F I S C A L I M P A C T R E P O R T

SPONSOR Stewart **ORIGINAL DATE** 1/20/19 **LAST UPDATED** 1/30/19 **HB**

SHORT TITLE Student Diabetes Management Act **SB** 48/aSJC/aSFl#1

ANALYST Liu

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		See Fiscal Implications				

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Medical Board (MB)
Public Education Department (PED)
Department of Health (DOH)
Board of Nursing (BN)
Regional Education Cooperatives (REC)

SUMMARY

Synopsis of SFl#1 Amendment

The Senate Floor #1 amendment strikes provisions of the bill that prevent disciplinary action against school employees who refuse to serve as diabetes care personnel, prohibit schools from discouraging employees from volunteering for training, and prevent disciplinary action against health care practitioners or school employees by professional licensing rules or school policies if these individuals carry out provisions of the act in a reasonably prudent manner.

Synopsis of SJC Amendment

The Senate Judiciary Committee amendment makes technical corrections and strikes references to DOH, effectively making regulation of student diabetes management the responsibility of PED and school districts.

Synopsis of Original Bill

Senate Bill 48 would establish several provisions aimed at safeguarding the well-being of children with diabetes in schools. The bill would require DOH and PED work with the New Mexico School Nurses Association and the Juvenile Diabetes Research Foundation to assemble a training program for school personnel in diabetes care, ensure knowledgeable staff are constantly available to students with diabetes – especially for emergencies. The bill specifies a number of components to be included in the training program. A minimum of two school employees would be trained in each school attended by any student with diabetes of either type.

The bill specifies recruitment techniques for schools that might have difficulty achieving two volunteers, including assurance that they would be protected from liability as noted below. Annual training would be provided, especially in emergency care and the recognition of the effects of high and low blood glucose levels. Individuals carrying out the provisions of the act would be given immunity from liability if acting in a reasonably prudent manner. **The Senate Floor #1 amendment strikes this provision from the bill.**

Another provision of the bill mandates that each student would have a diabetes medical management plan, which would be the responsibility of the parent or guardian and the child's medical provider. The school nurse or trained school employees would be responsible for implementation of the plan to assure the child's safety, and at least one of these would be present during the school day and on all transportation to school or field trips or at other offsite excursions.

School districts would not be permitted to assign a student with diabetes to a school other than the one to which he would go otherwise on the basis of lack of a school nurse or of personnel trained in the prescribed manner. Schools would also not be permitted to pressure parents to provide diabetes care at school, but would allow students with diabetes to participate in their own care (including measurement of blood glucose and injection of insulin) on the written request of the parent or guardian. This could be done in any area of the school, but also in a private area if that were requested.

School districts would be required to report to PED and DOH on the number of children with diabetes being served and the district's compliance with the bill's provisions. Parents or guardians also have a right to bring an administrative complaint to PED against any school or governing body that fails to adhere to the requirements outlined in the bill.

FISCAL IMPLICATIONS

The bill does not make an appropriation. Costs for training materials, development, and implementation would be borne by school districts, DOH, or PED. It is likely that physicians could be induced to volunteer their time in these efforts. These costs are expected to be minimal.

Other costs associated with the bill may include complaints brought forth by parents or guardians against schools that fail to meet training or care obligations outlined in the bill. The fiscal impacts of these issues is indeterminate at this time.

SIGNIFICANT ISSUES

In the bill's first section, a number of terms are defined. "Diabetes", importantly, is defined as including both type I diabetes and type II diabetes. Type I diabetes, formerly known as "juvenile diabetes" is the less common and more immediately dangerous. Type II diabetes, once known as "adult-onset diabetes," has become much more common in adults and is being increasingly recognized in children and adolescents, concomitantly with (and probably caused by) the increase in childhood, adolescent and adult obesity.

According to the PED, 24.6 percent of visits to the student health office are chronic disease related. In FY17, 993 public school students were identified as having a diabetes diagnosis, representing 14.4 percent of medically complex procedures performed by school nursing staff.

PED notes diabetes care for students in New Mexico schools is currently guided by one or more of the following documents: a student's Individualized Healthcare Plan (IHP), Individualized Education Program (IEP), or Section 504 plan. Each of these plans includes student, parent, and health services staff engagement to support the student's diabetes management plan. The bill ensures the obligations of school districts under the federal Individuals with Disabilities Act or a Section 504 plan remain in force. SB48 should also consider IHPs as they are currently designed to support a medical management plan for diabetes.

The bill specifies that all school nurses and diabetes care personnel receive an annual training and sets forth several criteria for training content. The bill also proposes that diabetes care personnel be trained within schools to provide care to students with diabetes. The training would include recognition of hypo- and hyperglycemia, understanding of target ranges for blood glucose levels, performing blood glucose and ketone testing, administering glucagon and insulin, recognizing emergency complications related to diabetes, and the interaction of food intake and physical activity on blood glucose levels.

PED notes the bill does not require the diabetes care personnel be health care practitioners but does require the training of a minimum of two school employees at each school attended by a student with diabetes. In lieu of the availability of a full-time nurse, the bill allows for the provision of the second trained employee to serve as a diabetes care professional. This means, in instances where a full-time nurse is not available, that the diabetes care personnel may not necessarily have any type of health care background and still be allowed to provide diabetes care to students.

The Institute for Safe Medication Practices identifies diabetes medications, such as insulin and oral hypoglycemic agents, as "high-alert" medications. This means that these medications "bear a heightened risk of causing significant patient harm when they are used in error." Many hospitals have a policy that requires insulin dosing to be double-checked by two healthcare professionals. The Joint Commission recommends establishing a system where one nurse prepares the dose of insulin and another reviews it. The National Institute of Health recommends a team of "health care professionals" to help in diabetes self-care. As such, PED notes careful consideration should be given to who is allowed to administer these types of medication.

MB notes many schools do not have on-site school nurses. Further, schools with nurses may not always be able to give early intervention when a diabetic child begins experiencing difficulties with blood sugars that are either too high (hyperglycemia) or too low (hypoglycemia). There are

several successful plans in effect around the nation that help school personnel (non-medical-practitioners) recognize signs of trouble (notably hyperglycemia and hypoglycemia). The bill proposes a training program for specific personnel to recognize early-onset diabetic problems and to act appropriately in immediately evaluating the child and rendering specific therapeutic help. The protocols for such evaluation and treatment are carefully taught, and in that process there is participation of parents, primary care practitioners, and school nurses (when they are available in a particular school). Early efforts in New Mexico have already proven to be very successful.

ADMINISTRATIVE IMPLICATIONS

PED notes the bill has some short and long-term administrative implications, such as addressing any administrative complaint brought by a parent or guardian against any school or governing body that fails to meet the requirements in the bill. This would require existing staff to engage in the administrative complaint process and may require existing staff to modify the PED New Mexico Administrative Code (NMAC) rule regarding complaint procedures.

SL/al