

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 279 CS Student and Parent Rights
SPONSOR(S): Grimsley and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 890

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>PreK-12 Committee</u>	<u>7 Y, 0 N, w/CS</u>	<u>Howlette</u>	<u>Mizereck</u>
2) <u>Health Care General Committee</u>	<u></u>	<u>Schiefelbein</u>	<u>Brown-Barrios</u>
3) <u>Civil Justice Committee</u>	<u></u>	<u></u>	<u></u>
4) <u>Education Council</u>	<u></u>	<u></u>	<u></u>
5) <u></u>	<u></u>	<u></u>	<u></u>

SUMMARY ANALYSIS

House bill 279 authorizes severely allergic K-12 students to self-administer epinephrine by auto-injector with parental and physician authorization. The bill requires State Board of Education rules, and provides for indemnification of school districts.

This bill sets an effective date of July 1, 2005.

The bill does not appear to have an impact on state or local revenues.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government - The bill provides the State Board of Education, in cooperation with the Department of Health, with rule-making authority.

Safeguard individual liberty - The bill increases the options of students regarding self-administration of epinephrine.

Promote personal responsibility - The bill allows students to assume responsibility for administering epinephrine, and indemnifies school districts from any liability.

Empower families – The bill supports families’ efforts to help their students take responsibility for self-administration of medication when a life threatening allergic reaction has occurred.

B. EFFECT OF PROPOSED CHANGES:

Current law does not provide for K-12 students to self-administer epinephrine by auto-injectors in classrooms or while engaged in school activities. This bill would allow certain K-12 students to administer epinephrine with an auto-injector and indemnifies the school district of any and all liability with regard to that administration.

C. SECTION DIRECTORY:

Section 1: Amends s.1002.20 (3) (i), F.S., adding new language regarding the administration of epinephrine by auto-injector by certain K-12 students, requires the State Board of Education to adopt rules for such use, and provides for indemnification of school districts.

Section2: Sets an effective date of July 1, 2005.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues: This bill does not appear to have a fiscal impact on state government revenues.
2. Expenditures: This bill does not appear to have a fiscal impact on state government expenditures.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues: This bill does not appear to have a fiscal impact on local government revenues.
2. Expenditures: This bill does not appear to have a fiscal impact on local government expenditures.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

This bill does not appear to have a direct economic impact on the private sector.

D. FISCAL COMMENTS:

See above.

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:

B. RULE-MAKING AUTHORITY:

The Department of Education is provided rule-making authority to implement this act.

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 one amendment to the bill. The bill provides the State Board of Education with rule-making authority, and the amendment requires the rules to address the safety of all students.

The PreK-12 Committee reported the bill favorably as HB 279 with a committee substitute.

This analysis is written to the committee substitute as presented to the Health Care General Committee on March 8, 2005.