

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 209 CS

Administration of Medication to Public School Students

SPONSOR(S): Barreiro

TIED BILLS:

IDEN./SIM. BILLS: SB 1766

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) PreK-12 Committee	8 Y, 0 N, w/CS	Howlette	Mizereck
2) Health Care Regulation Committee	10 Y, 1 N, w/CS	Hamrick	Mitchell
3) Education Appropriations Committee			
4) Education Council			
5) _____			

SUMMARY ANALYSIS

House bill 209 prohibits recipients of state funds used for educational purposes from requiring a student to be prescribed or administered psychotropic medication as a condition of receiving educational services. The bill also prohibits school or school district personnel from referring a student for diagnosis or treatment for any specified mental disorder without full disclosure. The disclosure must include the following information:

- There is no medical test for a mental disorder;
- Behaviors could be the result of a underlying physical condition;
- Parents should consult a medical doctor;
- Parents have the right to refuse a psychological screening; and
- The label of a mental disorder stays permanently on a student's record.

The bill takes effect upon becoming law.

Substantive Impact

Current law sets standards for the administration of medication and the provision of medical services by district school board personnel. There are no provisions in the section that relate to psychotropic medication. HB 209 establishes specific requirements for psychotropic medications.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government – The bill restricts the ability of state-funded education or school-related services providers to require students to take psychotropic medication.

Safeguard individual liberty – Students receiving state-funded education or school-related services would not be required to take psychotropic medication as a condition of receiving services.

Empower Families – Families of students receiving state-funded education or school-related services would not have to consent to psychotropic medication for their children in order to receive services.

B. EFFECT OF PROPOSED CHANGES:

Current law provides the standards and regulations for assisting students in the administration of prescription medication. House bill 209 defines psychotropic medication and specifically prohibits recipients of state funds used for educational purposes from requiring a student to be prescribed or administered psychotropic medication as a condition of receiving educational services.

The bill requires that psychotropic medication be administered according s. 1006.062, F.S. The bill prohibits school or school district personnel from referring a student for diagnosis or treatment for any specified mental disorder without full disclosure.

The disclosure must include the following information:

- o There is no medical test for a mental disorder;
- o Behaviors could be the result of a underlying physical condition;
- o Parents should consult a medical doctor;
- o Parents have the right to refuse a psychological screening; and
- o The label of a mental disorder will permanently stay on a student's record.

Background

Primary care physicians identify approximately 19 percent of the children they see as having behavioral and emotional problems.¹ A number of treatment options are available to address mental health problems of students, including psychotropic medications. While generally not the first option, the National Institute of Mental Health reports that psychotropic medications may be prescribed when the possible benefits of the medications outweigh the risk and, in particular, when psychosocial interventions are not effective by themselves and there are potentially serious negative consequences for the student.²

The position identified by the U.S. Department of Education relative to the role of the educators as it pertains to prescribing medications is that it is the responsibility of the medical professionals, not the educational professionals, to prescribe any medication.³ However, it is recognized that input about the student's behavior that educators can provide may aid in a diagnosis.

1 President's New Freedom Commission on Mental Health: Report to the President, May 2003.

2 Treatment of Children with Mental Disorders, National Institute of Mental Health, updated June 18, 2001.

3 Letter from Richard Riley of the U.S. Department of Education to Congressman Peter Hoekstra, November 21, 2000.

Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) was reauthorized in 2004. An amendment to the authorizing bill 1350 in the U. S. House of Representatives prohibits State and local educational agency personnel from requiring a student to obtain a prescription for a substance covered by the Controlled Substances Act (21 U.S.C. 801 et seq.) as a condition of attending school, receiving an evaluation, or receiving services.⁴ The Individual Disabilities Education Act (IDEA) of 2004 becomes effective on July 1, 2005.

Schools are required by IDEA to provide services or make modifications or adaptations for students whose disability adversely affects their educational performance.

Section 20 U.S.C.1412, of the IDEA provides that a State educational agency shall prohibit State and local educational agency personnel from requiring a child to obtain a prescription for a substance covered by the Controlled Substances Act as a condition of attending school, receiving an evaluation or receiving services. This does not prohibit teachers or other school personnel from consulting or sharing class-room based observations with parents or guardians regarding a student's academic and functional performance, or behavior in the classroom or school, or regarding the need for evaluation for special education or related services.

Student with a Disability

According to federal regulations a student is determined to have a disability when they have been evaluated and determined to have mental retardation, hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, or other health impairment, deaf-blindness, or multiple disabilities that require special education and related services.⁵

Section 1003.01(3)(a), F.S., provides a definition for an exceptional student, which is any student who has been determined eligible for a special program in accordance with rules of the State Board of Education. The term includes students with disabilities who are mentally handicapped, speech and language impaired, deaf or hard of hearing, visual impaired, dual sensory impaired, physically impaired, emotionally handicapped, specific learning disabled, hospital and homebound, autistic, developmentally delayed children, ages birth through 2 years, with established conditions that are identified in the rules set by the State Board of Education .

Students Diagnosed with Attention Deficit Hyperactivity Disorder

It is estimated that 1.46-2.46 million children or 3-5 percent of the student population have Attention Deficit Hyperactivity Disorder (ADHD).⁶ The diagnostic methods, treatment options, and medications have become controversial subjects, particularly in education.⁷

One of the concerns raised has been that school officials are reported to be offering their diagnosis of ADHD and urging parents to obtain drug treatment for the child.⁸

Students with ADHD may need the services as provided under the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973 to assist them with their educational needs.

4 Public Law 108-446, Part B Individuals with Disabilities Education Improvement Act of 2004, Section 612, Subsection (a)(25), subparagraphs (A) & (B).

⁵ See 34 CFR 300.7(a)(1)

6 Identifying and Treating Attention Deficit Hyperactivity Disorder: A resource for School and Home, U.S. Department of Education, 2003, p. 2.

7 Identifying and Treating Attention Deficit Hyperactivity Disorder, Supra, p. 1.

8 Child Medication Safety Act of 2003, 108th Congress, House of Representatives Report, May 21, 2003, p. 5

Adaptations available to assist students with ADHD include “curriculum adjustments, alternative classroom organization and management, specialized teaching techniques and study skills, use of behavior management, and increased parent/teacher collaboration.”⁹

Authority to Administer Prescription Medication

Currently, s. 1006.062(1), F.S., allows for non-medical district school board personnel to assist students in the administration of prescription medication when certain conditions have been met. These conditions require that each district school board shall include in its approved school health services plan a procedure to provide training by a licensed health professional for designated school personnel to assist students in the administration of prescribed medication. In addition, this section requires each district school board to adopt policies and procedures governing the administration of prescription medication that include the following provisions:

- A written statement from the parent to the school principle granting the school principal or principal’s designee permission during the school day;
- Each prescribed medication to be administered by district school board personnel shall be received, counted, and stored in its original container, and when the medication is not in use, it shall be stored under lock and key in a designated school location.

DSM and ICD-10 Codes for Mental Illnesses

A student’s academic and social/emotional difficulties which may interfere with learning are often first detected in the educational environment. School districts are required to identify, locate and evaluate suspected students with disabilities as noted in the child find requirements within state and federal regulations. Most of the disabilities associated with exceptional student education programs can be found either in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or in the International Classification of Diseases-Version 10 (ICD-10). ICD-10 codes are not applicable to schools; they refer to private mental health practitioners, which are Medicaid billing codes that are used by private providers to the Agency for Health Care Administration. Schools that participate in the Medicaid Certified School Match Program assign ICD-10 diagnosis codes to enable Medicaid billing.

The State Board of Educations’ administrative rules for special programs govern the diagnostic criteria utilized by school psychologists within the State.¹⁰

School Psychologists

School psychologists help children and youth succeed academically, socially, and emotionally. They collaborate with educators, parents, and other professionals to create safe, healthy, and supportive learning environments for all students that strengthen connections between home and school. Licensed school psychologist are governed by chapter 490, F.S., and licensed in accordance to ss. 490.005(1) and 490.006, F.S. In Florida a licensed school psychologist must have a doctoral degree and successfully pass a licensure examination.

School psychologists are highly trained in both psychology and education. Their education emphasizes preparation in mental health, child development, school organization, learning styles and processes, behavior, motivation, and effective teaching. They also may be nationally certified by the National School Psychology Certification Board (NSPCB).¹¹

School psychologists may provide the following services¹²:

Consultation

⁹ Identifying and Treating Attention Deficit Hyperactivity Disorder, Supra, p. 6.

¹⁰ See administrative rules 6A-6.010-6A-6.0131.

¹¹ National Association of School Psychologist, www.nasponline.org

¹² Ibid.

- Collaborate with teachers, parents, and administrators to find effective solutions to learning and behavior problems.
- Help others understand child development and how it affects learning and behavior.
- Strengthen working relationships between teachers, parents, and service providers in the community.

Evaluation

- Evaluate eligibility for special services.
- Assess academic skills and aptitude for learning.
- Determine social-emotional development and mental health status.
- Evaluate learning environments.

Intervention

- Provide psychological counseling to help resolve interpersonal or family problems that interfere with school performance.
- Work directly with children and their families to help resolve problems in adjustment and learning.
- Provide training in social skills and anger management.
- Help families and schools manage crises, such as death, illness, or community trauma.

Prevention

- Design programs for children at risk of failing at school.
- Promote tolerance, understanding, and appreciation of diversity within the school community.
- Develop programs to make schools safer and more effective learning environments.
- Collaborate with school staff and community agencies to provide services directed at improving psychological and physical health.
- Develop partnerships with parents and teachers to promote healthy school environments.

Research and Planning

- Evaluate the effectiveness of academic and behavior management programs.
- Identify and implement programs and strategies to improve schools.
- Use evidence-based research to develop and/or recommend effective interventions.

C. SECTION DIRECTORY:

Section 1: Creates s. 1006.0625, F.S., relating to the administration of psychotropic medication, prohibitions, and conditions.

Section 2: Establishes an effective date upon becoming law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None

2. Expenditures:

Indeterminate. See D. Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

Indeterminate. See D. Fiscal Comments.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

According to the Department of Education, schools receive funding depending upon the needs of the student. The cost will vary by the Individual Education Plans and what services a student, which is determined disabled, requires. The costs can vary from \$3,600-\$20,000.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require a city or county to spend funds or to take any action requiring the expenditure of funds.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

The PreK-12 Committee met on February 22, 2005 and adopted two amendments to the bill.

The first amendment deletes the requirement that psychotropic drugs must be administered by licensed health care professionals, and substitutes the requirement that they be administered according to the provisions of s.1006.062, F.S. which governs school board policy for administration of all other medications. It requires that personnel administering prescription medication must be trained by a licensed RN, LPN, physician or physician assistant; written parental permission must be acquired; security and storage requirements must be met; and school districts are not liable for civil damages. The amendment also deletes the requirement that the administration meet federal HIPAA requirements. Since education records are already protected, no reference is necessary. According to the bill analysis from the Department of Health:

“Education records are protected under the federal Family Education Rights and Privacy Act 20 US 1232g as well as Section 1002.22(3)(d), F.S. Accordingly, a record maintained by a school nurse qualifies as an education record under FERPA. HIPAA specifically excludes education records covered under FERPA from its definition of protected health information. Thus, the reference to HIPAA in section 1006.0625(3)(b) of the bill does not afford the protection that it seems to contemplate.”

The second amendment clarifies that nothing in section (4) of the bill shall prevent a teacher or other school district personnel from sharing observations with parents regarding student performance and behavior.

The Health Care Regulation Committee adopted two amendments on March 23, 2005, and reported the bill favorably with a CS.

Amendment 1-amended the language in subsection (3) that provided that school or school district personnel could not initiate or make referrals. The amendment provides that school personnel may refer for treatment or diagnosis as long as full disclosure occurs.

Amendment 2-is a technical amendment that added the term “anti” on line 28, before “anxiety agents.”

This analysis is drafted to the committee substitute.