

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1113 Session of 2009

INTRODUCED BY M. SMITH, BELFANTI, BEYER, BRENNAN, BRIGGS, CALTAGIRONE, DONATUCCI, FABRIZIO, FREEMAN, GEORGE, GRUCELA, HARHAI, HARPER, HENNESSEY, KORTZ, MANN, MCGEEHAN, McILVAINE SMITH, MICOZZIE, MILLARD, MOUL, M. O'BRIEN, PALLONE, READSHAW, SAINATO, SEIP, SIPTROTH, K. SMITH AND YOUNGBLOOD, MARCH 25, 2009

REFERRED TO COMMITTEE ON EDUCATION, MARCH 25, 2009

AN ACT

1 Amending the act of March 10, 1949 (P.L.30, No.14), entitled "An
 2 act relating to the public school system, including certain
 3 provisions applicable as well to private and parochial
 4 schools; amending, revising, consolidating and changing the
 5 laws relating thereto," in school health services, providing
 6 for training of school employees in diabetes care and
 7 treatment, for diabetes medical management plans, for
 8 independent monitoring and treatment and for certain immunity
 9 from civil liability.

10 The General Assembly finds and declares as follows:

11 (1) Diabetes is a serious, chronic disease that impairs
 12 the body's ability to use food. Diabetes must be managed 24
 13 hours a day in order to avoid the potentially life-
 14 threatening, short-term consequences of blood sugar levels
 15 that are either too high or too low, and to avoid or delay
 16 the serious long-term complications of high blood sugar
 17 levels which include blindness, amputation, heart disease and
 18 kidney failure. In order to manage their disease, students
 19 with diabetes must have access to the means to balance food,

1 medications and physical activity level while at school and
2 at school-related activities.

3 (2) The school nurse is the most appropriate person in
4 the school setting to provide care for a student with
5 diabetes. Many schools in Pennsylvania, however, do not have
6 a full-time nurse. Moreover, even when a nurse is assigned to
7 a school full time, he or she will not always be available
8 during the school day, during extracurricular activities or
9 on field trips. Because diabetes management is needed at all
10 times, additional school personnel need to be prepared to
11 provide diabetes care at school and all school-related
12 activities in order for students with diabetes to be
13 medically safe and to have the same access to educational
14 opportunities as do all students in Pennsylvania.

15 (3) There is a significant number of students with
16 diabetes, the effects of which may impact a student's ability
17 to learn and cause serious long-term and short-term medical
18 complications.

19 The General Assembly of the Commonwealth of Pennsylvania
20 hereby enacts as follows:

21 Section 1. The act of March 10, 1949 (P.L.30, No.14), known
22 as the Public School Code of 1949, is amended by adding sections
23 to read:

24 Section 1414.2. Training of School Employes in Diabetes Care
25 and Treatment.--(a) Within ninety days (90) of the effective
26 date of this act, the Department of Education, in cooperation
27 from at least the Department of Health, the American Diabetes
28 Association and the American Association of Diabetes Educators,
29 shall develop and make available to schools guidelines for the
30 training of school employes in diabetes care and treatment. At

1 the minimum, the training guidelines shall include instruction
2 in:

3 (1) recognition and treatment of hypoglycemia and
4 hyperglycemia;

5 (2) understanding the appropriate actions to take when blood
6 glucose levels are outside of target ranges;

7 (3) understanding physician instructions concerning diabetes
8 medication drug dosage, frequency and the manner of
9 administration;

10 (4) performance of finger-stick blood glucose checking,
11 ketone checking and recording the results;

12 (5) the administration of glucagon and insulin and the
13 recording of results;

14 (6) recommended schedules and food intake for meals and
15 snacks, the effect of physical activity upon blood glucose
16 levels and actions to be implemented in the case of schedule
17 disruption;

18 (7) understanding how to perform basic insulin pump
19 functions; and

20 (8) recognizing complications that require emergency
21 assistance.

22 (b) The governing board of each school entity shall direct
23 the school nurse or school physician to select at least three

24 (3) school employes from each school in which a diabetic student
25 is enrolled to receive the training as described in subsection

26 (a) and determine by whom the training is to be provided. School
27 employes may not be subject to any penalty or disciplinary
28 action for refusing to serve as trained diabetes personnel.

29 Training required under this section may be provided by a school
30 nurse, school physician or other health care professional with

1 expertise in diabetes.

2 (c) Training shall take place prior to the commencement of
3 each school year or as needed when a diabetic student is newly
4 enrolled or a student is newly diagnosed with diabetes. Training
5 shall be coordinated by a school nurse.

6 (d) For the purposes of this section, "school" means any
7 elementary or secondary public charter or nonpublic school,
8 intermediate unit or area vocational-technical school. "School
9 entity" means any school district, intermediate unit, area
10 vocational-technical school, charter school or nonpublic school
11 located in this Commonwealth.

12 Section 1414.3. Diabetes Medical Management Plan.--(a) At
13 the beginning of each school year, upon enrollment or diagnosis,
14 a diabetic student who seeks diabetes care in school shall
15 submit to the school nurse or school physician a diabetes
16 medical management plan, which outlines the health services
17 needed by the student while at school. All diabetes care
18 provided to a student shall be consistent with the diabetes
19 medical management plan of the student. The diabetes medical
20 management plan shall be developed by the student's parent or
21 guardian along with the student's physician, certified
22 registered nurse practitioner or physician assistant and may
23 include written authorization allowing:

24 (1) trained diabetes personnel to perform diabetes care and
25 treatment upon the child if the parent or guardian so requests,
26 including, but not limited to, responding to blood glucose
27 levels that are outside of the student's target range;
28 administering glucagon; administering insulin or assisting a
29 student in administering insulin through the insulin delivery
30 system the student uses; providing oral diabetes medications,

1 checking and recording blood glucose levels and ketone levels or
2 assisting a student with such checking and recording; and
3 following instructions regarding meals, snacks and physical
4 activity; and

5 (2) the child to conduct independent monitoring and
6 treatment in school, if the parent or guardian so requests. If
7 this request is made, the physician, certified registered nurse
8 practitioner or physician assistant shall provide a written
9 statement in the plan indicating the student has successfully
10 demonstrated capability of independent monitoring and
11 responsible behavior in self-administering treatment or
12 prescribed medication.

13 (b) Notwithstanding any authorization granted pursuant to
14 subsection (a) (1), a school nurse shall be the primary provider
15 of diabetes care and treatment and responsible for any
16 delegation of care.

17 (c) Any diabetic student unable to or prevented from
18 submitting a diabetes medical management plan to his or her
19 school nurse or school physician shall not be precluded from
20 receiving school nurse services, including the care and
21 treatment of diabetes.

22 (d) For purposes of this section, "trained diabetes
23 personnel" means a school employe, other than a school nurse or
24 school physician, or a nonhealth care professional trained in
25 accordance with section 1414.2. Functions performed by these
26 professionals shall not constitute the practice of nursing and
27 shall be exempted from all applicable statutory and/or
28 regulatory provisions that restrict what functions can be
29 performed by a person who is not a licensed health care
30 professional or that can be delegated by a licensed health care

1 professional.

2 Section 1414.4. Independent Monitoring and Treatment.--(a)
3 The governing board of each school entity shall develop a
4 written policy allowing diabetic students to possess on their
5 person at all times all necessary supplies, equipment and
6 prescribed medication to perform self-monitoring and treatment.

7 (b) The student with diabetes shall be permitted to perform
8 blood glucose checks, treat hypoglycemia and hyperglycemia and
9 otherwise attend to the care and management of his or her
10 diabetes in the classroom in any area of the school or school
11 grounds and at any school-related activity if requested by the
12 parent or guardian.

13 (c) The policy may revoke or restrict a student's
14 independent monitoring and treatment privileges if school
15 policies are abused or ignored.

16 Section 1414.5. Required Care.--(a) At least one trained
17 diabetes personnel shall be on site and available to provide
18 treatment and care to diabetic students during regular school
19 hours and at all school-sponsored activities, including, but not
20 limited to, extracurricular activities and field trips, where a
21 student with diabetes is a direct participant. No student shall
22 be required to attend another school solely because she or he
23 has diabetes.

24 (b) The governing board of each school entity shall develop
25 a written policy that requires the distribution of information
26 to school bus drivers that identifies diabetic students, the
27 potential emergencies that may occur as a result of the
28 student's diabetes and the appropriate responses to such
29 emergencies and emergency contact information for students with
30 diabetes.

1 Section 1414.6. Immunity from Civil Liability.--No
2 physician, nurse, school employe, trained diabetes personnel or
3 school entity shall be liable for civil damages as a result of
4 the activities authorized by this legislation when such acts are
5 performed as an ordinary reasonably prudent person would have
6 acted under the same or similar circumstances.

7 Section 2. This act shall take effect as follows:

8 (1) The addition of section 1414.5 of the act shall take
9 effect in 150 days.

10 (2) The remainder of this act shall take effect
11 immediately.