

FLOOR AMENDMENT STATEMENT:

No

LEGISLATIVE FISCAL ESTIMATE:

Yes 1-29-09
6-30-09

VETO MESSAGE:

No

GOVERNOR'S PRESS RELEASE ON SIGNING:

No

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government
Publications at the State Library (609) 278-2640 ext. 103 or <mailto:refdesk@njstatelib.org>

REPORTS:

No

HEARINGS:

No

NEWSPAPER ARTICLES:

No

LAW/RWH

[First Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 267

STATE OF NEW JERSEY
213th LEGISLATURE

ADOPTED JUNE 12, 2008

Sponsored by:

Assemblywoman CHARLOTTE VANDERVALK

District 39 (Bergen)

Assemblyman JACK CONNERS

District 7 (Burlington and Camden)

Assemblywoman JOAN M. VOSS

District 38 (Bergen)

Assemblywoman CLEOPATRA G. TUCKER

District 28 (Essex)

Co-Sponsored by:

**Assemblymen Diegnan, McKeon, Assemblywomen Evans, Greenstein,
Senators Turner, Kyrillos and Bucco**

SYNOPSIS

Authorizes parent or guardian to request use of individualized health care plan for student with diabetes and provides for the emergency administration of glucagon for certain students.

CURRENT VERSION OF TEXT

As reported by the Senate Budget and Appropriations Committee on June 22, 2009, with amendments.

(Sponsorship Updated As Of: 6/26/2009)

1 AN ACT concerning the care of students with diabetes and
2 supplementing chapter 40 of Title 18A of the New Jersey
3 Statutes.

4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7

8 1. The Legislature finds and declares that:

9 a. Diabetes is a serious chronic disease that impairs the body's
10 ability to use food, and must be managed 24 hours a day in order to
11 avoid the potentially life-threatening short-term consequences of
12 blood sugar levels that are either too high or too low, and avoid or
13 delay the serious long-term complications of high blood sugar
14 levels that include blindness, amputation, heart disease, and kidney
15 failure;

16 b. In order to manage their disease, students with diabetes must
17 have access to the means to balance food, medications, and physical
18 activity level while at school and at school-related activities;

19 c. The school nurse is the most appropriate person in the school
20 setting to provide care for a student with diabetes, because the
21 school nurse is in a position to coordinate care and educate school
22 staff in the monitoring and treatment of symptoms, develop an
23 individualized health care plan and an individualized emergency
24 health care plan, and consult and coordinate with a student's parents
25 or guardians and health care provider to establish a safe, therapeutic
26 environment;

27 d. Because of the significant number of students with diabetes,
28 the effect of diabetes upon a student's ability to learn, and the risk
29 of serious long and short-term medical complications, the
30 Legislature deems it in the public interest to enact legislation that
31 addresses the care of students with diabetes within the public school
32 system.

33

34 2. As used in this act:

35 "Individualized emergency health care plan" means a document
36 developed by the school nurse, in consultation with the parent or
37 guardian of a student with diabetes and other appropriate medical
38 professionals, which is consistent with the recommendations of the
39 student's health care providers and which outlines a set of
40 procedural guidelines that provide specific directions about what to
41 do in a particular emergency situation and is signed by the parent or
42 guardian and the school nurse.

43 "Individualized health care plan" means a document developed
44 by the school nurse, in consultation with the parent or guardian of a

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Senate SBA committee amendments adopted June 22, 2009.

1 student with diabetes and other appropriate medical professionals
2 who may be providing diabetes care to the student, which is
3 consistent with the recommendations of the student's health care
4 providers and which sets out the health services needed by the
5 student at school and is signed by the parent or guardian and the
6 school nurse.

7 "School" means an elementary or secondary public school
8 located within this State.

9 "School employee" means a person employed by a school
10 district.

11

12 3. a. The parent of guardian of a student with diabetes who
13 seeks diabetes care while at school shall inform the school nurse
14 who shall develop an individualized health care plan and an
15 individualized emergency health care plan for the student provided
16 that:

17 (1) the parents or guardians of the student annually provide to
18 the board of education written authorization for the provision of
19 diabetes care as may be outlined in the individualized plans
20 including authorization for the emergency administration of
21 glucagon and, if requested by the student's parents or guardians
22 pursuant to section 5 of this act, authorization for the student's self-
23 management and care of his diabetes; 'and';

24 (2) '[the parents or guardians of the student annually provide to
25 the board of education written certification from the student's
26 physician that the student has diabetes and, if requested by the
27 student's parents or guardians pursuant to section 5 of this act, that
28 the student is capable of, and has been instructed in, the
29 management and care of his diabetes;

30 (3) the board of education annually informs the parents or
31 guardians of the student in writing that the district and its
32 employees or agents shall incur no liability as a result of any injury
33 arising from the implementation of the individualized plans
34 including the emergency administration of glucagon, or a student's
35 self-management and care of his diabetes; and

36 (4) the parents or guardians of the student annually sign a
37 statement acknowledging that the district shall incur no liability as a
38 result of any injury arising from the implementation of the
39 individualized plans including the emergency administration of
40 glucagon, or a student's self-management and care of his diabetes,
41 and the parents or guardians shall indemnify and hold harmless the
42 district and its employees or agents against any claims arising from
43 the implementation of the individualized plans including the
44 emergency administration of glucagon, or a student's self-
45 management and care of his diabetes] if a request is made by a
46 student's parent or guardian pursuant to section 5 of this act, the
47 student's physician or advanced practice nurse provides written

1 certification to the board of education that the student is capable of,
2 and has been instructed in, the management and care of his
3 diabetes¹.

4 b. The individualized health care plan and individualized
5 emergency health care plan developed in accordance with
6 subsection a. of this section shall be updated by the school nurse
7 prior to the beginning of each school year and as necessary in the
8 event that there is a change in the health status of the student.

9 c. Each individualized health care plan shall include, and each
10 individualized emergency health care plan may include, the
11 following information:

12 (1) the '[definition] symptoms¹ of hypoglycemia for that
13 particular student and the recommended treatment;

14 (2) the '[definition] symptoms¹ of hyperglycemia for that
15 particular student and the recommended treatment;

16 (3) the frequency of blood glucose testing;

17 (4) written orders from the student's physician or advanced
18 practice nurse outlining the dosage and indications for insulin
19 administration and the administration of glucagon, if needed;

20 (5) times of meals and snacks and indications for additional
21 snacks for exercise;

22 (6) full participation in exercise and sports, and any
23 contraindications to exercise, or accommodations that must be made
24 for that particular student;

25 (7) accommodations for school trips, after-school activities,
26 class parties, and other school-related activities;

27 (8) education of all school personnel who may come in contact
28 with the student about diabetes, how to recognize and treat
29 hypoglycemia, how to recognize hyperglycemia, and when to call
30 for assistance;

31 (9) medical and treatment issues that may affect the educational
32 process of the student with diabetes; and

33 (10) how to maintain communications with the student, the
34 student's parent or guardian and health care team, the school nurse,
35 and the educational staff.

36 d. The school nurse assigned to a particular school shall
37 coordinate the provision of diabetes care at that school and ensure
38 that appropriate staff are trained in the care of students with
39 diabetes, including staff working with school-sponsored programs
40 outside of the regular school day, as provided in the individualized
41 health care plan and the individualized emergency health care plan.

42 '[Non-medical staff shall not be trained to treat hyperglycemia.]¹

43

44 4. a. The school nurse shall have the primary responsibility for
45 the emergency administration of glucagon to a student with diabetes
46 who is experiencing severe hypoglycemia. The school nurse shall
47 designate, in consultation with the board of education, additional

1 employees of the school district who volunteer to administer
2 glucagon to a student with diabetes who is experiencing severe
3 hypoglycemia. The designated employees shall only be authorized
4 to administer glucagon, following training by the school nurse or
5 other qualified health care professional, when a school nurse is not
6 physically present at the scene.

7 b. The activities set forth in subsection a. of this section shall
8 not constitute the practice of nursing and shall be exempted from all
9 applicable statutory or regulatory provisions that restrict the
10 activities that may be delegated to a person who is not a licensed
11 health care professional.

12 c. In the event that a licensed athletic trainer volunteers to
13 administer glucagon to a student with diabetes pursuant to
14 subsection a. of this section, it shall not constitute a violation of the
15 "Athletic Training Licensure Act," P.L.1984, c.203 (C.45:9-37.35 et
16 seq.).

17

18 5. Upon the written request of the parent or guardian and as
19 provided in a student's individualized health care plan, a school
20 district shall allow the student to attend to the management and care
21 of the student's diabetes as needed in the classroom, in any area of
22 the school or school grounds, or at any school-related activity if the
23 student has been evaluated and determined to be capable of doing
24 so as reflected in the student's individualized health care plan. The
25 student's management and care of his diabetes shall include the
26 following:

27 a. performing blood glucose level checks;

28 b. administering insulin through the insulin delivery system the
29 student uses;

30 c. treating hypoglycemia and hyperglycemia;

31 d. possessing on the student's person at any time the supplies or
32 equipment necessary to monitor and care for the student's diabetes;

33 e. compliance with required procedures for medical waste
34 disposal in accordance with district policies and as set forth in the
35 individualized health care plan; and

36 f. otherwise attending to the management and care of the
37 student's diabetes.

38

39 6. A school district shall, for each pupil with diabetes whom a
40 school bus driver transports, provide the driver with a notice of the
41 pupil's condition ¹, how to treat hypoglycemia, who to contact in an
42 emergency, ¹ and parent contact information.

43

44 7. Designated areas of the school building shall have posted, in
45 plain view, a reference sheet identifying signs and symptoms of
46 hypoglycemia in students with diabetes.

1 8. The school nurse shall obtain a release from the parent or
2 guardian of a diabetic student to authorize the sharing of medical
3 information between the student's physician or advanced practice
4 nurse and other health care providers. The release shall also
5 authorize the school nurse to share medical information with other
6 staff members of the school district as necessary.

7

8 9. No school employee, including a school nurse, a school bus
9 driver, a school bus aide, or any other officer or agent of a board of
10 education, shall be held liable for any good faith act or omission
11 consistent with the provisions of this act, nor shall an action before
12 the New Jersey State Board of Nursing lie against a school nurse for
13 any such action taken by a person trained in good faith by the
14 school nurse pursuant to this act. Good faith shall not include
15 willful misconduct, gross negligence, or recklessness.

16

17 10. The possession and use of syringes consistent with the
18 purposes of this act shall not be considered a violation of applicable
19 statutory or regulatory provisions that may otherwise restrict or
20 prohibit such possession and use.

21

22 11. A student's school choice shall not be restricted due to the
23 fact that the student has diabetes.

24

25 12. This act shall take effect on the 120th day after the date of
26 enactment.

ASSEMBLY, No. 267

STATE OF NEW JERSEY

213th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2008 SESSION

Sponsored by:

Assemblywoman CHARLOTTE VANDERVALK

District 39 (Bergen)

Assemblyman JACK CONNERS

District 7 (Burlington and Camden)

Assemblywoman JOAN M. VOSS

District 38 (Bergen)

Assemblyman NEIL M. COHEN

District 20 (Union)

Co-Sponsored by:

Assemblymen Diegnan, McKeon and Assemblywoman Evans

SYNOPSIS

Requires training in diabetes care for certain school employees and use of medical management plans in schools for students with diabetes.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel

(Sponsorship Updated As Of: 5/6/2008)

A267 VANDERVALK, CONNERS

2

1 AN ACT concerning the care of students with diabetes and
2 supplementing Title 18A of the New Jersey Statutes.

3

4 BE IT ENACTED by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares that:

8 a. Diabetes is a serious chronic disease that impairs the body's
9 ability to use food, and must be managed 24 hours a day in order to:
10 avoid the potentially life-threatening short-term consequences of
11 blood sugar levels that are either too high or too low; and avoid or
12 delay the serious long-term complications of high blood sugar level
13 that include blindness, amputation, heart disease, and kidney
14 failure;

15 b. In order to manage their disease, students with diabetes must
16 have access to the means to balance food, medications, and physical
17 activity level while at school, and at school-related activities;

18 c. The school nurse is the most appropriate person in the school
19 setting to provide care for a student with diabetes; however, even a
20 nurse who is assigned to a school on a full-time basis will not
21 always be available during the school day, during extracurricular
22 activities or on field trips;

23 d. Because diabetes management is needed at all times,
24 additional school personnel need to be prepared to provide diabetes
25 care at school and all school-related activities in order for students
26 with diabetes to be medically safe and have the same access to
27 educational opportunities as all other students in New Jersey; and

28 e. Because of the significant number of students with diabetes,
29 the effect of diabetes upon a student's ability to learn, and the risk
30 for serious long and short-term medical complications, the
31 Legislature deems it in the public interest to enact the provisions of
32 this act into law.

33

34 2. As used in this act:

35 "Medical management plan" means a document developed by the
36 parent or guardian of a student with diabetes and the student's
37 personal health care team, which sets out the health services needed
38 by the student at school and is signed by at least one member of the
39 student's personal health care team.

40 "School" means an elementary or secondary public school,
41 charter school, or nonpublic school located within this State.

42 "School employee" means a person employed by a public school
43 district, a charter school, or a nonpublic school, a person employed
44 by a local health department and assigned to a school, or a person
45 employed by another entity and assigned to a school to provide
46 health services pursuant to a contract between that entity and the
47 public school district, charter school, or nonpublic school.

1 “Student’s personal health care team” means those health care
2 professionals who provide and guide the diabetes care provided to
3 the student outside of school.

4 “Trained diabetes personnel” means a school employee who is
5 trained in accordance with the provisions of section 3 of this act,
6 but need not be a licensed or certified health care professional.

7
8 3. a. The Commissioner of Health and Senior Services, in
9 consultation with the State Board of Education, shall develop
10 guidelines for the training of school employees in the care needed
11 for students with diabetes, for which purpose the commissioner
12 shall solicit recommendations from at least the following: the
13 American Diabetes Association, the American Association of
14 Diabetes Educators, the New Jersey Academy of Family Physicians,
15 the New Jersey State School Nurses Association, and the New
16 Jersey Diabetes Prevention and Control Program in the Department
17 of Health and Senior Services.

18 The training guidelines shall be fully developed no later than 90
19 days after the effective date of this act and shall include instruction
20 in the following:

21 (1) recognition and treatment of hypoglycemia and
22 hyperglycemia;

23 (2) understanding the appropriate actions to take when a
24 student's blood glucose levels are outside of the target ranges
25 indicated by the student's medical management plan;

26 (3) understanding physician instructions concerning diabetes
27 medication drug dosage, frequency, and the manner of
28 administration;

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

31 (5) the administration of glucagon and insulin and the recording
32 of results; and

33 (6) recommended schedules and food intake for meals and
34 snacks, the effect of physical activity upon blood glucose levels,
35 and actions to be implemented in the case of schedule disruption.

36 b. Each public school district, charter school, and nonpublic
37 school shall ensure that the training outlined in subsection a. of this
38 section is provided, at a minimum, to three school employees, who
39 may include the registered school nurse, at each school that is
40 attended by a student with diabetes no later than the 120th day after
41 the effective date of this act or the 30th day after the parent or
42 guardian of a student with diabetes submits a written request to the
43 school for the use of trained diabetes personnel, whichever date is
44 later.

45 c. The training outlined in subsection a. of this section shall be
46 provided annually by a health care professional with expertise in
47 diabetes, and shall take place prior to the commencement of each

A267 VANDERVALK, CONNERS

4

1 school year or as needed when a student with diabetes is newly
2 enrolled at a school or a student is newly diagnosed with diabetes.

3 d. Each public school district, charter school, and nonpublic
4 school shall, no later than the 120th day after the effective date of
5 this act or the 30th day after the parent or guardian of a student with
6 diabetes submits a written request to the school for the use of
7 trained diabetes personnel, whichever date is later, provide training
8 to all bus drivers responsible for the transportation of a student with
9 diabetes:

10 (1) in the recognition of hypoglycemia and hyperglycemia; and

11 (2) unless cell phone contact between bus drivers and trained
12 diabetes personnel can be arranged, in actions to take in response to
13 emergency situations.

14

15 4. a. The parent or guardian of each student with diabetes who
16 seeks diabetes care while at school shall submit a medical
17 management plan to the school. The plan shall be reviewed by the
18 school prior to the beginning of each school year or upon the
19 enrollment of a student with diabetes or the diagnosis of a student
20 with diabetes.

21 b. In accordance with the request of a parent or guardian of a
22 student with diabetes and the student's medical management plan,
23 trained diabetes personnel shall, no later than the 120th day after
24 the effective date of this act or the 30th day after the parent or
25 guardian submits a written request to the school for the use of
26 trained diabetes personnel, whichever date is later, perform at least
27 the following functions: responding to blood glucose levels that are
28 outside of the student's target range; administering glucagon;
29 administering insulin or assisting a student in administering insulin
30 through the insulin delivery system that the student uses; providing
31 oral diabetes medications; checking and recording blood glucose
32 levels and ketone levels or assisting a student with such checking
33 and recording; and following instructions regarding meals, snacks,
34 and physical activity.

35 c. The school nurse assigned to a particular school shall
36 coordinate the provision of diabetes care at that school, in a manner
37 consistent with the medical management plan for each student with
38 diabetes, and serve as the lead person among the trained diabetes
39 personnel at the school. At least one of the trained diabetes
40 personnel shall be on site and available to provide care to each
41 student with diabetes as set forth in subsection b. of this section
42 during: regular school hours; school-sponsored, before and after-
43 school care programs; field trips; extracurricular activities; and on
44 buses when the bus driver has not completed the necessary training
45 in actions to take in response to emergency situations, unless the
46 bus driver has completed training in the recognition of

1 hypoglycemia and hyperglycemia and cell phone contact between
2 the bus driver and trained diabetes personnel can be arranged.

3 d. There shall be trained diabetes personnel at each school in
4 which a student with diabetes is enrolled, and a student's school
5 choice shall in no way be restricted because the student has
6 diabetes.

7 e. The activities set forth in subsection b. of this section shall
8 not constitute the practice of nursing and shall be exempted from all
9 applicable statutory or regulatory provisions that restrict the
10 activities that may be delegated to a person who is not a licensed
11 health care professional.

12

13 5. Upon the written request of the parent or guardian and
14 authorization by the student's medical management plan, a student
15 with diabetes shall be permitted to: perform blood glucose checks;
16 administer insulin through the insulin delivery system that the
17 student uses; treat hypoglycemia and hyperglycemia, and otherwise
18 attend to the care and management of his diabetes in the classroom,
19 in any area of the school or school grounds, and at any school-
20 related activity; and possess on his person at all times such supplies
21 and equipment as are necessary to perform these monitoring and
22 treatment functions.

23

24 6. A physician, nurse, school employee, public school district,
25 charter school, or nonpublic school shall not be liable for civil
26 damages as a result of the actions authorized by this act when those
27 actions are taken in the same manner as a reasonably prudent person
28 would have acted under the same or similar circumstances.

29

30 7. This act shall take effect immediately.

31

32

33 *SPONSOR'S* STATEMENT

34

35 This bill requires training in diabetes care for certain school
36 employees and the use of medical management plans in schools for
37 students with diabetes.

38 Specifically, the bill provides as follows:

- 39 • The Commissioner of Health and Senior Services, in
40 consultation with the State Board of Education, is to develop
41 guidelines for the training of public, charter and nonpublic
42 school employees in the care needed for students with
43 diabetes, for which purpose the commissioner will solicit
44 recommendations from at least the following: the American
45 Diabetes Association, the American Association of Diabetes
46 Educators, the New Jersey Academy of Family Physicians,
47 the New Jersey State School Nurses Association, and the

- 1 New Jersey Diabetes Prevention and Control Program in the
2 Department of Health and Senior Services.
- 3 • The training guidelines are to be fully developed no later
4 than 90 days after the effective date of the bill and include
5 instruction in the following:
 - 6 -- recognition and treatment of hypoglycemia and
7 hyperglycemia;
 - 8 -- understanding the appropriate actions to take when a
9 student's blood glucose levels are outside of the target ranges
10 indicated by the student's medical management plan;
 - 11 -- understanding physician instructions concerning diabetes
12 medication drug dosage, frequency, and the manner of
13 administration;
 - 14 -- performance of finger-stick blood glucose checking,
15 ketone checking, and recording the results;
 - 16 -- the administration of glucagon and insulin and the
17 recording of results; and
 - 18 -- recommended schedules and food intake for meals and
19 snacks, the effect of physical activity upon blood glucose levels,
20 and actions to be implemented in the case of schedule disruption.
 - 21 • Each public school district, charter school, and nonpublic
22 school is to ensure that the training is provided, at a
23 minimum, to three school employees, who may include the
24 registered school nurse, at each school that is attended by a
25 student with diabetes no later than the 120th day after the
26 effective date of the bill or the 30th day after the parent or
27 guardian of a student with diabetes submits a written request
28 to the school for the use of trained diabetes personnel,
29 whichever date is later.
 - 30 • The training is to be provided annually by a health care
31 professional with expertise in diabetes and take place prior
32 to the commencement of each school year or as needed when
33 a student with diabetes is newly enrolled at a school or a
34 student is newly diagnosed with diabetes.
 - 35 • Each public school district, charter school, and nonpublic
36 school is, no later than the 120th day after the effective date
37 of the bill or the 30th day after the parent or guardian of a
38 student with diabetes submits a written request to the school
39 for the use of trained diabetes personnel, whichever date is
40 later, to provide training provide training to all bus drivers
41 responsible for the transportation of a student with diabetes:
 - 42 -- in the recognition of hypoglycemia and hyperglycemia;
- 43 and
- 44 -- unless cell phone contact between bus drivers and trained
45 diabetes personnel can be arranged, in actions to take in response to
46 emergency situations.

A267 VANDERVALK, CONNERS

- 1 • The parent or guardian of each student with diabetes who
2 seeks diabetes care while at school is to submit a medical
3 management plan to the school, which will be reviewed by
4 the school prior to the beginning of each school year or upon
5 the enrollment of a student with diabetes or the diagnosis of
6 a student with diabetes.
- 7 • In accordance with the request of a parent or guardian of a
8 student with diabetes and the student's medical management
9 plan, trained diabetes personnel, commencing no later than
10 the 120th day after the effective date of the bill or the 30th
11 day after the parent or guardian submits a written request to
12 the school for the use of trained diabetes personnel,
13 whichever date is later, are to perform the following
14 functions: responding to blood glucose levels that are
15 outside of the student's target range; administering glucagon;
16 administering insulin or assisting a student in administering
17 insulin through the insulin delivery system that the student
18 uses; providing oral diabetes medications; checking and
19 recording blood glucose levels and ketone levels or assisting
20 a student with such checking and recording; and following
21 instructions regarding meals, snacks and physical activity.
- 22 • The school nurse assigned to a particular school is to
23 coordinate the provision of diabetes care at that school, in a
24 manner consistent with the medical management plan for
25 each student with diabetes, and serve as the lead person
26 among the trained diabetes personnel at the school. At least
27 one of the trained diabetes personnel is to be on site and
28 available to provide care to each student with diabetes
29 during: regular school hours; school-sponsored, before and
30 after-school care programs; field trips; extracurricular
31 activities; and on buses when the bus driver has not
32 completed the necessary training in actions to take in
33 response to emergency situations, unless the bus driver has
34 completed training in the recognition of hypoglycemia and
35 hyperglycemia and cell phone contact between the bus driver
36 and trained diabetes personnel can be arranged.
- 37 • There are to be trained diabetes personnel at each school in
38 which a student with diabetes is enrolled, and a student's
39 school choice must in no way be restricted because the
40 student has diabetes.
- 41 • Upon the written request of the parent or guardian and
42 authorization by the student's medical management plan, a
43 student with diabetes will be permitted to: perform blood
44 glucose checks; administer insulin through the insulin
45 delivery system that the student uses; treat hypoglycemia
46 and hyperglycemia, and otherwise attend to the care and
47 management of his diabetes in the classroom, in any area of

A267 VANDERVALK, CONNERS

8

- 1 the school or school grounds, and at any school-related
2 activity; and possess on his person at all times such supplies
3 and equipment as are necessary to perform these monitoring
4 and treatment functions.
- 5 • A physician, nurse, school employee, public school district,
6 charter school, or nonpublic school will not be liable for
7 civil damages as a result of the actions authorized by this bill
8 when those actions are taken in the same manner as a
9 reasonably prudent person would have acted under the same
10 or similar circumstances.

ASSEMBLY EDUCATION COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 267

STATE OF NEW JERSEY

DATED: JUNE 12, 2008

The Assembly Education Committee favorably reports an Assembly Committee Substitute for Assembly Bill No. 267.

This committee substitute concerns the care provided at school to public school students with diabetes. Under the substitute's provisions, the parents or guardians of a student with diabetes who seeks diabetes care for that student while at school will inform the school nurse. The school nurse will develop an individualized health care plan and an individualized emergency health care plan for that student provided that the parent or guardian provides annual written authorization for the provision of the diabetes care at school, written certification from the student's physician that the student has diabetes and, if so requested of the school by the parent in accordance with the bill's provisions, that the student is capable of and has been instructed in the care and management of his diabetes, and a written statement from the parent or guardian acknowledging that the district will incur no liability as a result of any injury arising from the implementation of the health care plans.

Each individualized health care plan must include and each individualized emergency health care plan may include the following:

- (1) the definition of hypoglycemia for that particular student and the recommended treatment;
- (2) the definition of hyperglycemia for that particular student and the recommended treatment;
- (3) the frequency of blood glucose testing;
- (4) written orders from the student's physician or advanced practice nurse outlining the dosage and indications for insulin administration and the administration of glucagon, if needed;
- (5) times of meals and snacks and indications for additional snacks for exercise;
- (6) full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;
- (7) accommodations for school trips, after-school activities, class parties, and other school-related activities;
- (8) education of all school personnel who may come in contact

with the student about diabetes, how to recognize and treat hypoglycemia, how to recognize hyperglycemia, and when to call for assistance;

(9) medical and treatment issues that may affect the educational process of the student with diabetes; and

(10) how to maintain communications with the student, the student's parent or guardian and health care team, the school nurse, and the educational staff.

The substitute also addresses the issue of the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. Under the substitute, the school nurse will have the primary responsibility for the emergency administration of glucagon. The school nurse is to designate, in consultation with the board of education, additional employees of the district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia when the school nurse is not physically present.

The substitute provides that upon the written request of a student's parent or guardian, a school district must allow the student to attend to the management and care of his diabetes in the classroom, in any area of the school or school grounds, or at any school-related activity if the student has been evaluated and determined to be capable of doing so as reflected in the individualized health care plan.

The substitute provides that a school district must provide to a school bus driver who transports a pupil with diabetes a notice of the pupil's condition and parent contact information. The substitute also directs a school district to post in designated areas of school buildings a reference sheet identifying signs and symptoms of hypoglycemia.

Finally, the substitute provides that a school employee will not be liable for any good faith action taken in accordance with the substitute's provision.

SENATE EDUCATION COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 267

STATE OF NEW JERSEY

DATED: DECEMBER 8, 2008

The Senate Education Committee favorably reports the Assembly Committee Substitute for Assembly Bill No. 267.

This bill concerns the care provided at school to public school students with diabetes. Under the bill's provisions, the parents or guardians of a student with diabetes who seeks diabetes care for that student while at school will inform the school nurse. The school nurse will develop an individualized health care plan and an individualized emergency health care plan for that student provided that the parent or guardian provides annual written authorization for the provision of the diabetes care at school, written certification from the student's physician that the student has diabetes and, if so requested of the school by the parent in accordance with the bill's provisions, that the student is capable of and has been instructed in the care and management of his diabetes, and a written statement from the parent or guardian acknowledging that the district will incur no liability as a result of any injury arising from the implementation of the health care plans.

Each individualized health care plan must include and each individualized emergency health care plan may include the following:

- (1) the definition of hypoglycemia for that particular student and the recommended treatment;
- (2) the definition of hyperglycemia for that particular student and the recommended treatment;
- (3) the frequency of blood glucose testing;
- (4) written orders from the student's physician or advanced practice nurse outlining the dosage and indications for insulin administration and the administration of glucagon, if needed;
- (5) times of meals and snacks and indications for additional snacks for exercise;
- (6) full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;
- (7) accommodations for school trips, after-school activities, class parties, and other school-related activities;

(8) education of all school personnel who may come in contact with the student about diabetes, how to recognize and treat hypoglycemia, how to recognize hyperglycemia, and when to call for assistance;

(9) medical and treatment issues that may affect the educational process of the student with diabetes; and

(10) how to maintain communications with the student, the student's parent or guardian and health care team, the school nurse, and the educational staff.

The bill also addresses the issue of the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. Under the bill, the school nurse will have the primary responsibility for the emergency administration of glucagon. The school nurse is to designate, in consultation with the board of education, additional employees of the district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia when the school nurse is not physically present.

The bill provides that upon the written request of a student's parent or guardian, a school district must allow the student to attend to the management and care of his diabetes in the classroom, in any area of the school or school grounds, or at any school-related activity if the student has been evaluated and determined to be capable of doing so as reflected in the individualized health care plan.

The bill provides that a school district must provide to a school bus driver who transports a pupil with diabetes a notice of the pupil's condition and parent contact information. The bill also directs a school district to post in designated areas of school buildings a reference sheet identifying signs and symptoms of hypoglycemia.

Finally, the bill provides that a school employee will not be liable for any good faith action taken in accordance with the bill's provision.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, No. 267**

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 22, 2009

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 267 (ACS), with committee amendments.

This bill, with committee amendments, concerns the care provided at school to public school students with diabetes. Under the bill's provisions, the parents or guardians of a student with diabetes who seeks diabetes care for that student while at school will inform the school nurse. The school nurse will develop an individualized health care plan and an individualized emergency health care plan for that student provided that: the parent or guardian provides annual written authorization for the provision of the diabetes care at school; and, if the student's parent or guardian requests that the student be allowed to attend to the management and care of his diabetes at school, the student's physician or advanced practice nurse provides written certification to the board of education that the student is capable of, and has been instructed in, the management and care of his diabetes.

Each individualized health care plan must include and each individualized emergency health care plan may include the following:

(1) the symptoms of hypoglycemia for that particular student and the recommended treatment;

(2) the symptoms of hyperglycemia for that particular student and the recommended treatment;

(3) the frequency of blood glucose testing;

(4) written orders from the student's physician or advanced practice nurse outlining the dosage and indications for insulin administration and the administration of glucagon, if needed;

(5) times of meals and snacks and indications for additional snacks for exercise;

(6) full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;

(7) accommodations for school trips, after-school activities, class parties, and other school-related activities;

(8) education of all school personnel who may come in contact with the student about diabetes, how to recognize and treat hypoglycemia, how to recognize hyperglycemia, and when to call for assistance;

(9) medical and treatment issues that may affect the educational process of the student with diabetes; and

(10) how to maintain communications with the student, the student's parent or guardian and health care team, the school nurse, and the educational staff.

The bill also addresses the issue of the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. Under the bill, the school nurse will have the primary responsibility for the emergency administration of glucagon. The school nurse is to designate, in consultation with the board of education, additional employees of the district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia when the school nurse is not physically present.

The bill provides that upon the written request of a student's parent or guardian, a school district must allow the student to attend to the management and care of his diabetes in the classroom, in any area of the school or school grounds, or at any school-related activity if the student has been evaluated and determined to be capable of doing so as reflected in the individualized health care plan.

The bill provides that a school district must provide to a school bus driver who transports a pupil with diabetes a notice of the pupil's condition, how to treat hypoglycemia, who to contact in an emergency, and parent contact information. The bill also directs a school district to post in designated areas of school buildings a reference sheet identifying signs and symptoms of hypoglycemia.

Finally, the bill provides that a school employee will not be liable for any good faith action taken in accordance with the bill's provision.

COMMITTEE AMENDMENTS:

The committee amendments to the bill eliminate the following requirements:

1) that a parent who seeks diabetes care for a student at school annually provide the board of education with written certification from the student's physician that the student has diabetes;

2) that the board of education annually inform the student's parents or guardians in writing that the district and its employees or agents will incur no liability as a result of any injury arising from the implementation of the individualized plans; and

3) that the parents or guardians of the student annually sign a statement acknowledging that the district will incur no liability and indemnifying and holding the district and its employees harmless against any claims arising from the implementation of the plans.

The amendments also require that a school bus driver who transports a pupil with diabetes be provided notice of how to treat hypoglycemia and who to contact in an emergency. Under the original bill the bus driver receives notice of the pupil's condition and parent contact information.

The amendments also provide that as opposed to the "definition" of hypoglycemia and hyperglycemia, the health care plans will refer to the "symptoms" of hypoglycemia and hyperglycemia.

As reported by the committee, this bill is identical to Senate Bill No. 2426 with committee amendments, as also reported by the committee on this same date.

FISCAL IMPACT:

The Office of Legislative Services estimates that this bill, as amended, would result in a minimal increase in expenditures in school districts. First, section 3 of the bill allows a parent or guardian of a student with diabetes to seek care for the student at school by informing the school nurse who will develop an individualized health care plan and an individualized emergency health care plan for the student. Current regulations promulgated by the State Board of Education, N.J.A.C. 6A:16-2.3(b)(5)(xii), already require that a school nurse write and annually update such plans for students' medical needs as appropriate. As such, the proposed legislation would not appear to increase school districts' responsibilities in this respect.

Second, the bill addresses the issue of providing training to certain school personnel. Under the bill, the school nurse or other qualified health care professional is to train volunteers in the emergency administration of glucagon. Additionally, the school nurse is to provide training to appropriate school personnel, including staff working at school-sponsored events outside of regular school hours, in the proper care of students with diabetes. While the actual cost of providing such training will vary based on how school districts choose to train personnel, the American Diabetes Association provides free training material to schools. Any additional training costs should be minimal.

Additionally, the bill provides that school personnel will not be held liable for any good faith actions or omissions consistent with the legislation.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 267
STATE OF NEW JERSEY
213th LEGISLATURE

DATED: SEPTEMBER 30, 2008

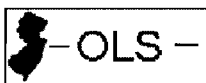
SUMMARY

- Synopsis:** Authorizes parent or guardian to request use of individualized health care plan for student with diabetes and provides for the emergency administration of glucagon for certain students.
- Type of Impact:** Minimal increase in expenditures.
- Agencies Affected:** Local school districts.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Local Cost	Minimal expenditure increase		

- The Office of Legislative Services estimates that Assembly Committee Substitute for Assembly Bill No. 267 would lead to a minimal increase in expenditures for local school districts. Current regulations promulgated by the State Board of Education at N.J.A.C. 6A:16-2.3(b)(5)(xii) require the development of individualized health care plans and individualized emergency health care plans for students' health care needs, as appropriate. As such, this element of the proposed legislation would not increase school districts' responsibilities or expenditures.
- The American Diabetes Association provides training information related to the provision of care to students with diabetes and the emergency administration of glucagon to individuals suffering severe hypoglycemia to school personnel free of charge. Any additional costs associated with training appropriate school personnel in the care of a student with diabetes or training volunteers to administer glucagon should be minimal.
- Other requirements included in the legislation, such as posting reference material identifying signs and symptoms of hypoglycemia, would appear to represent only a minimal increase in expenditures.



- The legislation provides that school employees will not be held liable for any good faith act or omission consistent with the legislation.

BILL DESCRIPTION

Assembly Committee Substitute for Assembly Bill No. 267 of 2008 concerns the medical care of public school students with diabetes. Under the bill's provisions, a parent or guardian of a student with diabetes who seeks care for the student while at school will inform the school nurse. The school nurse will develop an individualized health care plan and an individualized emergency health care plan for the student. The bill specifies certain information that must be included in the plans and persons with whom the school nurse must consult in the development of the plan.

The bill also concerns the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. The bill specifies that the school nurse will have the primary responsibility of administering glucagon. However, the school nurse is to designate, in consultation with the board of education, additional district employees who volunteer to administer glucagon when the school nurse is not physically present. The school nurse or another qualified health care professional is to provide training to such volunteers. The school nurse must also provide training to appropriate school personnel, including staff working at school-sponsored events outside of the regular school day, in the proper care of students with diabetes.

Additionally, the bill allows a student, upon the written request of a parent or guardian and as provided in the individualized health care plan, to attend to the management and care of the student's diabetes as needed in the classroom, in any area of the school or school grounds, or at a school-related activity. The bill would require that schools post reference material regarding the symptoms of hypoglycemia in the building and that school bus drivers be informed of the student's condition and contact information for a parent or guardian.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services estimates that Assembly Committee Substitute for Assembly Bill No. 267 would lead to a minimal increase in expenditures in school districts. First, section 3 of the bill allows a parent or guardian of a student with diabetes to seek care for the student at school by informing the school nurse who will develop an individualized health care plan and an individualized emergency health care plan for the student. Current regulations promulgated by the State Board of Education at N.J.A.C. 6A:16-2.3(b)(5)(xii) already require that a school nurse write and annually update such plans for students' medical needs as appropriate. As such, the proposed legislation would not appear to increase school districts' responsibilities in this respect.

Second, the bill addresses the issue of providing training to certain school personnel. Under the bill, the school nurse or other qualified health care professional is to train volunteers in the emergency administration of glucagon. Additionally, the school nurse is to provide training to appropriate school personnel, including staff working at school-sponsored events outside of regular school hours, in the proper care of students with diabetes. While the actual cost of providing such training will vary based on how school districts choose to train its personnel, the American Diabetes Association provides free training material to schools. Any additional training costs should be minimal.

Third, other provisions included in the bill, such as section 6, which requires that a school bus driver be informed of a student's condition, and section 7, which requires posting reference material in schools to identify symptoms of hypoglycemia, could be implemented at minimal additional cost. Additionally, the bill provides that school personnel will not be liable for any actions or omissions consistent with the legislation.

Section: Education

*Analyst: Allen T. Dupree
Senior Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L. 1980, c.67 (C. 52:13B-1 et seq.).

LEGISLATIVE FISCAL ESTIMATE
 [First Reprint]
 ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 267
STATE OF NEW JERSEY
213th LEGISLATURE

DATED: JUNE 30, 2009

SUMMARY

- Synopsis:** Authorizes parent or guardian to request use of individualized health care plan for student with diabetes and provides for the emergency administration of glucagon for certain students.
- Type of Impact:** Minimal increase in expenditures.
- Agencies Affected:** Local school districts.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Local Cost	Minimal expenditure increase		

- The Office of Legislative Services estimates that the First Reprint of Assembly Committee Substitute for Assembly, No. 267 of 2008 would lead to a minimal increase in expenditures for local school districts. Current regulations promulgated by the State Board of Education at N.J.A.C. 6A:16-2.3(b)(5)(xii) require the development of individualized health care plans and individualized emergency health care plans for students' health care needs, as appropriate. As such, this element of the proposed legislation would not increase school districts' responsibilities or expenditures.
- The American Diabetes Association provides training information related to the provision of care to students with diabetes and the emergency administration of glucagon to individuals suffering severe hypoglycemia to school personnel free of charge. Any additional costs associated with training appropriate school personnel in the care of a student with diabetes or training volunteers to administer glucagon should be minimal.
- Other requirements included in the legislation, such as posting reference material identifying signs and symptoms of hypoglycemia, would appear to represent only a minimal increase in expenditures.

- The legislation provides that school employees will not be held liable for any good faith act or omission consistent with the legislation.

BILL DESCRIPTION

The First Reprint of Assembly Committee Substitute for Assembly, No. 267 of 2008 concerns the medical care of public school students with diabetes. Under the bill's provisions, a parent or guardian of a student with diabetes who seeks care for the student while at school will inform the school nurse. The school nurse will develop an individualized health care plan and an individualized emergency health care plan for the student. The bill specifies certain information that must be included in the plans and persons with whom the school nurse must consult in the development of the plan.

The bill also concerns the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. The bill specifies that the school nurse will have the primary responsibility of administering glucagon. However, the school nurse is to designate, in consultation with the board of education, additional district employees who volunteer to administer glucagon when the school nurse is not physically present. The school nurse or another qualified health care professional is to provide training to such volunteers. The school nurse must also provide training to appropriate school personnel, including staff working at school-sponsored events outside of the regular school day, in the proper care of students with diabetes.

Additionally, the bill allows a student, upon the written request of a parent or guardian and as provided in the individualized health care plan, to attend to the management and care of the student's diabetes as needed in the classroom, in any area of the school or school grounds, or at a school-related activity. The bill would require that schools post reference material regarding the symptoms of hypoglycemia in the building and that school bus drivers be informed of the student's condition, how to treat hypoglycemia, emergency and parental contact information.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services estimates that the First Reprint of Assembly Committee Substitute for Assembly, No. 267 would lead to a minimal increase in expenditures in school districts. First, section 3 of the bill allows a parent or guardian of a student with diabetes to seek care for the student at school by informing the school nurse who will develop an individualized health care plan and an individualized emergency health care plan for the student. Current regulations promulgated by the State Board of Education at N.J.A.C. 6A:16-2.3(b)(5)(xii) already require that a school nurse write and annually update such plans for students' medical needs as appropriate. As such, the proposed legislation would not appear to increase school districts' responsibilities in this respect.

Second, the bill addresses the issue of providing training to certain school personnel. Under the bill, the school nurse or other qualified health care professional is to train volunteers in the emergency administration of glucagon. Additionally, the school nurse is to provide training to appropriate school personnel, including staff working at school-sponsored events outside of regular school hours, in the proper care of students with diabetes. While the actual cost of providing such training will vary based on how school districts choose to train its personnel, the American Diabetes Association provides free training material to schools. Any additional training costs should be minimal.

Third, other provisions included in the bill, such as section 6, which requires that a school bus driver be provided certain information, and section 7, which requires posting reference material in schools to identify symptoms of hypoglycemia, could be implemented at minimal additional cost. Additionally, the bill provides that school personnel will not be liable for any actions or omissions consistent with the legislation.

Section: Education

*Analyst: Allen T. Dupree
Senior Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C. 52:13B-1 et seq.).

SENATE, No. 2426

STATE OF NEW JERSEY 213th LEGISLATURE

INTRODUCED DECEMBER 8, 2008

Sponsored by:

Senator SHIRLEY K. TURNER

District 15 (Mercer)

Senator JOSEPH M. KYRILLOS, JR.

District 13 (Middlesex and Monmouth)

Co-Sponsored by:

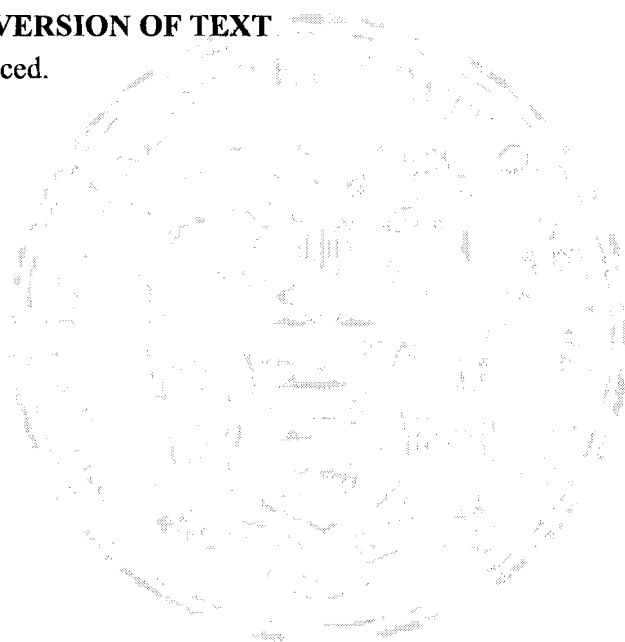
Senator Bucco

SYNOPSIS

Authorizes parent or guardian to request use of individualized health care plan for student with diabetes and provides for the emergency administration of glucagon for certain students.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 2/24/2009)

1 AN ACT concerning the care of students with diabetes and
2 supplementing chapter 40 of Title 18A of the New Jersey
3 Statutes.

4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7
8 1. The Legislature finds and declares that:

9 a. Diabetes is a serious chronic disease that impairs the body's
10 ability to use food, and must be managed 24 hours a day in order to
11 avoid the potentially life-threatening short-term consequences of
12 blood sugar levels that are either too high or too low, and avoid or
13 delay the serious long-term complications of high blood sugar
14 levels that include blindness, amputation, heart disease, and kidney
15 failure;

16 b. In order to manage their disease, students with diabetes must
17 have access to the means to balance food, medications, and physical
18 activity level while at school and at school-related activities;

19 c. The school nurse is the most appropriate person in the school
20 setting to provide care for a student with diabetes, because the
21 school nurse is in a position to coordinate care and educate school
22 staff in the monitoring and treatment of symptoms, develop an
23 individualized health care plan and an individualized emergency
24 health care plan, and consult and coordinate with a student's parents
25 or guardians and health care provider to establish a safe, therapeutic
26 environment;

27 d. Because of the significant number of students with diabetes,
28 the effect of diabetes upon a student's ability to learn, and the risk
29 of serious long and short-term medical complications, the
30 Legislature deems it in the public interest to enact legislation that
31 addresses the care of students with diabetes within the public school
32 system.

33
34 2. As used in this act:

35 "Individualized emergency health care plan" means a document
36 developed by the school nurse, in consultation with the parent or
37 guardian of a student with diabetes and other appropriate medical
38 professionals, which is consistent with the recommendations of the
39 student's health care providers and which outlines a set of
40 procedural guidelines that provide specific directions about what to
41 do in a particular emergency situation and is signed by the parent or
42 guardian and the school nurse.

43 "Individualized health care plan" means a document developed
44 by the school nurse, in consultation with the parent or guardian of a
45 student with diabetes and other appropriate medical professionals
46 who may be providing diabetes care to the student, which is
47 consistent with the recommendations of the student's health care
48 providers and which sets out the health services needed by the

1 student at school and is signed by the parent or guardian and the
2 school nurse.

3 "School" means an elementary or secondary public school
4 located within this State.

5 "School employee" means a person employed by a school
6 district.

7

8 3. a. The parent or guardian of a student with diabetes who
9 seeks diabetes care while at school shall inform the school nurse
10 who shall develop an individualized health care plan and an
11 individualized emergency health care plan for the student provided
12 that:

13 (1) the parents or guardians of the student annually provide to
14 the board of education written authorization for the provision of
15 diabetes care as may be outlined in the individualized plans
16 including authorization for the emergency administration of
17 glucagon and, if requested by the student's parents or guardians
18 pursuant to section 5 of this act, authorization for the student's self-
19 management and care of his diabetes;

20 (2) the parents or guardians of the student annually provide to
21 the board of education written certification from the student's
22 physician that the student has diabetes and, if requested by the
23 student's parents or guardians pursuant to section 5 of this act, that
24 the student is capable of, and has been instructed in, the
25 management and care of his diabetes;

26 (3) the board of education annually informs the parents or
27 guardians of the student in writing that the district and its
28 employees or agents shall incur no liability as a result of any injury
29 arising from the implementation of the individualized plans
30 including the emergency administration of glucagon, or a student's
31 self-management and care of his diabetes; and

32 (4) the parents or guardians of the student annually sign a
33 statement acknowledging that the district shall incur no liability as a
34 result of any injury arising from the implementation of the
35 individualized plans including the emergency administration of
36 glucagon, or a student's self-management and care of his diabetes,
37 and the parents or guardians shall indemnify and hold harmless the
38 district and its employees or agents against any claims arising from
39 the implementation of the individualized plans including the
40 emergency administration of glucagon, or a student's self-
41 management and care of his diabetes.

42 b. The individualized health care plan and individualized
43 emergency health care plan developed in accordance with
44 subsection a. of this section shall be updated by the school nurse
45 prior to the beginning of each school year and as necessary in the
46 event that there is a change in the health status of the student.

47 c. Each individualized health care plan shall include, and each
48 individualized emergency health care plan may include, the

1 following information:

2 (1) the definition of hypoglycemia for that particular student and
3 the recommended treatment;

4 (2) the definition of hyperglycemia for that particular student
5 and the recommended treatment;

6 (3) the frequency of blood glucose testing;

7 (4) written orders from the student's physician or advanced
8 practice nurse outlining the dosage and indications for insulin
9 administration and the administration of glucagon, if needed;

10 (5) times of meals and snacks and indications for additional
11 snacks for exercise;

12 (6) full participation in exercise and sports, and any
13 contraindications to exercise, or accommodations that must be made
14 for that particular student;

15 (7) accommodations for school trips, after-school activities,
16 class parties, and other school-related activities;

17 (8) education of all school personnel who may come in contact
18 with the student about diabetes, how to recognize and treat
19 hypoglycemia, how to recognize hyperglycemia, and when to call
20 for assistance;

21 (9) medical and treatment issues that may affect the educational
22 process of the student with diabetes; and

23 (10) how to maintain communications with the student, the
24 student's parent or guardian and health care team, the school nurse,
25 and the educational staff.

26 d. The school nurse assigned to a particular school shall
27 coordinate the provision of diabetes care at that school and ensure
28 that appropriate staff are trained in the care of students with
29 diabetes, including staff working with school-sponsored programs
30 outside of the regular school day, as provided in the individualized
31 health care plan and the individualized emergency health care plan.
32 Non-medical staff shall not be trained to treat hyperglycemia.

33

34 4. a. The school nurse shall have the primary responsibility for
35 the emergency administration of glucagon to a student with diabetes
36 who is experiencing severe hypoglycemia. The school nurse shall
37 designate, in consultation with the board of education, additional
38 employees of the school district who volunteer to administer
39 glucagon to a student with diabetes who is experiencing severe
40 hypoglycemia. The designated employees shall only be authorized
41 to administer glucagon, following training by the school nurse or
42 other qualified health care professional, when a school nurse is not
43 physically present at the scene.

44 b. The activities set forth in subsection a. of this section shall
45 not constitute the practice of nursing and shall be exempted from all
46 applicable statutory or regulatory provisions that restrict the
47 activities that may be delegated to a person who is not a licensed
48 health care professional.

1 c. In the event that a licensed athletic trainer volunteers to
2 administer glucagon to a student with diabetes pursuant to
3 subsection a. of this section, it shall not constitute a violation of the
4 "Athletic Training Licensure Act," P.L.1984, c.203 (C.45:9-37.35 et
5 seq.).
6

7 5. Upon the written request of the parent or guardian and as
8 provided in a student's individualized health care plan, a school
9 district shall allow the student to attend to the management and care
10 of the student's diabetes as needed in the classroom, in any area of
11 the school or school grounds, or at any school-related activity if the
12 student has been evaluated and determined to be capable of doing
13 so as reflected in the student's individualized health care plan. The
14 student's management and care of his diabetes shall include the
15 following:

- 16 a. performing blood glucose level checks;
17 b. administering insulin through the insulin delivery system the
18 student uses;
19 c. treating hypoglycemia and hyperglycemia;
20 d. possessing on the student's person at any time the supplies or
21 equipment necessary to monitor and care for the student's diabetes;
22 e. compliance with required procedures for medical waste
23 disposal in accordance with district policies and as set forth in the
24 individualized health care plan; and
25 f. otherwise attending to the management and care of the
26 student's diabetes.
27

28 6. A school district shall, for each pupil with diabetes whom a
29 school bus driver transports, provide the driver with a notice of the
30 pupil's condition and parent contact information.
31

32 7. Designated areas of the school building shall have posted, in
33 plain view, a reference sheet identifying signs and symptoms of
34 hypoglycemia in students with diabetes.
35

36 8. The school nurse shall obtain a release from the parent or
37 guardian of a diabetic student to authorize the sharing of medical
38 information between the student's physician or advanced practice
39 nurse and other health care providers. The release shall also
40 authorize the school nurse to share medical information with other
41 staff members of the school district as necessary.
42

43 9. No school employee, including a school nurse, a school bus
44 driver, a school bus aide, or any other officer or agent of a board of
45 education, shall be held liable for any good faith act or omission
46 consistent with the provisions of this act, nor shall an action before
47 the New Jersey State Board of Nursing lie against a school nurse for
48 any such action taken by a person trained in good faith by the

1 school nurse pursuant to this act. Good faith shall not include
2 willful misconduct, gross negligence, or recklessness.

3
4 10. The possession and use of syringes consistent with the
5 purposes of this act shall not be considered a violation of applicable
6 statutory or regulatory provisions that may otherwise restrict or
7 prohibit such possession and use.

8
9 11. A student's school choice shall not be restricted due to the
10 fact that the student has diabetes.

11
12 12. This act shall take effect on the 120th day after the date of
13 enactment.

14
15
16 SPONSOR'S STATEMENT

17
18 This bill concerns the care provided at school to public school
19 students with diabetes. Under the bill's provisions, the parent or
20 guardian of a student with diabetes who seeks diabetes care for that
21 student while at school will inform the school nurse. The school
22 nurse will develop an individualized health care plan and an
23 individualized emergency health care plan for that student provided
24 that the parent or guardian provides annual written authorization for
25 the provision of the diabetes care at school, written certification
26 from the student's physician that the student has diabetes and, if so
27 requested of the school by the parent in accordance with the bill's
28 provisions, that the student is capable of and has been instructed in
29 the care and management of his diabetes, and a written statement
30 from the parent or guardian acknowledging that the district will
31 incur no liability as a result of any injury arising from the
32 implementation of the health care plans.

33 Each individualized health care plan must include and each
34 individualized emergency health care plan may include the
35 following:

36 (1) the definition of hypoglycemia for that particular student and
37 the recommended treatment;

38 (2) the definition of hyperglycemia for that particular student
39 and the recommended treatment;

40 (3) the frequency of blood glucose testing;

41 (4) written orders from the student's physician or advanced
42 practice nurse outlining the dosage and indications for insulin
43 administration and the administration of glucagon, if needed;

44 (5) times of meals and snacks and indications for additional
45 snacks for exercise;

46 (6) full participation in exercise and sports, and any
47 contraindications to exercise, or accommodations that must be made
48 for that particular student;

S2426 TURNER, KYRILLOS

7

1 (7) accommodations for school trips, after-school activities,
2 class parties, and other school-related activities;

3 (8) education of all school personnel who may come in contact
4 with the student about diabetes, how to recognize and treat
5 hypoglycemia, how to recognize hyperglycemia, and when to call
6 for assistance;

7 (9) medical and treatment issues that may affect the educational
8 process of the student with diabetes; and

9 (10) how to maintain communications with the student, the
10 student's parent or guardian and health care team, the school nurse,
11 and the educational staff.

12 The bill also addresses the issue of the emergency administration
13 of glucagon to a student with diabetes who is experiencing severe
14 hypoglycemia. Under the bill, the school nurse will have the
15 primary responsibility for the emergency administration of
16 glucagon. The school nurse is to designate, in consultation with the
17 board of education, additional employees of the district who
18 volunteer to administer glucagon to a student with diabetes who is
19 experiencing severe hypoglycemia when the school nurse is not
20 physically present.

21 The bill provides that upon the written request of a student's
22 parent or guardian, a school district must allow the student to attend
23 to the management and care of his diabetes in the classroom, in any
24 area of the school or school grounds, or at any school-related
25 activity if the student has been evaluated and determined to be
26 capable of doing so as reflected in the individualized health care
27 plan.

28 The bill provides that a school district must provide to a school
29 bus driver who transports a pupil with diabetes a notice of the
30 pupil's condition and parent contact information. The bill also
31 directs a school district to post in designated areas of school
32 buildings a reference sheet identifying signs and symptoms of
33 hypoglycemia.

34 Finally, the bill provides that a school employee will not be
35 liable for any good faith action taken in accordance with the bill's
36 provision.

SENATE EDUCATION COMMITTEE

STATEMENT TO

SENATE, No. 2426

STATE OF NEW JERSEY

DATED: DECEMBER 8, 2008

The Senate Education Committee favorably reports Senate Bill No. 2426.

This bill concerns the care provided at school to public school students with diabetes. Under the bill's provisions, the parents or guardians of a student with diabetes who seeks diabetes care for that student while at school will inform the school nurse. The school nurse will develop an individualized health care plan and an individualized emergency health care plan for that student provided that the parent or guardian provides annual written authorization for the provision of the diabetes care at school, written certification from the student's physician that the student has diabetes and, if so requested of the school by the parent in accordance with the bill's provisions, that the student is capable of and has been instructed in the care and management of his diabetes, and a written statement from the parent or guardian acknowledging that the district will incur no liability as a result of any injury arising from the implementation of the health care plans.

Each individualized health care plan must include and each individualized emergency health care plan may include the following:

- (1) the definition of hypoglycemia for that particular student and the recommended treatment;
- (2) the definition of hyperglycemia for that particular student and the recommended treatment;
- (3) the frequency of blood glucose testing;
- (4) written orders from the student's physician or advanced practice nurse outlining the dosage and indications for insulin administration and the administration of glucagon, if needed;
- (5) times of meals and snacks and indications for additional snacks for exercise;
- (6) full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;
- (7) accommodations for school trips, after-school activities, class parties, and other school-related activities;
- (8) education of all school personnel who may come in contact with the student about diabetes, how to recognize and treat

hypoglycemia, how to recognize hyperglycemia, and when to call for assistance;

(9) medical and treatment issues that may affect the educational process of the student with diabetes; and

(10) how to maintain communications with the student, the student's parent or guardian and health care team, the school nurse, and the educational staff.

The bill also addresses the issue of the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. Under the bill, the school nurse will have the primary responsibility for the emergency administration of glucagon. The school nurse is to designate, in consultation with the board of education, additional employees of the district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia when the school nurse is not physically present.

The bill provides that upon the written request of a student's parent or guardian, a school district must allow the student to attend to the management and care of his diabetes in the classroom, in any area of the school or school grounds, or at any school-related activity if the student has been evaluated and determined to be capable of doing so as reflected in the individualized health care plan.

The bill provides that a school district must provide to a school bus driver who transports a pupil with diabetes a notice of the pupil's condition and parent contact information. The bill also directs a school district to post in designated areas of school buildings a reference sheet identifying signs and symptoms of hypoglycemia.

Finally, the bill provides that a school employee will not be liable for any good faith action taken in accordance with the bill's provision.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE, No. 2426

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 22, 2009

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2426, with committee amendments.

This bill, with committee amendments, concerns the care provided at school to public school students with diabetes. Under the bill's provisions, the parents or guardians of a student with diabetes who seeks diabetes care for that student while at school will inform the school nurse. The school nurse will develop an individualized health care plan and an individualized emergency health care plan for that student provided that: the parent or guardian provides annual written authorization for the provision of the diabetes care at school; and, if the student's parent or guardian requests that the student be allowed to attend to the management and care of his diabetes at school, the student's physician or advanced practice nurse provides written certification to the board of education that the student is capable of, and has been instructed in, the management and care of his diabetes.

Each individualized health care plan must include and each individualized emergency health care plan may include the following:

(1) the symptoms of hypoglycemia for that particular student and the recommended treatment;

(2) the symptoms of hyperglycemia for that particular student and the recommended treatment;

(3) the frequency of blood glucose testing;

(4) written orders from the student's physician or advanced practice nurse outlining the dosage and indications for insulin administration and the administration of glucagon, if needed;

(5) times of meals and snacks and indications for additional snacks for exercise;

(6) full participation in exercise and sports, and any contraindications to exercise, or accommodations that must be made for that particular student;

(7) accommodations for school trips, after-school activities, class parties, and other school-related activities;

(8) education of all school personnel who may come in contact with the student about diabetes, how to recognize and treat

hypoglycemia, how to recognize hyperglycemia, and when to call for assistance;

(9) medical and treatment issues that may affect the educational process of the student with diabetes; and

(10) how to maintain communications with the student, the student's parent or guardian and health care team, the school nurse, and the educational staff.

The bill also addresses the issue of the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. Under the bill, the school nurse will have the primary responsibility for the emergency administration of glucagon. The school nurse is to designate, in consultation with the board of education, additional employees of the district who volunteer to administer glucagon to a student with diabetes who is experiencing severe hypoglycemia when the school nurse is not physically present.

The bill provides that upon the written request of a student's parent or guardian, a school district must allow the student to attend to the management and care of his diabetes in the classroom, in any area of the school or school grounds, or at any school-related activity if the student has been evaluated and determined to be capable of doing so as reflected in the individualized health care plan.

The bill provides that a school district must provide to a school bus driver who transports a pupil with diabetes a notice of the pupil's condition, how to treat hypoglycemia, who to contact in an emergency, and parent contact information. The bill also directs a school district to post in designated areas of school buildings a reference sheet identifying signs and symptoms of hypoglycemia.

Finally, the bill provides that a school employee will not be liable for any good faith action taken in accordance with the bill's provision.

As reported by the committee, this bill is identical to Assembly Bill No. 267 (ACS), as also amended by the committee and reported on this same date.

COMMITTEE AMENDMENTS:

The committee amendments to the bill eliminate the following requirements:

1) that a parent who seeks diabetes care for a student at school annually provide the board of education with written certification from the student's physician that the student has diabetes;

2) that the board of education annually inform the student's parents or guardians in writing that the district and its employees or agents will incur no liability as a result of any injury arising from the implementation of the individualized plans; and

3) that the parents or guardians of the student annually sign a statement acknowledging that the district will incur no liability and indemnifying and holding the district and its employees harmless against any claims arising from the implementation of the plans.

The amendments also require that a school bus driver who transports a pupil with diabetes be provided notice of how to treat hypoglycemia and who to contact in an emergency. Under the original bill the bus driver receives notice of the pupil's condition and parent contact information.

The amendments also provide that as opposed to the "definition" of hypoglycemia and hyperglycemia, the health care plans will refer to the "symptoms" of hypoglycemia and hyperglycemia.

FISCAL IMPACT:

The Office of Legislative Services estimates that this bill, as amended, would result in a minimal increase in expenditures in school districts. First, section 3 of the bill allows a parent or guardian of a student with diabetes to seek care for the student at school by informing the school nurse who will develop an individualized health care plan and an individualized emergency health care plan for the student. Current regulations promulgated by the State Board of Education, N.J.A.C. 6A:16-2.3(b)(5)(xii), already require that a school nurse write and annually update such plans for students' medical needs as appropriate. As such, the proposed legislation would not appear to increase school districts' responsibilities in this respect.

Second, the bill addresses the issue of providing training to certain school personnel. Under the bill, the school nurse or other qualified health care professional is to train volunteers in the emergency administration of glucagon. Additionally, the school nurse is to provide training to appropriate school personnel, including staff working at school-sponsored events outside of regular school hours, in the proper care of students with diabetes. While the actual cost of providing such training will vary based on how school districts choose to train personnel, the American Diabetes Association provides free training material to schools. Any additional training costs should be minimal.

Additionally, the bill provides that school personnel will not be held liable for any good faith actions or omissions consistent with the legislation.

LEGISLATIVE FISCAL ESTIMATE
SENATE, No. 2426
STATE OF NEW JERSEY
213th LEGISLATURE

DATED: JANUARY 29, 2009

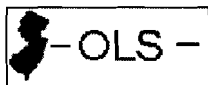
SUMMARY

- Synopsis:** Authorizes parent or guardian to request use of individualized health care plan for student with diabetes and provides for the emergency administration of glucagon for certain students.
- Type of Impact:** Minimal increase in expenditures.
- Agencies Affected:** Local school districts.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Local Cost	Minimal expenditure increase		

- The Office of Legislative Services estimates that Senate Bill No. 2426 would lead to a minimal increase in expenditures for local school districts. Current regulations promulgated by the State Board of Education at N.J.A.C. 6A:16-2.3(b)(5)(xii) require the development of individualized health care plans and individualized emergency health care plans for students' health care needs, as appropriate. As such, this element of the proposed legislation would not increase school districts' responsibilities or expenditures.
- The American Diabetes Association provides training information related to the provision of care to students with diabetes and the emergency administration of glucagon to individuals suffering severe hypoglycemia to school personnel free of charge. Any additional costs associated with training appropriate school personnel in the care of a student with diabetes or training volunteers to administer glucagon should be minimal.
- Other requirements included in the legislation, such as posting reference material identifying signs and symptoms of hypoglycemia, would appear to represent only a minimal increase in expenditures.
- The legislation provides that school employees will not be held liable for any good faith act or omission consistent with the legislation.



BILL DESCRIPTION

Senate Bill No. 2426 of 2008 concerns the medical care of public school students with diabetes. Under the bill's provisions, a parent or guardian of a student with diabetes who seeks care for the student while at school will inform the school nurse. The school nurse will develop an individualized health care plan and an individualized emergency health care plan for the student. The bill specifies certain information that must be included in the plans and persons with whom the school nurse must consult in the development of the plan.

The bill also concerns the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. The bill specifies that the school nurse will have the primary responsibility of administering glucagon. However, the school nurse is to designate, in consultation with the board of education, additional district employees who volunteer to administer glucagon when the school nurse is not physically present. The school nurse or another qualified health care professional is to provide training to such volunteers. The school nurse must also provide training to appropriate school personnel, including staff working at school-sponsored events outside of the regular school day, in the proper care of students with diabetes.

Additionally, the bill allows a student, upon the written request of a parent or guardian and as provided in the individualized health care plan, to attend to the management and care of the student's diabetes as needed in the classroom, in any area of the school or school grounds, or at a school-related activity. The bill would require that schools post reference material regarding the symptoms of hypoglycemia in the building and that school bus drivers be informed of the student's condition and contact information for a parent or guardian.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services estimates that Senate Bill No. 2426 would lead to a minimal increase in expenditures in school districts. First, section 3 of the bill allows a parent or guardian of a student with diabetes to seek care for the student at school by informing the school nurse who will develop an individualized health care plan and an individualized emergency health care plan for the student. Current regulations promulgated by the State Board of Education at N.J.A.C. 6A:16-2.3(b)(5)(xii) already require that a school nurse write and annually update such plans for students' medical needs as appropriate. As such, the proposed legislation would not appear to increase school districts' responsibilities in this respect.

Second, the bill addresses the issue of providing training to certain school personnel. Under the bill, the school nurse or other qualified health care professional is to train volunteers in the emergency administration of glucagon. Additionally, the school nurse is to provide training to appropriate school personnel, including staff working at school-sponsored events outside of regular school hours, in the proper care of students with diabetes. While the actual cost of providing such training will vary based on how school districts choose to train personnel, the

American Diabetes Association provides free training material to schools. Any additional training costs should be minimal.

Third, other provisions included in the bill, such as section 6, which requires that a school bus driver be informed of a student's condition, and section 7, which requires posting reference material in schools to identify symptoms of hypoglycemia, could be implemented at minimal additional cost. Additionally, the bill provides that school personnel will not be liable for any actions or omissions consistent with the legislation.

Section: Education

*Analyst: Allen T. Dupree
Senior Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-1 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 2426 STATE OF NEW JERSEY 213th LEGISLATURE

DATED: JUNE 30, 2009

SUMMARY

- Synopsis:** Authorizes parent or guardian to request use of individualized health care plan for student with diabetes and provides for the emergency administration of glucagon for certain students.
- Type of Impact:** Minimal increase in expenditures.
- Agencies Affected:** Local school districts.

Office of Legislative Services Estimate

Fiscal Impact	Year 1	Year 2	Year 3
Local Cost	Minimal expenditure increase		

- The Office of Legislative Services estimates that Senate, No. 2426 (1R) of 2008 would lead to a minimal increase in expenditures for local school districts. Current regulations promulgated by the State Board of Education at N.J.A.C. 6A:16-2.3(b)(5)(xii) require the development of individualized health care plans and individualized emergency health care plans for students' health care needs, as appropriate. As such, this element of the proposed legislation would not increase school districts' responsibilities or expenditures.
- The American Diabetes Association provides training information related to the provision of care to students with diabetes and the emergency administration of glucagon to individuals suffering severe hypoglycemia to school personnel free of charge. Any additional costs associated with training appropriate school personnel in the care of a student with diabetes or training volunteers to administer glucagon should be minimal.
- Other requirements included in the legislation, such as posting reference material identifying signs and symptoms of hypoglycemia, would appear to represent only a minimal increase in expenditures.

- The legislation provides that school employees will not be held liable for any good faith act or omission consistent with the legislation.

BILL DESCRIPTION

Senate Bill No. 2426 (1R) of 2008 concerns the medical care of public school students with diabetes. Under the bill's provisions, a parent or guardian of a student with diabetes who seeks care for the student while at school will inform the school nurse. The school nurse will develop an individualized health care plan and an individualized emergency health care plan for the student. The bill specifies certain information that must be included in the plans and persons with whom the school nurse must consult in the development of the plan.

The bill also concerns the emergency administration of glucagon to a student with diabetes who is experiencing severe hypoglycemia. The bill specifies that the school nurse will have the primary responsibility of administering glucagon. However, the school nurse is to designate, in consultation with the board of education, additional district employees who volunteer to administer glucagon when the school nurse is not physically present. The school nurse or another qualified health care professional is to provide training to such volunteers. The school nurse must also provide training to appropriate school personnel, including staff working at school-sponsored events outside of the regular school day, in the proper care of students with diabetes.

Additionally, the bill allows a student, upon the written request of a parent or guardian and as provided in the individualized health care plan, to attend to the management and care of the student's diabetes as needed in the classroom, in any area of the school or school grounds, or at a school-related activity. The bill would require that schools post reference material regarding the symptoms of hypoglycemia in the building and that school bus drivers be informed of the student's condition, how to treat hypoglycemia, emergency and parental contact information.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services estimates that Senate, No. 2426 (1R) would lead to a minimal increase in expenditures in school districts. First, section 3 of the bill allows a parent or guardian of a student with diabetes to seek care for the student at school by informing the school nurse who will develop an individualized health care plan and an individualized emergency health care plan for the student. Current regulations promulgated by the State Board of Education at N.J.A.C. 6A:16-2.3(b)(5)(xii) already require that a school nurse write and annually update such plans for students' medical needs as appropriate. As such, the proposed legislation would not appear to increase school districts' responsibilities in this respect.

Second, the bill addresses the issue of providing training to certain school personnel. Under the bill, the school nurse or other qualified health care professional is to train volunteers in the emergency administration of glucagon. Additionally, the school nurse is to provide training to appropriate school personnel, including staff working at school-sponsored events outside of

regular school hours, in the proper care of students with diabetes. While the actual cost of providing such training will vary based on how school districts choose to train their personnel, the American Diabetes Association provides free training material to schools. Any additional training costs should be minimal.

Third, other provisions included in the bill, such as section 6, which requires that a school bus driver be provided certain information, and section 7, which requires posting reference material in schools to identify symptoms of hypoglycemia, could be implemented at minimal additional cost. Additionally, the bill provides that school personnel will not be liable for any actions or omissions consistent with the legislation.

Section: Education

*Analyst: Allen T. Dupree
Senior Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-1 et seq.).