



Substitute Senate Bill No. 1070

Public Act No. 13-187

**AN ACT CONCERNING A SCHOOL NURSE ADVISORY COUNCIL
AND AN ADVISORY COUNCIL ON PEDIATRIC AUTOIMMUNE
NEUROPSYCHIATRIC DISORDER ASSOCIATED WITH
STREPTOCOCCAL INFECTIONS.**

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

Section 1. (NEW) (*Effective July 1, 2013*) (a) The Commissioner of Education shall establish a School Nurse Advisory Council consisting of the following members:

- (1) One representative from each state-wide bargaining representative organization that represents school nurses;
- (2) One representative of the Association of School Nurses of Connecticut who is employed in a private or parochial school;
- (3) One representative of the Connecticut Nurses Association;
- (4) One representative of the Connecticut Association of Public School Superintendents;
- (5) One representative of the Connecticut Federation of School Administrators;
- (6) One representative of the Connecticut Association of Boards of

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Education;

(7) Two school district medical advisors, one of whom is a member of the American Academy of Pediatrics;

(8) One representative of the Connecticut Association for Healthcare at Home who is a school nurse; and

(9) The Commissioners of Education and Public Health, or the commissioners' designees who shall be ex-officio, nonvoting members and shall attend meetings of the advisory council.

(b) The advisory council shall advise the Commissioners of Education and Public Health concerning professional development for school nurses, school nurse staffing levels, the delivery of health care services by school nurses in schools and other matters that affect school nurses.

(c) Members shall receive no compensation except for reimbursement for necessary expenses incurred in performing their duties.

(d) The Commissioner of Education shall schedule the first meeting of the advisory council, which shall be held not later than September 1, 2013. The members shall elect the chairperson of the advisory council from among the members of the council who are school nurses. A majority of the council members shall constitute a quorum. A majority vote of a quorum shall be required for any official action of the advisory council. The advisory council shall meet upon the call of the chairperson or upon the majority request of the council members.

(e) Not later than February 1, 2014, and not less than annually thereafter, the advisory council shall submit a report on its recommendations to the Commissioners of Education and Public Health and to the joint standing committees of the General Assembly

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having cognizance of matters relating to education and public health, in accordance with the provisions of section 11-4a of the general statutes. Such report shall include, but need not be limited to, recommendations concerning: (1) Professional development for school nurses; (2) school nurse staffing levels; (3) the delivery of health care services by school nurses in schools; (4) protocols for emergency medication administration; and (5) protocols for evaluating certain temporary medical conditions that may be symptomatic of serious illnesses or injuries.

(f) The Commissioner of Education shall notify each local and regional board of education of the advisory council's recommendations not later than thirty days after the commissioner's receipt of the advisory council's report containing such recommendations.

Sec. 2. (NEW) (*Effective from passage*) (a) There is established an advisory council on pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections and pediatric acute neuropsychiatric syndrome to advise the Commissioner of Public Health on research, diagnosis, treatment and education relating to said disorder and syndrome.

(b) The advisory council shall consist of the following members, who shall be appointed by the Commissioner of Public Health:

(1) An immunologist licensed and practicing in the state who has experience treating persons with pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections and pediatric acute neuropsychiatric syndrome and the use of intravenous immunoglobulin;

(2) A health care provider licensed and practicing in the state who has expertise in treating persons with pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections and

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pediatric acute neuropsychiatric syndrome and autism;

(3) A representative of the Connecticut branch of the P.A.N.D.A.S. Resource Network;

(4) An osteopathic physician licensed and practicing in the state who has experience treating persons with pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections and pediatric acute neuropsychiatric syndrome;

(5) A health care provider licensed and practicing in the state who has expertise in treating persons with Lyme disease and other tick-borne illnesses;

(6) A medical researcher with experience conducting research concerning pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections, pediatric acute neuropsychiatric syndrome, obsessive-compulsive disorder, tic disorder and other neurological disorders;

(7) A certified dietitian-nutritionist practicing in the state who provides services to children with Autism spectrum disorder, attention-deficit hyperactivity disorder and other neuro-developmental conditions;

(8) A representative of a professional organization in the state for school psychologists;

(9) A child psychiatrist who has experience treating persons with pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections and pediatric acute neuropsychiatric syndrome;

(10) A representative of a professional organization in the state for school nurses;

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(11) A pediatrician who has experience treating persons with pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections and pediatric acute neuropsychiatric syndrome;

(12) A representative of an organization focused on Autism;

(13) A parent with a child who has been diagnosed with pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections or pediatric acute neuropsychiatric syndrome and Autism; and

(14) A social worker licensed and practicing in the state.

(c) A representative of the Department of Education Bureau of Special Education shall be a member and the chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health, or the chairpersons' designees shall be members of the task force.

(d) The Commissioner of Public Health, or the commissioner's designee, shall be an ex-officio, nonvoting member of the task force and shall attend all meetings of the advisory council.

(e) Any member of the task force appointed under subsection (c) of this section may be a member of the General Assembly.

(f) All appointments to the advisory council shall be made not later than thirty days after the effective date of this section.

(g) Members shall receive no compensation except for reimbursement for necessary expenses incurred in performing their duties.

(h) The Commissioner of Public Health shall schedule the first meeting of the advisory council, which shall be held not later than

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September 1, 2013. The members shall elect the chairperson of the advisory council from among the members of the council. A majority of the council members shall constitute a quorum. A majority vote of a quorum shall be required for any official action of the advisory council. The advisory council shall meet upon the call of the chairperson or upon the request of a majority of council members.

(i) Not later than January 1, 2014, and annually thereafter, the advisory council shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health. Such report shall include, but need not be limited to, recommendations concerning: (1) Practice guidelines for the diagnosis and treatment of said disorder and said syndrome; (2) mechanisms to increase clinical awareness and education regarding said disorder and said syndrome among physicians, including pediatricians, school-based health centers and providers of mental health services; (3) outreach to educators and parents to increase awareness of said disorder and said syndrome; and (4) development of a network of volunteer experts on the diagnosis and treatment of said disorder and said syndrome to assist in education and outreach.

Approved June 24, 2013