SUBJECT: Individual health plans and self-care for students with diabetes

COMMITTEE: Public Health — committee substitute recommended

VOTE: 7 ayes — Capelo, Laubenberg, Coleman, Dawson, McReynolds, Taylor, Zedler

0 nays

2 absent — Truitt, Naishtat

SENATE VOTE: On final passage, May 15 — voice vote

WITNESSES: For — *(On Senate engrossed version:)* Heather Spicer; *(On committee substitute:)* Lawrence Harkless, Texas Diabetes Council

Against — None

BACKGROUND: The federal Americans with Disabilities Act (ADA) prohibits discrimination against qualified people with disabilities. The Rehabilitation Act of 1973 similarly protects people with disabilities against discrimination. It covers all public schools and day-care centers and private institutions that receive federal funds. Under the Individuals with Disabilities Education Act (IDEA), the federal government provides financial assistance to educational agencies to help them provide free, appropriate public education to children with disabilities that adversely affect their educational performance.

DIGEST: CSSB 1662 would require a parent and personal health-care team, comprising a student's physician and relevant school employees, to develop an individual health-care plan for each student seeking diabetes care while at school. The plan would have to identify the health-care services a student could receive at school and would have to be signed by both the parent and the student's health-care team and be reviewed by the school. The bill would require the Texas Diabetes Council to develop guidelines to train school employees in caring for students with diabetes and would designate six health-care and educational entities to assist the council in this task.

A school district's board of trustees would have to ensure that there was at least one trained diabetes care assistant at each campus attended by one or more students with diabetes. A school employee would not have to be a health-care professional to be designated as the diabetes care assistant, and a school board could not require a school employee to serve as the assistant. The school would have to ensure that the diabetes care assistant was present and available during the regular school day. If a school nurse was not assigned to a campus, the school's diabetes care assistant would have to have access to a health-care provider with expertise in diabetes care.

School districts would have to provide annual training, as specified by the bill, free of charge to a school employee who wished to be designated as a diabetes care assistant. By the parent's written request and in compliance with a student's health-care plan, the diabetes care assistant would have to respond to a student's blood glucose levels if outside of normal range and would have to help the student follow instructions regarding meals, snacks, and physical activity. The school district would have to provide emergency care and contact information to each school employee who was responsible for transporting a diabetic student or supervising the student off-campus.

A school nurse could be recognized as a diabetes care assistant without completing the required training if the nurse was a registered nurse and had completed continuing education hours in advanced diabetes care. A school nurse could supervise other school employees designated as diabetes care assistants.

With the parent's signed consent and in accordance with the student's individual health-care plan, a school could allow a student to manage his or her diabetes independently. Students could perform blood glucose level checks, administer insulin, possess the supplies or equipment necessary for self-care, and otherwise treat themselves on or off campus. A school district could not restrict the assignment of a diabetic student to a particular campus based on the availability of diabetes care assistants.

A trained diabetes care assistant acting in compliance with the bill would not be considered to be practicing professional or vocational nursing. The bill would apply only to elementary and secondary schools within an independent school district.

The bill would take effect September 1, 2003, and would apply beginning with the 2004-05 school year.

SUPPORTERS SAY:

The purpose of CSSB 1662 is to support diabetic students' management of their disease while at school. The bill would allow students to follow their physicians' orders at school, free students to focus on educational goals rather than leaving the classroom to manage their glucose levels, and allow them to care for themselves during school hours as they do at home. It would enable students to be as productive as possible while in school without their health becoming a hindrance or being jeopardized because of the school's inability to deal with it effectively.

Schools increasingly must address the health-care needs of diabetic students, because juvenile onset diabetes is the second most common chronic disease in children and Type II diabetes rates are rising among children and adolescents, even those as young as four years of age. A child can manage the disease but needs a good support network. Diabetes is unique to each person it affects. CSSB 1662 rightly would require the development of individual health-care plans appropriate for each student.

Currently, schools have no training standards to support diabetic children in their self-care, nor are they uniformly supportive of children's efforts to do so. Students often must leave the classroom for the nurse's office to check their blood sugar levels, disrupting the learning environment for all students in the classroom. In most elementary schools, students may not administer their own insulin injections. A parent or nurse must give the injection, even though at many schools, the nurse is not on campus every day. In some districts, secondary students may administer their own injections if they demonstrate proficiency in doing so.

Though self-care is used primarily by adolescents, chronological age cannot dictate a person's ability to manage his or her disease. The Children's Hospital Diabetic Education Team recommends that students administer their own injections for diabetes by age seven or eight, if they are ready to do so. Some children may be able to provide self-care at age eight and others not until age 15 or later. Thus, school policies that restrict self-care based on the student's age may benefit school personnel, but they do not benefit diabetic children.

It is vital that diabetic children be able to self-administer blood glucose tests and insulin at school. Consistent monitoring is crucial to avoid emergency situations that can create heart, kidney, and nerve disorders. The ADA, the Rehabilitation Act, and IDEA have established diabetic children's rights to require the school to make reasonable changes in its practices to avoid discrimination. Some students and parents who have pursued their rights under this federal legislation have achieved successful accommodation of the student's needs. However, these gains are not universal and many families do not know to pursue them.

Carrying needles, eating in class, and self-medicating run counter to school policies in almost all instances. However, diabetes is a medical condition that requires special treatment. Under CSSB 1662, only students who had insulin injections prescribed by their physicians and approved in their individual health-care plans would be authorized to carry needles, thus minimizing the risk of needle misuse. Many students probably would prefer to store their supplies in the nurse's office or at another available location for routine injections.

Implementing this bill would not be a significant burden for schools. Diabetes educators and organizations would provide the necessary training free of charge, saving schools the cost of training. Multiple doctors and diabetes educators already have expressed their willingness to donate their time, and existing training resources on the topic are available free of charge through distance learning, video, and teleconferencing. Some school officials would welcome the opportunity to become trained in diabetes care and would volunteer for designation as trained health care assistants. Training should take no more than four hours and could be performed on the volunteer's own time, rather than during school hours.

Currently, schools have no trained diabetes care assistants on campus. This legislation would take the first step by requiring each campus with a diabetic student to have at least one diabetic care assistant. Doing so would protect these students much better and would be a significant improvement over the status quo. In the future, the Legislature might choose to require more than one trained diabetes care assistant per campus. However, CSSB 1662 effectively would balance student health with school districts' abilities to absorb new initiatives.

OPPONENTS SAY:

Children are often unpredictable in their behavior, and allowing those with diabetes to carry needles for insulin injections at school could be risky. A normally responsible child could err in judgment or, through innocent play, accidentally hurt himself or herself or classmates. Also, another child could steal a needle and use it as a weapon. CSSB 1662 would make classroom management more difficult as teachers sought to protect the welfare of all students and personnel from misuse of needles and other diabetes care supplies. Teachers already have enough disciplinary challenges and should not have to monitor the use of needles and drugs in the classroom.

CSSB 1662 would impose an unfunded mandate on Texas public schools, which would have to pay training costs, substitute staff, training materials, and, in some cases, compensatory time. Public schools cannot absorb any new unfunded mandates. School funding already is stretched to its limit in many districts. Many schools do not have a nurse on campus every day, so they would have to rely on employees to volunteer for training as diabetes care assistants.

The bill would increase school districts' noninstructional duties and take resources away from instruction, though the Legislature has signaled a desire to move in the opposite direction. Also, the bill could set a precedent of requiring individual health plans for treatment of other diseases, such as asthma and behavioral disorders, which would place another layer of burden on school personnel.

OTHER OPPONENTS SAY:

CSSB 1662 would not go far enough to protect diabetic students. Each campus with a diabetic student would have to have only one trained diabetes care assistant. However, if that person was not on campus at all times, diabetic students could find themselves in an emergency situation without assistance. If the bill's purpose is to support students' diabetes management, it would fail to do so adequately. It should be amended to require that schools have enough trained diabetes care assistants to ensure that at least one was on campus at all times.

NOTES:

The committee substitute added language that would:

- define a personal health-care team;
- require that a parent or guardian sign a student's health care plan;

- include the Texas School Nurses Organization on the list of entities to develop care guidelines with the Texas Diabetes Council;
- change the required educational requirements of a school nurse providing diabetes care from those in the engrossed bill;
- require that training be provided free of charge to diabetes care assistants;
- reduce the number of required diabetes care assistants at each school from three to one; and
- require that all employees responsible for transporting a child receive the same information as the engrossed bill would have mandated for bus drivers.