



House of Representatives

General Assembly

File No. 517

January Session, 2003

Substitute House Bill No. 6689

House of Representatives, April 23, 2003

The Committee on Education reported through REP. GIANNAROS of the 21st Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING MEDICATION IN SCHOOL.

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

1 Section 1. Section 10-208a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2003*):

3 Each local and regional board of education shall honor written
4 notice submitted by a licensed practitioner [of the healing arts, as
5 defined in section 20-1,] which places physical restrictions upon any
6 pupil enrolled in the public schools of such board of education. For
7 purposes of this section, licensed practitioner means any person who is
8 licensed to practice under chapter 370, 372, 373 or 375 or section 20-
9 94a.

10 Sec. 2. Section 10-212a of the general statutes is repealed and the
11 following is substituted in lieu thereof (*Effective October 1, 2003*):

12 (a) A school nurse or, in the absence of such nurse, any other nurse
13 licensed pursuant to the provisions of chapter 378, including a nurse

14 employed by, or providing services under the direction of a local or
15 regional board of education at, a school-based health clinic, who shall
16 administer medical preparations only to students enrolled in such
17 school-based health clinic in the absence of a school nurse, the
18 principal, any teacher, licensed physical or occupational therapist
19 employed by a school district, or coach of intramural and
20 interscholastic athletics of a school may administer medicinal
21 preparations, including such controlled drugs as the Commissioner of
22 Public Health may, by regulation, designate, to any student at such
23 school pursuant to the written order of a physician licensed to practice
24 medicine or a dentist licensed to practice dental medicine in this or
25 another state, or an advanced practice registered nurse licensed to
26 prescribe in accordance with section 20-94a, or a physician assistant
27 licensed to prescribe in accordance with section 20-12d, and the written
28 authorization of a parent or guardian of such child. The administration
29 of medicinal preparations by a nurse licensed pursuant to the
30 provisions of chapter 378, a principal, teacher, licensed physical or
31 occupational therapist employed by a school district, or coach shall be
32 under the general supervision of a school nurse. No such school nurse
33 or other nurse, principal, teacher, licensed physical or occupational
34 therapist employed by a school district, or coach shall be liable to such
35 student or a parent or guardian of such student for civil damages for
36 any personal injuries which result from acts or omissions of such
37 school nurse or other nurse, principal, teacher, licensed physical or
38 occupational therapist employed by a school district, or coach in
39 administering such preparations which may constitute ordinary
40 negligence. This immunity shall not apply to acts or omissions
41 constituting gross, wilful or wanton negligence.

42 (b) Each school wherein any controlled drug is administered under
43 the provisions of this section shall keep such records thereof as are
44 required of hospitals under the provisions of subsections (f) and (h) of
45 section 21a-254 and shall store such drug in such manner as the
46 Commissioner of Public Health shall, by regulation, require.

47 (c) The Commissioner of Public Health, in consultation with the

48 Commissioner of Education, may adopt regulations, in accordance
49 with the provisions of chapter 54, that specify conditions under which
50 a coach of intramural and interscholastic athletics may administer
51 medicinal preparations, including controlled drugs specified in the
52 regulations adopted by the [commissioner] Commissioner of Public
53 Health, to a child participating in such intramural and interscholastic
54 athletics. The regulations shall require authorization pursuant to: (1)
55 The written order of a physician licensed to practice medicine or a
56 dentist licensed to practice dental medicine in this or another state, an
57 advanced practice registered nurse licensed under chapter 378, a
58 physician assistant licensed under chapter 370, a podiatrist licensed
59 under chapter 375 or an optometrist licensed under chapter 380; and
60 (2) the written authorization of a parent or guardian of such child.

61 (d) A school nurse supervisor and a school medical advisor may
62 jointly preapprove a plan for an identified school paraprofessional to
63 administer medication to a specific student with a medically diagnosed
64 allergic condition which may require prompt treatment in order to
65 protect the student against serious harm or death.

66 Sec. 3. Subsection (a) of section 10-220a of the general statutes is
67 repealed and the following is substituted in lieu thereof (*Effective July*
68 *1, 2003*):

69 (a) Each local or regional board of education shall provide an in-
70 service training program for its teachers, administrators and pupil
71 personnel who hold the initial educator, provisional educator or
72 professional educator certificate. Such program shall provide such
73 teachers, administrators and pupil personnel with information on (1)
74 the nature and the relationship of drugs, as defined in subdivision (17)
75 of section 21a-240, and alcohol to health and personality development,
76 and procedures for discouraging their abuse, (2) health and mental
77 health risk reduction education which includes, but need not be
78 limited to, the prevention of risk-taking behavior by children and the
79 relationship of such behavior to substance abuse, pregnancy, sexually
80 transmitted diseases, including HIV-infection and AIDS, as defined in

81 section 19a-581, violence, child abuse and youth suicide, (3) the growth
82 and development of exceptional children, including handicapped and
83 gifted and talented children and children who may require special
84 education, including, but not limited to, children with attention-deficit
85 hyperactivity disorder or learning disabilities, and methods for
86 identifying, planning for and working effectively with special needs
87 children in a regular classroom, (4) school violence prevention and
88 conflict resolution, (5) cardiopulmonary resuscitation and other
89 emergency life saving procedures, (6) computer and other information
90 technology as applied to student learning and classroom instruction,
91 communications and data management, and (7) the teaching of the
92 language arts, reading and reading readiness for teachers in grades
93 kindergarten to three, inclusive. The State Board of Education, within
94 available appropriations and utilizing available materials, shall assist
95 and encourage local and regional boards of education to include: (A)
96 Holocaust education and awareness; (B) the historical events
97 surrounding the Great Famine in Ireland; (C) African-American
98 history; (D) Puerto Rican history; (E) Native American history; (F)
99 personal financial management; and (G) topics approved by the state
100 board upon the request of local or regional boards of education as part
101 of in-service training programs pursuant to this subsection.

102 Sec. 4. (NEW) (*Effective July 1, 2003*) (a) No local or regional board of
103 education may prohibit blood glucose self-testing by children with
104 diabetes who have a written order from a physician stating the need
105 and the capability of such child to conduct self-testing.

106 (b) The Commissioner of Education, in consultation with the
107 Commissioner of Public Health, shall develop guidelines for policies
108 and practices with respect to blood glucose self-testing by children
109 pursuant to subsection (a) of this section.

110 Sec. 5. Section 10-212b of the general statutes is repealed and the
111 following is substituted in lieu thereof (*Effective July 1, 2003*):

112 (a) For purposes of this section, (1) "psychotropic drugs" means
113 prescription medications for behavioral or social-emotional concerns,

114 such as attentional deficits, impulsivity, anxiety, depression and
115 thought disorders, and includes, but is not limited to, stimulant
116 medication and antidepressants, and (2) "school health or mental
117 health personnel" means school nurses or nurse practitioners
118 appointed pursuant to section 10-212, school medical advisors
119 appointed pursuant to section 10-205, school psychologists, school
120 social workers, school counselors and such other school personnel who
121 have been identified as the person responsible for communication with
122 a parent or guardian about a child's need for medical evaluation
123 pursuant to a policy adopted by a local or regional board of education
124 as required by subsection (b) of this section.

125 (b) Each local and regional board of education shall adopt and
126 implement policies prohibiting any school personnel from
127 recommending the use of psychotropic drugs for any child. Such
128 policies shall set forth procedures (1) for communication between
129 school health or mental health personnel and other school personnel
130 about a child who may require a recommendation for a medical
131 evaluation, (2) establishing the method in which school health or
132 mental health personnel communicate a recommendation to a parent
133 or guardian that such child be evaluated by an appropriate medical
134 practitioner, and (3) for obtaining proper consent from a parent or
135 guardian of a child for the school health or mental health personnel to
136 communicate about such child with a medical practitioner outside the
137 school who is not a school employee. The provisions of this section
138 shall not prohibit (A) school [medical staff] health or mental health
139 personnel from recommending that a child be evaluated by an
140 appropriate medical practitioner, [or prohibit] (B) school personnel
141 from consulting with such practitioner with the consent of the parents
142 or guardian of such child, (C) the planning and placement team from
143 recommending a medical evaluation as part of an initial evaluation or
144 reevaluation, as needed to determine a child's (i) eligibility for special
145 education and related services, or (ii) educational needs for an
146 individualized education program.

This act shall take effect as follows:	
Section 1	<i>July 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>
Sec. 3	<i>July 1, 2003</i>
Sec. 4	<i>July 1, 2003</i>
Sec. 5	<i>July 1, 2003</i>

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:

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 04 \$	FY 05 \$
Local and Regional School Districts	Cost	Minimal	Minimal

Explanation

The bill's requirement concerning children with attention-deficit hyperactivity or learning disabilities with regard to in-service training (section 3 of the bill) may require some school districts to alter their in-service training programs. Any alterations are expected to result in minimal costs that each district can accommodate within their currently available resources.

All other sections of the bill are technical and/or have no fiscal impact.

OLR Bill Analysis

sHB 6689

AN ACT CONCERNING MEDICATION IN SCHOOL

SUMMARY:

This bill:

1. requires school boards to let diabetic students test their own glucose levels in school if a physician's written order states the student needs to self-test and is capable of doing so;
2. expands the types of school personnel who can administer medication to students under certain circumstances;
3. specifies the school personnel who can recommend medical evaluations for students, requires school board policies to address procedures for recommending such evaluations, and clarifies and expands the provisions of the law requiring school boards to adopt policies prohibiting school personnel from recommending psychotropic drugs for a child;
4. requires school boards to honor advanced practice registered nurses' (APRNs) orders restricting a student's physical activity in school; and
5. explicitly requires in-service programs on the development of exceptional children that school districts must offer for certified school personnel to cover students with attention-deficit hyperactivity disorder (ADHD) and learning disabilities.

The bill also makes a technical change.

EFFECTIVE DATE: July 1, 2003, except for the provision concerning glucose self-testing by students, which takes effect October 1, 2003.

GLUCOSE SELF-TESTING IN SCHOOL (§ 2)

The bill bars school boards from prohibiting a child with diabetes from

testing his own blood glucose level if the student has a physician's written order saying he needs to conduct, and is capable of conducting, the self-testing. It requires the education commissioner to consult with the commissioner of public health to develop guidelines for policies and practices concerning children's glucose self-testing under the bill.

ADMINISTERING MEDICATION IN SCHOOL (§ 2)

Students with Allergies

The bill allows a school nurse supervisor and school medical advisor to jointly "preapprove" a plan for a specific school paraprofessional to give medicine to a particular student who has a diagnosed allergy that may require prompt treatment to avoid serious harm or death. (It is not clear whether preapproval of the plan constitutes approval or if a separate action is required.)

Physical and Occupational Therapists

The bill allows a licensed physical or occupational therapist employed by a school district, in the absence of the school nurse and under the nurse's general supervision, to give a student medicine according to the (1) written order of a licensed physician, dentist, APRN, or physician assistant and (2) written authorization by the student's parent or guardian. Under current law, only the following school personnel can give medicine under these circumstances: any licensed nurse, the principal, any teacher, or an intramural or interscholastic athletic coach.

The bill also extends the existing immunity from liability for negligent acts or omissions by school personnel giving medicine under these circumstances to include these licensed physical and occupational therapists.

Regulations on Coaches Giving Medication

The bill requires the public health commissioner to consult with the education commissioner if he adopts regulations specifying the conditions under which coaches can give medicine to students participating in intramural or interscholastic athletics.

SCHOOL POLICIES ON RECOMMENDING PUPIL MEDICAL EVALUATIONS AND PSYCHOTROPIC DRUGS (§ 5)

The bill requires mandatory school board policies prohibiting school personnel from recommending psychotropic drugs for children to include procedures (1) for school health or mental health personnel and other school personnel to communicate with each other about children who may need to be recommended for a medical evaluation, (2) establishing how school health or mental health personnel should communicate the need for evaluation to the children's parents or guardian, and (3) for obtaining proper consent from parents or guardians for the school health or mental health personnel to talk about the children with outside medical practitioners.

Under the bill, the school health and mental health personnel who can communicate about medical evaluations are (1) nurses, (2) nurse practitioners, (3) medical advisors, (4) psychologists, (5) social workers, (6) school counselors, and (7) other school personnel whom a school board identifies in its policy as responsible for communicating with a parent or guardian about a child's need for medical evaluation.

Current law states that it does not prohibit school "medical staff" from recommending appropriate medical evaluation of a child. The bill specifies that the school medical staff who may recommend the medical evaluations are the personnel listed above.

The bill also specifies that neither its policies nor a school board's procedures prevent a child's planning and placement team from recommending a medical evaluation as part of an initial evaluation or reevaluation needed to determine a child's (1) eligibility for special education and related services or (2) educational needs for an individualized education program.

Finally, the bill defines the psychotropic drugs covered by the school recommendation ban as prescription medications, including stimulants and anti-depressants, for behavioral or social-emotional concerns such as (1) attention deficit, (2) impulsivity, (3) anxiety, (4) depression, and (5) thought disorders.

ORDERS RESTRICTING SCHOOL PHYSICAL ACTIVITY (§ 1)

The bill allows an APRN to give a local or regional school board

written notice placing restrictions on a particular pupil's physical activities in school. Under current law, only medical doctors, surgeons, osteopaths, naturopaths, and podiatrists may give the notice. By law, boards must to honor such restrictions.

IN-SERVICE PROGRAMS (§ 3)

The bill explicitly requires the in-service training program on the growth and development of exceptional children that each local and regional board of education must provide for its teachers, administrators, and pupil personnel to cover children with ADHD or learning disabilities. Under current law, the program must cover gifted and talented children and children who may require special education and methods for identifying, planning for, and working effectively with children with special needs in a regular classroom.

BACKGROUND

Related Bill

sHB 5391, reported favorably by the Public Health Committee on April 3, allows school paraprofessionals, nurses, principals, teachers, and coaches to administer epipens ("cartridge injectors") to students with allergies in school, on field trips, and on school buses with a physician's written order and the written authorization of the student's parent or guardian.

COMMITTEE ACTION

Education Committee

Joint Favorable Substitute

Yea 27 Nay 0