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

SPONSOR HEC **ORIGINAL DATE** 2/1/17 **LAST UPDATED** 3/8/17 **HB** 287/HECS

SHORT TITLE Student Diabetes Management Act **SB**

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY18	FY19	FY20	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	0-$800.0*	0-$800.0*	0-$800.0 *	0-$2,400.0*	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases) ***Assumptions on which the calculations are based are given under "Fiscal Implications," below.**

DUPLICATES Senate Bill 148.
Relates to House Bill 160, School District Full Time Nurses, House Bill 87, Diabetes Committee

SOURCES OF INFORMATION
LFC Files

Responses Received From Regarding Identical Senate Bill 148:
Department of Health (DOH)
New Mexico Medical Board (MB)
Department of Health (DOH)
Public Education Department (PED)

SUMMARY

Synopsis of the Committee Substitute for HB 287

The committee substitute for House Bill 287 would establish several provisions aimed at safeguarding the well-being of the growing number of children with diabetes in schools.

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," is 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.

The bill would mandate that the Department of Health and the Public Education Department 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 to be certain that knowledgeable staff would be constantly available to students with diabetes, especially in the recognition and management of 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 three volunteers. Annual training would be provided, especially in emergency care and the recognition of the effects of high and low blood glucose levels.

Section 4 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 and/or the 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 where a child with diabetes was in these settings.

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 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 continue to be bound by the federal Individuals with Disability Act, Section 504 of the federal Rehabilitation Act and the federal Americans with Disabilities Act, regardless of the other provisions of this bill.

Those carrying out the provisions of the act would be given immunity from liability if acting in a reasonably prudent manner.

Students with diabetes and their parents could make an administrative complaint with the public education department against school districts thought to be failing to comply with provisions of the Student Diabetes Management Act.

School districts would be required to report on the number of children with diabetes being served and the district's compliance with aspects of the act.

FISCAL IMPLICATIONS

The bill does not make an appropriation. Costs for training materials development and implementation of trainings would be borne by school districts and/or the DOH or the PED. It is likely that physicians could be induced to volunteer their time in these efforts. PED comments that "The fiscal implications of implementing this training in every school are unclear but could be significant..." and that "The fiscal implications of implementing this training in every school are unclear but could be significant."

Although PED and other agencies have not given an estimate of the costs of 1) training diabetes care personnel, 2) assuring that one diabetes care person is present at all times during the school day in schools where children with diabetes are present and on every bus ride and field trip attended by a child with diabetes, we estimate that these costs could be considerable. Based on the cost of training for school personnel in STEM methodologies, estimated at $425 per employee, and the estimated prevalence of diabetes as one 350 children, LFC staff estimates that approximately 1856 employees trained in diabetes care would be needed throughout New Mexico's schools. It is probable that the cost of training diabetes care personnel could be considerably lower, and could be accomplished with the trainees in situ via a webinar or other centrally-produced web-based method. Therefore the top range of training costs would be $789,000 for the 1000 schools in New Mexico who would have one or more students with diabetes (of course, the estimated 928 children with diabetes are not all in different schools, so the number of schools with at least one diabetic student would be smaller than the total number of New Mexico children with type 1 diabetes, the much more prevalent type among children). It did not seem practically possible to calculate the expense to schools and school districts for having a trained diabetes personnel member present at all off-site events and on each bus ride taken by a child with diabetes.

DOH comments that its Office of School and Adolescent Health's "State School Nurse Consultant, School Health Officer, and Regional School Health Advocates all play an important role in the clinical oversight of school nursing. Some or all of these individuals may be asked to help promulgate the rules, or help implement the training to be developed."

SIGNIFICANT ISSUES

DOH catalogues the many complications that can occur in diabetes children, especially in children whose diabetes is poorly managed. Many of these complications are delayed or avoided if the diabetes is well-controlled.

MB comments that "Many schools do not have on-site school nurses, and those which have may not always be able to give early intervention when a diabetic child begins to get into difficulty with blood sugars that are either too high (hyperglycemia) or too low (hypoglycemia). There are several successful plans in effect around the U.S.A. that use school personnel (non-medical-practitioners) to be able to recognize signs of trouble (notably hyperglycemia and hypoglycemia). SB148 proposes an excellent 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."

DUPLICATION of Senate Bill 148, and possible minimal conflict with New Mexico Administrative Code 6.12.8, which gives schoolchildren the right to carry and use diabetes supplies and medication, subject to certain requirements.

RELATED to Senate Bill 87, which would require DOH to establish a committee of state agencies to report on diabetes care every two years.

TECHNICAL ISSUES

DOH notes that the definition of diabetes (page 1, line 20) should not include prediabetes.

Glucagon (an injectable medication that quickly treats low blood sugar to avoid complications) is not given by the insulin delivery system (page 4, line 7).

Section 4, subsection B (page 7, lines 21 ff.) indicates that a school nurse or trained diabetes care personnel member be available to provide care during "extended offsite excursions and extracurricular activities and on buses where the bus driver is not a diabetes care personnel member." The word "extended" is not defined, and this provision may limit the ability of children with diabetes to participate in such activities as sports away from campus.

ALTERNATIVES

DOH suggests that "Recruiting volunteers to serve as diabetes management personnel may be difficult for school administrators to ensure. An alternative may be to identify the school staff who will interact with the student on a regular basis and train them as part of the student's individualized health care plan.

"Thirty-two of New Mexico's thirty-three counties are designated, in whole or in part, as health care professional shortage areas. Shortages of healthcare personnel available to each school or school district would affect the implementation of this bill."

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Schoolchildren would continue to be at risk from complications of diabetes experienced at school or during school activities.

LAC/jle/al