

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 431 Session of 2011

INTRODUCED BY M. SMITH, TALLMAN, BRIGGS, CALTAGIRONE, D. COSTA, DEASY, DeLUCA, FRANKEL, GEIST, GEORGE, GOODMAN, HENNESSEY, JOSEPHS, KOTIK, MANN, MICOZZIE, MILLARD, MURT, M. O'BRIEN, PAYTON, ROEBUCK, K. SMITH, WHITE AND YOUNGBLOOD, FEBRUARY 3, 2011

REFERRED TO COMMITTEE ON EDUCATION, FEBRUARY 3, 2011

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,
20 medications and physical activity level while at school and

1 at school-related activities.

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

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

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

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

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

1 include instruction in:

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

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

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

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

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

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

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

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

21 (b) The governing board of each school entity shall direct
22 the school nurse or school physician to select at least three
23 (3) school employees from each school in which a diabetic student
24 is enrolled to receive the training as described in subsection
25 (a) and determine by whom the training is to be provided. School
26 employees may not be subject to any penalty or disciplinary
27 action for refusing to serve as trained diabetes personnel.
28 Training required under this section may be provided by a school
29 nurse, school physician or other health care professional with
30 expertise in diabetes.

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

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

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

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

assisting a student with such checking and recording; and
following instructions regarding meals, snacks and physical
activity; and

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

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

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

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

Section 1414.4. Independent Monitoring and Treatment.--(a)

The governing board of each school entity shall develop a written policy allowing diabetic students to possess on their person at all times all necessary supplies, equipment and prescribed medication to perform self-monitoring and treatment.

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

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

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

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

Section 1414.6. Immunity from Civil Liability.--No

1 physician, nurse, school employe, trained diabetes personnel or
2 school entity shall be liable for civil damages as a result of
3 the activities authorized by this legislation when such acts are
4 performed as an ordinary reasonably prudent person would have
5 acted under the same or similar circumstances.

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

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

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