

# HOUSE BILL REPORT

## ESSB 6641

---

---

### As Reported by House Committee On:

Education

**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:

Education: 2/26/02, 2/27/02 [DPA].

#### Brief Summary of Engrossed Substitute Bill (As Amended by House Committee)

- Requires school districts to adopt policies and health plans for students with diabetes, and describes some of the required elements of those policies.
- Permits willing school employees to act in lieu of parents to help diabetic students manage and treat their illness while the students are in school or at school-sponsored events.
- Provides school districts, volunteers, school employees, and parent-designated adults with immunity from criminal action or civil damages when they are acting in good faith and in substantial compliance with a diabetic student's health plan and the instructions of the student's health care professional.

---

### HOUSE COMMITTEE ON EDUCATION

**Majority Report:** Do pass as amended. Signed by 11 members: Representatives Quall, Chair; Haigh, Vice Chair; Talcott, Ranking Minority Member; Anderson, Cox, McDermott, Rockefeller, Santos, Schindler, Schmidt and Upthegrove.

**Staff:** Susan Morrissey (786-7111).

### 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, and eating nutritious meals and snacks to prevent dangerous fluctuations in blood sugar levels. Some 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. To assist school districts to that end, the Office of the Superintendent of Public Instruction (OSPI), in conjunction with the American Diabetes Association and the Washington State Task Force For Students with Diabetes, has developed guidelines for working with students with diabetes. The guidelines recommend the development of an individual health plan for diabetic children. The school nurse and the child's parents must be included in the development of the plan. The nurse is responsible for establishing school treatment, disaster, and emergency plans; the coordination of the child's nursing care; and the training and supervision of school staff to monitor and treat the child's symptoms.

The guidelines permit parents to designate an unrelated adult to provide blood sugar testing and insulin administration, if the parents provide legal documents that transfer power of attorney for health care procedures to that designated adult. The parents are encouraged to also hold the district harmless and to absolve the district from responsibility for the costs associated with the procedures done by the designated adult. The guidelines prohibit paid school staff from acting as that designated adult. In addition, the guidelines prohibit nonlicensed school staff from testing blood sugar levels or injecting insulin, or glucagon, a substance used in cases of extreme glucose deprivation.

---

### **Summary of Amended Bill:**

School districts will adopt policies and prepare individual health plans for students with diabetes. The policies will include:

1. The acquisition of parent requests and instructions and medical orders from licensed health care professionals.
2. The storage of medical equipment and medication, the provision of blood tests and insulin to the student, and the establishment of exemptions that will permit the student to manage and treat his or her illness.

3. Permission for a diabetic student to carry necessary supplies and equipment on his or her person and to perform monitoring and treatment functions in the classroom.
4. A description of the student's schedule for meals, testing, insulin injections, and related activities, the development of plans for treating an emergency, the establishment of training for staff working with the students, and the distribution of the student's health plan to staff that work with the student.
5. The specification of people who may assume responsibility for activities contained within the students' plans, the requirement for updating each plan at least annually and for the possession of legal documents for parent designated adults who may help to implement the plan.

The board will consult licensed physicians or nurses during the development of the policies. The board will also designate a health care professional to consult and coordinate with the students' parents and health care providers and to train and supervise school district personnel in the proper way to care for students with diabetes. Training may also be provided by a diabetes educator who is nationally certified.

Designated adults selected by parents to help implement the plan may include school district employees. School districts are not responsible for the training and supervision of parent designated adults. In order to be eligible to act as parent-designated adults, school employees who are not nurses or nursing assistants must file voluntary, written letters of intent stating the employees' willingness to act in that capacity. School employees who do not choose to file the letters will not be subject to any disciplinary action.

School districts and their employees, parent-designated adults, volunteers and agents who, acting in good faith and in substantial compliance with the student's health plan and medical instructions, provide assistance or services under the provisions of this act, are not liable in any criminal action or for civil damages.

**Amended Bill Compared to Engrossed Substitute Bill:**

School districts will adopt policies that describe the protocols that will be used to help students with diabetes manage and treat their disease while the students are in school. Each student with diabetes will have an individual health plan prepared. The plan will describe the protocols to be used with the student. Parent-designated adults, who may be school employees, may help implement the plan. Parents rather than school districts are responsible for the training of parent-designated adults. School districts are responsible for any training needed by other school staff who work with the students. The responsibilities of parent-designated adults are not specified. Private schools are not included, and the immunity language is revised.

---

**Appropriation:** None.

**Fiscal Note:** Preliminary fiscal note available.

**Effective Date of Amended Bill:** The bill takes effect on July 1, 2002.

**Testimony For:** Young students with diabetes need support and assistance in order to manage and treat their illness while the students are in school. The parents of these children sometimes fear that no one in their children's schools knows how to effectively help the students when problems arise. In some schools, the supplies and equipment that students need to test their blood sugar levels and to inject insulin are locked in office cabinets or are otherwise kept from the students. Diabetes is managed differently today that was true even a decade ago. Research has shown that aggressive monitoring of blood sugar and maintaining blood glucose within appropriate levels is vitally important to the maintenance of a diabetic's cardiovascular system, sight, and bone structure. Schools need to provide training to school employees so those employees can be more effective when emergencies arise. This legislation is essential to protect the ability of diabetic children to participate fully in school activities.

(Concerns with proposed striking amendment, addressed in committee amendment)  
School employees need to be able to refuse to become parent-designated adults. The immunity language that applies to oral medications in schools should be included in this legislation. Diabetic children need to have the right to carry their monitoring and treatment supplies and equipment at all times. Diabetes educators who are nationally certified should be permitted to offer some of the training provided to school employees.

**Testimony Against:** Schools need to have more nurses available to assist students with diabetes and other life-threatening illnesses. Relying on volunteers, including unlicensed school employees, to assist diabetic students is not an effective way to help children manage their disease. Trained professionals can do a much better job of helping these students manage and treat their illness, and can help keep accidents from occurring.

**Testified:** (In support) Senator McAuliffe, prime sponsor; Laura Thelander and Kris Desmond, American Diabetes Association; Tina Meyer, citizen; and Bruce Gammon, citizen.

(Comments only) Kyle and Cody Meyer, citizens.

(In support with concerns) Shannon Fitzgerald and Patty Hayes, Department of Health; and Greg Williamson, Office of the Superintendent of Public Instruction.

(With concerns) Ann Simons, School Nurses' Organization of Washington; and Doug Nelson, Public School Employees of Washington.

(Opposed) Marilyn Fenn, School Nurses' Organization of Washington; and Glenda Smell, citizen.

