

SENATE BILL REPORT

ESSB 6641

As Passed Senate, February 18, 2002

Title: An act relating to accommodating children with diabetes in schools.

Brief Description: Accommodating children with diabetes in schools.

Sponsors: Senate Committee on Education (originally sponsored by Senators McAuliffe and Thibaudeau).

Brief History:

Committee Activity: Health & Long-Term Care: 1/30/02, 1/31/02 [w/oRec-EDU].
Education: 2/4/02, 2/6/02 [DPS].
Passed Senate: 2/18/02, 44-2.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That it be referred to Committee on Education without recommendation.
Signed by Senators Thibaudeau, Chair; Franklin, Vice Chair; Costa, Deccio and Parlette.

Staff: Rhoda Donkin (786-7198)

SENATE COMMITTEE ON EDUCATION

Majority Report: That Substitute Senate Bill No. 6641 be substituted therefor, and the substitute bill do pass.

Signed by Senators McAuliffe, Chair; Eide, Vice Chair; Carlson, Finkbeiner, Kastama, Kohl-Welles, Rasmussen and Zarelli.

Staff: Heather Lewis-Lechner (786-7448)

Background: Diabetes is a chronic illness that results from failure of the pancreas to make insulin, a hormone used to convert sugar into energy. Without insulin, sugar accumulates in the bloodstream and will cause symptoms which can be fatal if not reversed.

It is estimated that one in 500 school-age children has diabetes which must be managed throughout the school day. Treatment includes receiving injections of insulin, testing blood sugar levels, eating nutritious meals and snacks to prevent dangerous fluctuations in blood sugar levels. Children can inject their own insulin and check their blood sugar levels. However, younger children are often not mature enough to manage their insulin needs throughout a school day. Most school districts do not have a school nurse in every school building to assist with diabetes management.

Schools are required by law to maintain safe conditions for children with diabetes and to that end the Office of Public Instruction has issued guidelines for managing diabetic children in

schools. The guidelines prohibit nonlicensed staff from injecting insulin, or glucagon, a substance used in cases of extreme glucose deprivation. The guidelines also prohibit nonlicensed staff from testing blood sugar levels.

There is concern from families of diabetic children that schools inadequately provide for the safe supervision of diabetic children and that more adults in school buildings who can address symptoms and provide support to kids are needed.

Summary of Bill: School personnel, who are called "school diabetes attendants," are authorized to provide the full range of preventive measures and treatments to diabetic children in public and private schools. Upon written request from parents or guardians, school diabetes attendants are permitted to perform blood glucose tests, administer insulin, treat symptoms of high and low blood sugar, including administering glucagon, and keep records. A non-licensed employee who wishes to be a school diabetes attendant must first file a written letter of intent stating his or her willingness to do so and a refusal to file such a letter may not result in any disciplinary action.

School diabetes attendants are trained before the commencement of each school year, according to protocols established by the Nursing Care Quality Assurance Commission. The Nursing Care Quality Assurance Commission updates the guidelines every two years. The Superintendent of Public Instruction may work in cooperation with private organizations that have an expertise in diabetes to provide the training for attendants.

School diabetes attendants are encouraged to be available during regular school hours, during school-sponsored before and after school care programs, and during field trips and extra curricular activities. Attendants must work in cooperation with the school nurse if a school nurse is available.

Appropriation: None.

Fiscal Note: Requested on February 14, 2002.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For (Health & Long-Term Care): Families with diabetic children worry daily about their safety in schools. We need more trained adults to help monitor diabetic children.

Testimony Against (Health & Long-Term Care): This act would mean unlicensed people are volunteering to give injections in schools. This is dangerous and unsafe for children.

Testified (Health & Long-Term Care): PRO: Tina Meyer, Mother of diabetic; Gary McIntosh; Laura Thelander, Kris Worley, American Diabetes Assn.; CON: Margaret Anderson, School Nurse; Gary King, WA Education Assn.; Greg Williamson, Judy Maire, OSPI; Tamara Warnke, WA State Nurses Organization; Barb Randall-Saleh, WA Fed. of Teachers/Paraeducation (concerns).

Testimony For (Education): Parents want some reassurance that there will be someone at the school that is trained and available to help their children with diabetes. One major concern is when the child is on school trips or other school related activities where a nurse

is not present. School staff are already helping in the ways that they can and this bill would give those people the training they need and the ability to help more. There is agreement that we need more school nurses but the question should not be a registered nurse or no one; a well trained staff person is at least one more person to help the children.

Testimony Against (Education): There is a concern about nonlicensed individuals administering insulin. Safe care of children with diabetes is much more than just monitoring blood sugar or giving insulin, it includes many other factors and observations that require more training. What is needed is more nurses in the schools to assist these children rather than less qualified staff. Currently, it is not clear in the bill that this is voluntary and adding another duty to already overwhelmed staff is too much.

Testified (Education): PRO: Linda Mohn, Group Health Coop./ADA; Tina Meyer (w/2 sons), parent; Catherine Ryder (w/daughter), parent; Kris Whirly, Laura Thelander, American Diabetes Association; Bruce Gammon, parent; CON: Ann Simons, Marilyn Ferr, Mary Myers, SNOW; Judy Maire, Greg Williamson, OSPI; Gary King, WEA; Barbara Randall-Saleh, WFT/Para-educators; Doug Nelson, PSE.

House Amendment(s): The language in the original bill was completely struck and the following new language was added.

School districts shall adopt policies that describe the protocols that will be used to help students with diabetes management and treat their disease while the students are in school. A list of what protocols must, at a minimum, be addressed is included in the bill. Each diabetic student shall have an individual health plan prepared that describes the protocols to be used with the student and the plan shall be updated annually.

The Superintendent of Public Instruction and the Department of Health shall develop a uniform policy regarding the training school districts must provide for staff on symptoms, treatment and monitoring of students with diabetes. Training shall be provided by a health care professional and may also be provided by a diabetes educator who is nationally certified.

Parents may designate an adult through proper legal procedures to assist the student in managing his or her diabetes. This parent-designated adult is defined in the bill and must file a written letter showing their intent to act in that capacity. Parents, rather than the school, are responsible for the training of the parent-designated adult.

Private schools are not included in the bill.

Immunity is still provided for but the language is revised to accommodate the other changes in the bill.