  
19 screening [and], audiometer tests, AND MAY INCLUDE CHILDHOOD OBESITY AS  
20 MEASURED BY BODY MASS INDEX AND WEIGHT STATUS CATEGORY, designed to  
21 determine the health status of the child; to inform parents or other

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

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

9 S 2. Subdivision 1 of section 903 of the education law, as amended by  
10 chapter 376 of the laws of 2015, is amended to read as follows:

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

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

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

1 PROVIDED, FURTHER, THE COMMITTEE MAY PROVIDE INFORMATION TO PERSONS IN  
2 PARENTAL RELATION ON opportunities offered to parents or guardians to  
3 encourage healthier eating habits to students, and the education  
4 provided to teachers and other staff as to the importance of healthy  
5 nutrition AND ABOUT THE DANGERS OF CHILDHOOD OBESITY. In addition the  
6 committee shall consider recommendations and practices of other  
7 districts and nutrition studies.

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

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

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

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