



## Senate

General Assembly

**File No. 772**

*January Session, 2001*

Substitute Senate Bill No. 1171

*Senate, May 16, 2001*

The Committee on Education reported through SEN. GAFFEY of the 13th 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 Section 10-206 of the general statutes is repealed and the  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, (C) the child's age, gender, race and ethnicity, and (D) the  
32 school the child attends and the education reference group, as  
33 determined by the Department of Education, for the town or regional  
34 school district in which the student's school is located; (2) an updating  
35 of immunizations as required under section 10-204a, provided a  
36 registered nurse may only update said immunizations pursuant to a  
37 written order by a physician or physician assistant, licensed pursuant  
38 to chapter 370, or an advanced practice registered nurse, licensed  
39 pursuant to chapter 378; (3) vision, hearing, speech and gross dental  
40 screenings; and (4) such other information, including health and  
41 developmental history, as the physician feels is necessary and  
42 appropriate. The assessment shall also include tests for tuberculosis,  
43 sickle cell anemia or Cooley's anemia and tests for lead levels in the  
44 blood where the local or regional board of education determines after  
45 consultation with the school medical advisor and the local health  
46 department, or in the case of a regional board of education, each local  
47 health department, that such tests are necessary, provided a registered

48 nurse may only perform said tests pursuant to the written order of a  
49 physician or physician assistant, licensed pursuant to chapter 370, or  
50 an advanced practice registered nurse, licensed pursuant to chapter  
51 378.

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

81 pursuant to chapter 378.

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

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

113 testing or treatment may be obtained. The results of such further  
114 testing or treatment shall be recorded pursuant to subsection (d) of this  
115 section, and shall be reviewed by school health personnel pursuant to  
116 this subsection.

117 (f) Not later than February 1, 2004, and once every three years  
118 thereafter, the Department of Public Health shall review the asthma  
119 assessment data reported pursuant to subsection (d) of this section and  
120 shall submit a report to the joint standing committees of the General  
121 Assembly having cognizance of matters relating to public health and  
122 education, in accordance with the provisions of section 11-4a,  
123 concerning asthma trends and distributions among pupils enrolled in  
124 the public schools, including, but not limited to, such trends and  
125 distributions based on age and gender and among ethnic, racial and  
126 cultural populations.

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

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

144 [(b)] (2) The Commissioner of Public Health shall evaluate the pilot  
145 program established under this [section] subsection and shall submit a  
146 report of the commissioner's findings and recommendations to the  
147 joint standing committees of the General Assembly having cognizance  
148 of matters relating to public health, human services and appropriations  
149 and the budgets of state agencies, not later than October 1, 2001, in  
150 accordance with the provisions of section 11-4a.

151 (b) The Commissioner of Public Health shall establish and maintain  
152 a system of monitoring asthma. Such system shall include, but not be  
153 limited to, annual surveys of asthma in schools and reports of asthma  
154 visits and the number of persons having asthma as reported by  
155 volunteer physicians. The monitoring system may include reports of  
156 the number of persons having asthma medication prescriptions filled  
157 by pharmacies in this state. Such system shall be used by the  
158 commissioner in estimating the annual incidence and distribution of  
159 asthma in the state, including, but not limited to, such incidence and  
160 distribution based on age and gender and among ethnic, racial and  
161 cultural populations and on school enrollment and the education  
162 reference group, as determined by the Department of Education, for  
163 the town or regional school district in which the student's school is  
164 located. Not later than October 1, 2002, and annually thereafter, the  
165 commissioner shall submit a report of the status and results of the  
166 monitoring system established under this subsection to the joint  
167 standing committee of the General Assembly having cognizance of  
168 matters relating to public health, in accordance with the provisions of  
169 section 11-4a.

**ED**            *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:

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**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 6<sup>th</sup> or 7<sup>th</sup>, and in 10<sup>th</sup> or 11<sup>th</sup> 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, 2002.

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 and on the child's school and district's educational reference group (a comparison of districts by socioeconomic status and need indicators).

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, ethnicity, and school and the district's educational reference group.

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***

Under the bill, DPH's asthma monitoring system 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; ethnic, racial, and cultural populations; and school population and educational reference group. The commissioner must report annually to the Public Health Committee, beginning October 1, 2002 on the status and result of this monitoring system.

## **BACKGROUND**

### ***Related Bill***

sSB 1265, (File 510) also requires asthma assessments before school enrollment and in 6<sup>th</sup> or 7<sup>th</sup> and 10<sup>th</sup> or 11<sup>th</sup> grades. It adds a new physical exam and asthma assessment requirement in 3<sup>rd</sup> or 4<sup>th</sup> grade. It requires these assessments to include student's asthma history and treatment records for the previous 12 months. It does not require

asking about or reporting on students' demographic characteristics or school's educational reference groups.

**Legislative History**

The Senate referred this bill to the Education Committee on May 2. That committee reported a substitute bill, which added schools and educational reference groups to the information that must be reported at various levels.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute  
Yea 25    Nay 0

Education Committee

Joint Favorable Substitute  
Yea 27    Nay 0