



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: [Sub. H.B. 264 of the 130th G.A.](#)

Date: February 28, 2014

Status: As Passed by the House

Sponsor: Reps. Wachtmann and Barnes

Local Impact Statement Procedure Required: Yes

Contents: Establishes care for students with diabetes in schools

State Fiscal Highlights

- The Ohio Department of Education (ODE) may incur an increase in administrative costs to adopt nationally recognized guidelines for the training of school employees in diabetes care for students, to annually report the number of students with diabetes and the number of errors associated with the administration of diabetes medication, and to develop a 504 plan information sheet. These costs are not likely to be significant.

Local Fiscal Highlights

- The bill may result in an increase in the number of 504 plans under federal law, which may increase administrative costs for some schools.
- Schools that opt to provide training to staff to administer care to diabetic students may incur costs. Costs will depend on the number of staff trained, the frequency of the training, and the individual who provides the training. Schools that do not have a school nurse may need to hire an outside licensed health care professional to provide the training.
- Schools may incur minimal administrative costs if they opt to provide training to certain bus drivers and school employees in the recognition of hypoglycemia and hyperglycemia and actions to take in response to both of these medical situations.

Detailed Fiscal Analysis

The bill establishes requirements concerning diabetes care provided to students in public (traditional school districts, community schools, college-preparatory boarding schools, and STEM schools) and chartered nonpublic schools. Specifically, the bill requires that a school ensure that all diabetic students attending their respective buildings receive appropriate diabetes care in accordance with orders signed by the treating physicians and with a 504 plan. It also authorizes a school nurse, or in the absence of a school nurse, a school employee trained in diabetes care as prescribed by the bill, to administer diabetes medication. To assist schools in providing care to diabetic students, the bill requires the Ohio Department of Education (ODE) to adopt nationally recognized training guidelines for the training of school employees in care for diabetic students and to develop a 504 plan information sheet for use by schools. Those provisions of the bill with potential fiscal effect are discussed below in more detail.

ODE duties under the bill

The bill requires ODE, in consultation with the Department of Health, the American Diabetes Association, and the Ohio School Nurses Association, to adopt nationally recognized guidelines for the training of school employees in diabetes care for students. The guidelines must be adopted no later than 180 days after the bill's effective date and must address several topics, including: (1) recognizing the symptoms of hypoglycemia and hyperglycemia, (2) the appropriate treatment for a student exhibiting symptoms of hypoglycemia and hyperglycemia, (3) performing blood glucose and ketone tests in accordance with a physician's orders and recording the results of those tests, and (4) administering insulin, glucagon, or other medication in accordance with a physician's orders. Development of these guidelines may increase the administrative burden of ODE. However, there are a number of free resources available that may mitigate the costs associated with this requirement.¹

In addition to adopting these guidelines, ODE is required to develop an information sheet to be used by a school when notifying a student's parent, guardian, or other person that the student may be entitled to a 504 plan. ODE is also required, no later than March of each year, to issue a report on the number of students with diabetes and the number of errors associated with the administration of diabetes medication and to make the report available on its website. Any costs associated with these responsibilities are not likely to exceed minimal.

¹ For example, the Texas Diabetes Council, with assistance from numerous organizations including the American Diabetes Association, developed a report titled, *Guidelines for Training School Employees Who Are Not Licensed Healthcare Professionals* in July 2005. The document's title page also states it is related to the "Care of Elementary and Secondary School Students with Diabetes."

504 plans

The bill requires that, no later than 14 days after receiving an order signed by a student's physician, the school inform the student's parent, guardian, or other person in charge that the student may be entitled to a 504 plan. Schools can use the information sheet provided by ODE to provide this notification. A 504 plan details the accommodations a student with a disability, including a student with diabetes, requires in school to receive the same opportunities as the student's peers, as required under federal law.

The notification of parents may result in the schools receiving an increase in requests for 504 plans. Schools may incur administrative costs in developing and implementing these plans for students with diabetes. However, the costs are not likely to be significant as the number of such plans for any one school is likely to be small. According to the National Diabetes Education Program, approximately 215,000 people under the age of 20 (less than 1%) have diabetes in the United States.²

Training in schools

Diabetes care

In order to meet the bill's requirement that schools provide care to their diabetic students, the bill authorizes schools to provide diabetes care training to school employees. The training is to take place prior to the beginning of the school year, or, as needed, within 14 days of the enrollment of a student with diabetes or within 14 days of being notified by a parent that a student has been diagnosed with diabetes. A school nurse or, if a school does not employ a nurse, a licensed health care professional with expertise in diabetes must provide and coordinate the original and any necessary follow-up training.

Should a school that enrolls a student with diabetes want to provide diabetes care training to staff, it is likely to incur additional administrative costs. Costs are dependent on the number of individuals participating in the training, the frequency of the training, and whether the school already employs a school nurse. If a school has to hire an outside professional to provide the training, the school could incur a fee for doing so. There are a number of free training resources available that may help lower any costs of providing training.³

² <http://ndep.nih.gov/teens/index.aspx>.

³ For example, the U.S. Department of Health, National Institutes of Health, and Centers for Disease Control and Prevention have issued a publication titled, *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, which is available on the National Diabetes Education Program website. Also, the American Diabetes Association provides at no cost a training curriculum consisting of PowerPoint slides and video titled, *Diabetes Care Tasks at School: What Key Personnel Need to Know*.

The bill authorizes the principal of the school to issue a written notice, containing certain specified information, requesting staff to volunteer for training. Schools that solicit volunteers in this manner are likely to incur some additional, negligible administrative costs.

Emergency training

Schools are also authorized to provide to bus drivers responsible for the transportation of a diabetic student, and to all school employees who have primary responsibility for supervising a child with diabetes during the school day, training in the recognition of hypoglycemia and hyperglycemia and actions to take in response to emergency situations involving hypoglycemia and hyperglycemia. It appears that this training will be separate from the training mentioned above as it will likely involve more participants than just employees voluntarily receiving diabetes care training. However, costs for schools opting to provide this training are likely not to exceed minimal as, again, they could use numerous online training materials.⁴

Immunity from liability

The bill states that any school or school employee is not liable for damages in a civil action for injury, death, or loss to person or property as a result of activities authorized under the bill, unless the act or omission constitutes willful or wanton neglect. Unless a person or school conducts an action that exceeds this threshold, they cannot be sued for civil damages for performing duties under the bill.

School reporting requirement

The bill requires, no later than December 31 of each year, that each school report to ODE the number of students with diabetes enrolled in the school and the number of errors associated with the administration of diabetes medication during the previous school year. Any costs for this reporting requirement are likely to not be significant.

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⁴ A search for "recognizing and treating hyperglycemia in schools" on the American Diabetes Association's website shows results for several documents.