

TESTIMONY OF
GEORGE A. COLEMAN, ACTING COMMISSIONER OF EDUCATION
ON
RAISED BILL 1178
AN ACT CONCERNING THE CARE AND TREATMENT OF STUDENTS WITH
DIABETES WHILE AT SCHOOL

The Connecticut State Department of Education (CSDE) **strongly opposes** Raised Bill No. 1178, *An Act Concerning the Care and Treatment of Students with Diabetes While at School*. Based on existing CSDE guidelines, policies and plans which are grounded in federal and state laws and provide for the appropriate care of students with diabetes; this bill is in conflict with state and national standards of care and places such students at substantial safety risk.

The CSDE's guidance document for diabetes management in schools, *Learning and Diabetes: A Resource Guide for Connecticut Schools and Families* (2005), available at http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Learning_and_Diabetes.pdf was developed by a broad group of stake holders that included parents, superintendent of schools, a Director of Pupil Services, nursing supervisors, Departments of Education and Public Health, Connecticut Education Association, Connecticut Association of Public School Superintendents, Connecticut Association of Boards of Education, Connecticut Children's Medical Center and Yale-New Haven Hospital and Medical Center. These extensive guidelines address the student, family, provider and schools responsibilities in assisting students with diabetes on a case by case basis according to federal laws such as the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973; the Individuals with Disabilities Education Act of 1976; the Family Education Rights and Privacy Act of 1974; and regulatory standards set by the Occupational Safety and Health Administration (OSHA). It provides guidance on the comprehensive planning involved in accommodating the health needs of diabetic students, including the health care provider's diabetes medical management plan (DMMP), Individual Health Care Plans (IHCP), Emergency Care Plans (ECP), Nutrition and Individualized Meal Plans, Education Plans such as 504 Plan or Individualized Education Program (IEP), physical activity, planning beyond the school day, promoting student independence, as well as the social and emotional aspects of diabetes.

Essential to the care and treatment of students with diabetes, is the assessment, planning, implementation, evaluation, collaboration and overall diabetes management that requires the expertise of the licensed registered nurse or school nurse. This level of responsibility and

delegation in the school setting can only be accomplished by the professional school nurse who has the statutory authority to make such nursing judgments as stipulated in the Connecticut Nurse Practice Act and as reinforced in the Connecticut Board of Examiners for Nursing Declaratory Ruling - *Delegation By Licensed Nurses To Unlicensed Assistive Personnel*, April 5, 1995. The National Association of School Nurses position statement on the *School Nurse Role in Care and Management of the Child with Diabetes in the School Setting*, available at <http://www.nasn.org/Default.aspx?tabid=216>, also states that the school nurse is the only school staff member who has the skills, knowledge base and statutory authority to fully meet the healthcare needs of students with diabetes in the school setting. Under the direction of the school nurse, management strategies are incorporated in a seamless fashion between home and classroom to help the student with diabetes stay healthy, be academically focused and participate in all academic and extracurricular activities with the ultimate goal of self-management. The proposed legislation not only establishes an unsafe level of care; it also suggests that plans may be developed between the parent and principal without any input from the school nurse who is essential to safe care in the school setting.

In addition to the comprehensive guidelines for schools and the national position on diabetes care in schools, Connecticut state laws already allow for unlicensed personnel to provide assistance in carrying out care certain aspects of diabetes management, such as blood glucose monitoring. Based on these laws, the CSDE's *Learning and Diabetes: A Resource Guide for Connecticut Schools and Families* provides guidance on established diabetic procedures to ensure that the appropriate school employees such as, teachers, paraprofessionals, or school-designated care aides are familiar with the 504 plan, IHCP, DMMP and ECP; and are properly trained regarding diabetes, the importance of timely treatment for all aspects of care including hypoglycemia and the specific procedures they may be responsible for during the school day. There is also existing Connecticut state laws that allow for the self-administration of medication by students including insulin (Connecticut General Statutes, Section 10-212a-4), as well as blood glucose self-testing by students with diabetes (Public Act No. 03-211, Section 7).

Finally, the CSDE strongly opposes the use of unlicensed personnel, such as school-designated care aides, to administer insulin medication to students in schools. Connecticut students are afforded the opportunity to have access to school nurses throughout the school day who can properly assess, make critical decisions and administer insulin to those students who are unable to self-administer. Allowing unlicensed diabetic care aides to administer insulin places students at high risk for medication errors and delays in implementing urgent care.

In conclusion, the CSDE **strongly opposes** the language proposed in Raised Bill No. 1178, *An Act Concerning the Care and Treatment of Students with Diabetes While at School*.