

# NYS' Distraction-Free Schools Law: What Providers Need to Know to Support Patients & Families

Supporting Children's Wellness, Learning & Access  
in Light of NYS' Distraction-Free Schools Law

## Guidance for Pediatric Providers



New York State recently issued **guidance restricting smartphones and other internet-enabled personal devices during the school day**, including lunch and study hall. We recognize that this policy **may be challenging for medical and behavioral health providers** and can elicit strong personal emotions. The **goal of this document** is to **provide professional practice guidance** based on the NYS law and scientific research.

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## **KEY POINTS WHEN TALKING WITH FAMILIES ABOUT WHY PERSONAL SMARTPHONES ARE BEING RESTRICTED**

*The science is clear: Too much phone use during the school day can harm learning and mental health.*

- **Learning Disruption:** Frequent phone use during class can significantly disrupt a child's ability to focus and retain information. Even brief distractions from notifications or messages can affect attention and memory. Over time, this can lead to lower academic performance.
- **Mental Health Risk:** Social media and constant connectivity also carry mental health risks. Many young people report feeling pressure to stay connected, compare themselves to others, or navigate online conflict. These dynamics can negatively impact their self-esteem and emotional well-being, even during school hours.
- **Social Disconnection:** Relying on phones during unstructured times like lunch or recess can reduce opportunities for real-life social interaction, which is essential for building healthy relationships and emotional resilience.
- **School Safety:** Students are most likely to be safe during an emergency at school when they are attending to school directions, and not trying to use their cell phone. We recommend that school teams develop plans in collaboration with parents and families for safe contact during an emergency.

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# KEY TALKING POINTS WHEN TALKING WITH FAMILIES ABOUT EXEMPTIONS

**1. Start with Validation and Empathy:** We recognize that the restriction of cell phones at school is a significant change for children and families. Many families feel concerned and stressed about the impact of this law for their child.

**2. Explain Exemptions:** Carrying a cellphone at school will be an **extreme** and **rare occurrence** for **significant medical needs** (see appendix for examples).

**3. Share that Collaboration with Schools is Key:** In all cases, we strongly encourage providers to reach out directly to schools & families to start a discussion with the child's school team to determine options for meeting needs.

## A Few Important Things to Note:

- School districts will require **documentation from a medical professional** that will then be reviewed by each district.
- A **letter from a medical provider does not automatically determine** that a student will receive an **exemption**.
- Any **exemption is subject to the school's review** and **determination**.
- Exemption requests should be noted in the **medical record** and **shared in writing with schools** to **support the school's efforts** on a student's Individualized Healthcare Plan (IHP), Individualized Education Plan (IEP), or 504 Plan.

**4. If Needed, Discuss Concerns Around Mental Health Concerns:** In general, students with mental health concerns (e.g., anxiety, depression ADHD, etc.) will not be included in the exemption.

- Children & teens are **better positioned to learn other coping skills** when **they do not have access to a personal cell phone** at school and are receiving appropriate medical care.
- However, there will be **other ways students can access supports at school** without a personal cellphone/internet-enabled device.
- Providers may consider documenting the **type of strategy/support** patients may benefit from so that the **school team** can **consider how best to meet those needs**
  - *Examples: Listening to music; access to a mood-tracking app; electronic calendars; utilizing a school-owned electronic device or utilizing supports that do not rely on a technological device*

# Appendix A: Exemption Examples by Medical Specialty\*

## Ear, Nose, and Throat

Students with cochlear implants, bone conduction devices, and hearing aids use cell phone apps to adjust the devices, which qualify them for a medical exemption. Specialists may also provide written exemptions for students with tinnitus, who may use cellphones for white noise generation.

## Endocrinology

Students with diabetes who utilize continuous glucose monitoring technology require access to their cell phones during the school day. Specialists should provide recommendations in the student's Diabetes Medical Management Plan for cell phone use in schools.

## Cardiology

Occasionally children utilize looping vent monitors, where a non-personal cell phone is used to send transmission. This requires a student to have this phone in their backpack near them. This device cannot make calls or access the internet but would need to be recognized by the school as an allowed device.

## Gastrointestinal

Occasionally children may undergo testing that includes video capsule endoscopy or pH-impedance studies, and students will be given a recording device that is independent of a cell phone.

## Genetics

Children with metabolic conditions do not routinely need to access their phones as medical needs are typically managed with written communications to a school nurse. Rarely, glucose monitoring may be required for students with rare genetic hypoglycemic disorders.

## Palliative Care and Pain

Children should not require their phones during the day if they have access to a school nurse.

## Physical Medicine and Rehabilitation

Rarely, children may be monitored with smartwatches or wearable heart rate trackers (e.g. FitBit) if they have autonomic dysregulation. Typically, the phone does not have to be in proximity and the data can be synced later in the day.

## Pulmonology

Rarely, children may be monitored for pulmonary function or oxygen saturations using a smart phone app, but most children will be able to go to the school nurse.

## Neurology

Children with epilepsy or seizures, migraines, or other neurological conditions do not require a cell phone in class. If a family is concerned about tracking events, this can be done on paper or through a school nurse.

## Nephrology

Children on dialysis may require access to their phones to access a ride (taxi services).

## Urology

Older children who use catheters may require "timers" to keep to their catheterization or voiding schedule. This is often done with a watch with a timer or smart watch; cell phones may not be required.

\*Citation: These exemption guidelines are taken from the Virginia Consensus Statement created by AAP Virginia Chapter, Children's Hospital of Richmond, Virginia Children's Care Network, Children's Hospital of The King's Daughters, & Fortify Children's Health

Sample medical exemption letter templates can be found [here](#).