



Senate

General Assembly

File No. 444

January Session, 2001

Substitute Senate Bill No. 1171

Senate, April 25, 2001

The Committee on Public Health reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING ASTHMA ASSESSMENT AND MONITORING.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 10-206 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 (a) Each local or regional board of education shall require each pupil
4 enrolled in the public schools to have health assessments pursuant to
5 the provisions of this section. Such assessments shall be conducted by
6 a legally qualified practitioner of medicine, an advanced practice
7 registered nurse or registered nurse, licensed pursuant to chapter 378,
8 a physician assistant, licensed pursuant to chapter 370, or by the school
9 medical advisor to ascertain whether such pupil is suffering from any
10 physical disability tending to prevent such pupil from receiving the
11 full benefit of school work and to ascertain whether such school work
12 should be modified in order to prevent injury to the pupil or to secure
13 for the pupil a suitable program of education. No health assessment
14 shall be made of any child enrolled in the public schools unless such

15 examination is made in the presence of the parent or guardian or in the
16 presence of another school employee. The parent or guardian of such
17 child shall receive prior written notice and shall have a reasonable
18 opportunity to be present at such assessment or to provide for such
19 assessment himself or herself. A local or regional board of education
20 may deny continued attendance in public school to any child who fails
21 to obtain the health assessments required under this section.

22 (b) Each local or regional board of education shall require each child
23 to have a health assessment prior to public school enrollment. The
24 assessment shall include: (1) A physical examination which shall
25 include hematocrit or hemoglobin tests, height, weight, [and] blood
26 pressure and an asthma assessment including, but not limited to,
27 screening questions relating to (A) the child's respiratory health to be
28 answered by the child's parent or guardian, (B) the child's respiratory
29 health to be answered by the physician, advanced practice registered
30 nurse, registered nurse or physician assistant conducting the
31 assessment, and (C) the child's age, gender, race and ethnicity; (2) an
32 updating of immunizations as required under section 10-204a,
33 provided a registered nurse may only update said immunizations
34 pursuant to a written order by a physician or physician assistant,
35 licensed pursuant to chapter 370, or an advanced practice registered
36 nurse, licensed pursuant to chapter 378; (3) vision, hearing, speech and
37 gross dental screenings; and (4) such other information, including
38 health and developmental history, as the physician feels is necessary
39 and appropriate. The assessment shall also include tests for
40 tuberculosis, sickle cell anemia or Cooley's anemia and tests for lead
41 levels in the blood where the local or regional board of education
42 determines after consultation with the school medical advisor and the
43 local health department, or in the case of a regional board of education,
44 each local health department, that such tests are necessary, provided a
45 registered nurse may only perform said tests pursuant to the written
46 order of a physician or physician assistant, licensed pursuant to
47 chapter 370, or an advanced practice registered nurse, licensed

48 pursuant to chapter 378.

49 (c) Each local or regional board of education shall require each pupil
50 enrolled in the public schools to have health assessments in either
51 grade six or grade seven and in either grade ten or grade eleven. The
52 assessment shall include: (1) A physical examination which shall
53 include hematocrit or hemoglobin tests, height, weight, [and] blood
54 pressure and an asthma assessment including, but not limited to,
55 screening questions relating to (A) the child's respiratory health to be
56 answered by the child's parent or guardian, (B) the child's respiratory
57 health to be answered by the physician, advanced practice registered
58 nurse, registered nurse or physician assistant conducting the
59 assessment, and (C) the child's age, gender, race and ethnicity; (2) an
60 updating of immunizations as required under section 10-204a,
61 provided a registered nurse may only update said immunizations
62 pursuant to a written order of a physician or physician assistant,
63 licensed pursuant to chapter 370, or an advanced practice registered
64 nurse, licensed pursuant to chapter 378; (3) vision, hearing, postural
65 and gross dental screenings; and (4) such other information including a
66 health history as the physician feels is necessary and appropriate. The
67 assessment shall also include tests for tuberculosis and sickle cell
68 anemia or Cooley's anemia where the local or regional board of
69 education, in consultation with the school medical advisor and the
70 local health department, or in the case of a regional board of education,
71 each local health department, determines that said screening or test is
72 necessary, provided a registered nurse may only perform said tests
73 pursuant to the written order of a physician or physician assistant,
74 licensed pursuant to chapter 370, or an advanced practice registered
75 nurse, licensed pursuant to chapter 378.

76 (d) The results of each assessment done pursuant to this section and
77 the results of screenings done pursuant to section 10-214 shall be
78 recorded on forms supplied by the State Board of Education. Such
79 information shall be included in the cumulative health record of each

80 pupil and shall be kept on file in the school such pupil attends. If a
81 pupil permanently leaves the jurisdiction of the board of education, the
82 pupil's original cumulative health record shall be sent to the chief
83 administrative officer of the school district to which such student
84 moves. The board of education transmitting such health record shall
85 retain a true copy. Each physician, advanced practice registered nurse,
86 registered nurse, or physician assistant performing health assessments
87 and screenings pursuant to this section and section 10-214 shall sign
88 each form and any recommendations concerning the pupil shall be in
89 writing. The total number of pupils per school district having a
90 diagnosis of asthma recorded on such forms shall be reported annually
91 to the Department of Public Health by the chief administrative officer
92 of such school district. The report shall contain such information
93 collected pursuant to the asthma assessments required under
94 subsections (b) and (c) of this section, including pupil age, gender, race
95 and ethnicity, as the Commissioner of Public Health may require.

96 (e) Appropriate school health personnel shall review the results of
97 each assessment and screening as recorded pursuant to subsection (d)
98 of this section. When, in the judgment of such health personnel, a
99 pupil, as defined in section 10-206a, is in need of further testing or
100 treatment, the superintendent of schools shall give written notice to the
101 parent or guardian of such pupil and shall make reasonable efforts to
102 assure that such further testing or treatment is provided. Such
103 reasonable efforts shall include a determination of whether or not the
104 parent or guardian has obtained the necessary testing or treatment for
105 the pupil, and, if not, advising the parent or guardian on how such
106 testing or treatment may be obtained. The results of such further
107 testing or treatment shall be recorded pursuant to subsection (d) of this
108 section, and shall be reviewed by school health personnel pursuant to
109 this subsection.

110 (f) Not later than February 1, 2004, and once every three years
111 thereafter, the Department of Public Health shall review the asthma

112 assessment data reported pursuant to subsection (d) of this section and
113 shall submit a report to the joint standing committees of the General
114 Assembly having cognizance of matters relating to public health and
115 education, in accordance with the provisions of section 11-4a,
116 concerning asthma trends and distributions among pupils enrolled in
117 the public schools, including, but not limited to, such trends and
118 distributions based on age and gender and among ethnic, racial and
119 cultural populations.

120 Sec. 2. Section 19a-62a of the general statutes is repealed and the
121 following is substituted in lieu thereof:

122 (a) (1) Within available appropriations, the Commissioner of Public
123 Health, in consultation with the Commissioner of Social Services, shall
124 establish a pilot program for the early identification and treatment of
125 pediatric asthma. The Commissioner of Public Health shall make
126 grants-in-aid under the pilot program for projects to be established in
127 two municipalities to identify, screen and refer children with asthma
128 for treatment. Such projects shall work cooperatively with providers of
129 maternal and child health, including, but not limited to, local health
130 departments, community health centers, Healthy Start and Healthy
131 Families, to target children who were born prematurely, premature
132 infants or pregnant women at risk of premature delivery for early
133 identification of asthma. Such projects may utilize private resources
134 through public-private partnerships to establish a public awareness
135 program and innovative outreach initiatives targeting urban areas to
136 encourage early screening of children at risk of asthma.

137 [(b)] (2) The Commissioner of Public Health shall evaluate the pilot
138 program established under this [section] subsection and shall submit a
139 report of the commissioner's findings and recommendations to the
140 joint standing committees of the General Assembly having cognizance
141 of matters relating to public health, human services and appropriations
142 and the budgets of state agencies, not later than October 1, 2001, in

143 accordance with the provisions of section 11-4a.

144 (b) The Commissioner of Public Health shall establish and maintain
145 a system of monitoring asthma. Such system shall include, but not be
146 limited to, annual surveys of asthma in schools and reports of asthma
147 visits and the number of persons having asthma as reported by
148 volunteer physicians. The monitoring system may include reports of
149 the number of persons having asthma medication prescriptions filled
150 by pharmacies in this state. Such system shall be used by the
151 commissioner in estimating the annual incidence and distribution of
152 asthma in the state, including, but not limited to, such incidence and
153 distribution based on age and gender and among ethnic, racial and
154 cultural populations. Not later than October 1, 2002, and annually
155 thereafter, the commissioner shall submit a report of the status and
156 results of the monitoring system established under this subsection to
157 the joint standing committee of the General Assembly having
158 cognizance of matters relating to public health, in accordance with the
159 provisions of section 11-4a.

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: Cost

Affected Agencies: Department of Education, Department of Public Health

Municipal Impact: See Explanation Below

Explanation

State Impact:

This bill will result in a one time cost to the Department of Education of approximately \$25,000 in FY 02. This cost is associated with providing new health assessment forms to local and regional school districts for the coming school year. Forms as required under current statute have already been printed and mailed to local and regional school districts for the coming school year. Due to the bill's effective date the Department of Education will have to reprint and redistribute new forms which would include the asthma assessment information. The \$25,000 includes \$21,000 to redo the forms and \$4,000 for new mailings. The biennial budget for FY 01 - 03 as currently before the General Assembly does not contain funds to meet the requirements of the bill.

It is assumed that the Department of Public Health will be able to monitor the incidence of asthma in Connecticut utilizing existing staff. The agency will incur minimal costs, which can be accommodated

within its anticipated budgetary resources, to compile data and submit reports required under the bill.

Municipal Impact:

The bill's expansion of health assessments to include asthma will result in an increase in the workload of health personnel within local and regional school districts. It is not anticipated that this workload increase will result in the need for additional personnel but may result in a reprioritization or elimination of current non-mandated duties.

OLR Bill Analysis

sSB 1171

AN ACT CONCERNING ASTHMA ASSESSMENT AND MONITORING.**SUMMARY:**

This bill requires all children to have an asthma assessment before they enroll in public school, in sixth or seventh grade, and in 10th or 11th grade as part of the health assessment already required at those times. It requires the schools to report the findings of these assessments to the Public Health Department (DPH), and it requires DPH to report to the legislature every three years on the trends the data show.

The bill also requires the DPH commissioner to establish an asthma monitoring system and use it to estimate annually the incidence and distribution of asthma in the state. He must report this information annually to the Public Health Committee beginning October 1, 2001.

EFFECTIVE DATE: October 1, 2001

SCHOOL ASTHMA ASSESSMENTS

The asthma assessments must include questions about the child's respiratory health to be answered by the child's parents or guardian and the medical provider who performs the assessment. They must also include questions on the child's age, gender, race, and ethnicity.

By law, school personnel must review the assessment results, notify the parents or guardian if they believe further testing or treatment is needed, and make reasonable efforts to assure that it is provided. The law also requires that the results of these assessments become part of the child's school health record.

ASTHMA REPORTING AND MONITORING***Reporting Asthma in Schools***

The bill requires school superintendents to report annually to DPH the number of pupils in the district diagnosed with asthma. The report must contain information from the asthma assessments that the DPH commissioner requires, including pupils' age, gender, race, and ethnicity.

DPH must review the data and report every three years to the Public Health and Education committees on asthma trends and distributions among public school students. The reports must break down this information for age and gender and for ethnic, racial, and cultural populations, among other categories. The first review and report is due by February 1, 2004.

Asthma Monitoring

The asthma monitoring system the bill requires the DPH commissioner to establish must include, at a minimum, annual school surveys and reports by volunteer physicians on the number of asthma visits and the number of people with asthma. It can also include reports on the number of people who have had prescriptions for asthma medication filled in state pharmacies.

The commissioner must use the system to estimate the annual incidence and distribution of asthma in the state and break it down by age and gender and ethnic, racial, and cultural populations. The commissioner must report annually to the Public Health Committee on the status and result of this monitoring system.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 25 Nay 0