

SENATE BILL REPORT

SHB 1709

As Reported by Senate Committee On:
Early Learning & K-12 Education, March 27, 2025

Title: An act relating to the care of students with adrenal insufficiency by parent-designated adults.

Brief Description: Addressing the care of students with adrenal insufficiency by parent-designated adults.

Sponsors: House Committee on Education (originally sponsored by Representatives Callan, Steele, Goodman, Reed and Hill).

Brief History: Passed House: 3/11/25, 96-0.

Committee Activity: Early Learning & K-12 Education: 3/19/25, 3/27/25 [DPA].

Brief Summary of Amended Bill

- Requires school districts to provide individual health plans for students with adrenal insufficiency and adopt policies governing student care.
- Establishes eligibility, training, liability, and related provisions for parent-designated adults.

SENATE COMMITTEE ON EARLY LEARNING & K-12 EDUCATION

Majority Report: Do pass as amended.

Signed by Senators Wellman, Chair; Nobles, Vice Chair, K-12; Wilson, C., Vice Chair, Early Learning; Harris, Ranking Member; Cortes, Dozier, Hansen, Krishnadasan and McCune.

Staff: Alex Fairfortune (786-7416)

Background: Medication Administration at School. Before attending school, a child with a

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life-threatening condition must provide to the school a medication or treatment order detailing any medical services that may be required to be performed at school.

Public schools may administer oral, topical, nasal, ear, and eye medications to students in their custody, subject to specified conditions. For example, school districts must adopt policies that address:

- the receipt of a written, current request from a parent or a legal guardian to administer the medication to the student;
- the receipt of a written, current request and instructions from a licensed health professional regarding the administration of prescribed medication to the student; and
- the administration of medication by a designated employee in substantial compliance with the prescription and proper medication procedures. A qualified school nurse must be designated by the school to delegate, train, and supervise the employee in proper medication procedures.

Parent-Designated Adults. School districts are required to provide individual health plans for students with diabetes and for students with seizure disorders. School districts must also adopt policies for students with these health conditions that include minimum components, such as the possession of legal documents for a parent-designated adult (PDA) to provide care, if needed.

A PDA is an adult selected by the parents, who may be a school district employee, who volunteers to provide care for the child consistent with the individual health plan. For PDAs of students with diabetes or seizure disorders, training requirements differ depending on whether the PDA is a school district employee. A PDA must receive additional training from a health care professional or expert in care for the child. The designated school nurse is not responsible for the supervision of the PDA for those procedures that are authorized by the parents.

Adrenal Insufficiency. Adrenal insufficiency is a condition in which the body does not produce enough of the hormone cortisol. Cortisol is involved in a wide range of biological functions, including helping regulate the body's response to stress. When stressed, ill, or injured, people with adrenal insufficiency may experience levels of cortisol low enough to present an imminent risk of shock or death. Acute severe adrenal insufficiency is therefore a life-threatening emergency, which can be treated by administering injectable cortisol or a similar oral medication.

Summary of Amended Bill: School District Policies—Adrenal Insufficiency. School districts are required to provide individual health plans for students with adrenal insufficiency and adopt policies governing the care of these students.

The policies adopted by school districts must comply with requirements for school district policies related to the administration of noninjectable medication by school employees and

must address:

- the acquisition of parent requests and instructions;
- the acquisition of orders from licensed health professionals;
- the provision for storage of medical equipment and medication provided by the parent;
- the establishment of exceptions to school policies necessary to accommodate the student's needs;
- the development of emergency care plans;
- the distribution of individual health plans and emergency care plans to staff;
- the possession of legal documents for PDAs to provide care; and
- the updating of the individual health plan at least annually.

Parent-Designated Adults. Parents of a child with adrenal insufficiency may authorize a PDA to provide care and perform procedures for the child consistent with the child's individual health plan.

Eligibility. A school employee may become eligible to be a PDA by voluntarily filing a letter of intent stating their willingness to serve as a PDA. An employee may not be subject to reprisal or disciplinary action for refusing to file a letter to serve as a PDA.

Training. The PDA must complete training, selected by the parents, in the procedures required to provide care for the child, including the administration of an emergency injection of corticosteroid during an adrenal crisis. The training may be provided by an organization that offers training for school staff or caretakers of children with adrenal insufficiency.

Liability. School districts, school employees, agents, and PDAs that act in good faith and in substantial compliance with statutory requirements and procedures when providing care for students with adrenal insufficiency, are not liable in any criminal action or for civil damages as a result of the services provided to students with adrenal insufficiency.

These provisions are not intended to supersede or modify nurse delegation requirements.

EFFECT OF EARLY LEARNING & K-12 EDUCATION COMMITTEE AMENDMENT(S):

- Removes language that allows training for parent-designated adults to be provided by the child's parent.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Substitute House Bill: *The committee recommended a different version of the bill than what was heard.* PRO: This is adding adrenal insufficiency to the same work that is being done for diabetes and epilepsy. This is no cost to districts because they already have the processes established. Currently, nobody can deliver the injection except for a nurse; paramedic, not an EMT; or parent. When there is not a school nurse the parent has to make sure they are within the 20 minute life-saving radius needed for that injection, as often paramedics can't get there in 20 minutes. Children born with primary adrenal insufficiency are dependent on medication and it is critically lifesaving.

The endocrine team at Seattle Children's Hospital trained the parents and assured them that if the dose or injection is wrong no damage would be done, it is only an issue if the dose is not administered at all. If a nurse is not available a parent has to gamble with their child's safety, miss work, or work from a car in the parking lot. Some students have permission to carry their own medicine but cannot inject it on their own if they are unconscious or incapacitated, and surrounding adults would not legally be able to administer it. This is a proactive approach that protects the life of children who can use timely intervention when every second is critical. Parent-designated adults are a viable and realistic solution to this issue.

OTHER: The inclusion of training by a child's parent for parent-designated adults is inconsistent with existing statutes related to diabetes and epilepsy. As school nurses there is an ethical and legal obligation to have medically accurate training.

Persons Testifying: PRO: Representative Lisa Callan, Prime Sponsor; Mark Harper; Kathryn Mueller; Dawn Harper.

OTHER: Taylor Mason, School Nurse Organization of Washington (SNOW).

Persons Signed In To Testify But Not Testifying: No one.