CHAPTER _____

AN ACT concerning

Public and Nonpublic Schools - Student Diabetes Management Program
Administration of Diabetes Care Services - Guidelines

FOR the purpose of requiring the State Department of Education and the Department of Health and Mental Hygiene, in consultation with certain other organizations, to establish certain guidelines for the training of employees to become trained diabetes care providers; administration of certain health care services to certain students with diabetes; providing for the content of the guidelines; requiring each county board of education to require certain public schools to establish a certain Student Diabetes Management Program in the school; providing that certain nonpublic schools may establish a Student Diabetes Management Program in the school; providing that a nonpublic school may conduct or contract for a course for training of employees to become trained diabetes care providers that includes certain items; providing for the purpose and requirements of the Program; authorizing certain employees to volunteer for participation in a certain Program; prohibiting public and nonpublic schools from compelling certain employees to participate in a certain Program; requiring certain trained diabetes care providers in the Program to perform certain tasks; providing that certain services performed by certain trained diabetes care providers may not be construed as performing acts of nursing under certain circumstances; establishing immunity from liability for certain employees under certain circumstances; requiring a certain meeting of certain individuals be held within a certain time frame; requiring certain parents or guardians of a certain student to submit a Diabetes Medical Management Plan to the school under certain circumstances; requiring a certain meeting of certain individuals be held within a certain time frame.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.
Underlining indicates amendments to bill.
Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.
certain period of time; authorizing a certain student to perform certain diabetes care
tasks under certain circumstances in accordance with a certain Plan; defining
certain terms; and generally relating to a Student Diabetes Management Program
and public and nonpublic schools requiring the State Department of Education and
the Department of Health and Mental Hygiene, in consultation with the Board of
Nursing and certain stakeholders, to establish a certain plan; requiring the State
Department of Education and the Department of Health and Mental Hygiene to
make a certain report on or before a certain date; and generally relating to diabetic
care services in public schools in the State.

BY adding to
Article – Education
Section 7-438 and 7-439 7-426.4
Annotated Code of Maryland
(2014 Replacement Volume and 2015 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Education

7-438.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
INDICATED.

(2) “DIABETES MEDICAL MANAGEMENT PLAN” MEANS A PLAN
DEVELOPED BY A STUDENT’S PHYSICIAN THAT DESCRIBES THE HEALTH CARE
SERVICES NEEDED BY THE STUDENT FOR THE TREATMENT OF THE STUDENT’S
DIABETES AT SCHOOL.

(3) “EMPLOYEE” MEANS AN INDIVIDUAL WHO IS EMPLOYED BY A
LOCAL BOARD OF EDUCATION, INCLUDING PART-TIME EMPLOYEES, CERTIFIED AND
NONCERTIFIED SUBSTITUTE TEACHERS EMPLOYED BY THE LOCAL BOARD OF
EDUCATION FOR AT LEAST 7 DAYS EACH SCHOOL YEAR, AND ADMINISTRATIVE
STAFF.

(4) “PROGRAM” MEANS A STUDENT DIABETES MANAGEMENT
PROGRAM.

(5) “TRAINED DIABETES CARE PROVIDER” MEANS AN EMPLOYEE
TRAINED IN THE RECOGNITION OF THE SYMPTOMS OF DIABETES AND THE
ADMINISTRATION OF HEALTH CARE SERVICES NEEDED BY AN INDIVIDUAL WITH
DIABETES.
(b) (1) The Department and the Department of Health and Mental Hygiene, in consultation with the American Association of Diabetes Educators, the American Diabetes Association, the Maryland Association of School Health Nurses, and the Diabetes Control Program jointly shall establish guidelines for the training of employees to become trained diabetes care providers.

(2) The guidelines shall include instruction on:

(i) recognition and treatment of hypoglycemia and hyperglycemia;

(ii) appropriate actions to take when blood glucose levels are outside the target ranges detailed in the student’s Diabetes Medical Management Plan;

(iii) understanding physician instructions regarding diabetes medication drug dosage, frequency, and the manner of administration;

(iv) performing finger-stick blood glucose checking, ketone checking, and results recordation;

(v) understanding the function and protocol for the use of continuous glucose monitors; and

(vi) administering glucagon and insulin in accordance with the student’s Diabetes Management Plan and results recordation.

(c) (1) Each county board shall require the public schools within the jurisdiction of the county board to establish a Student Diabetes Management Program in the school.

(2) The purpose of the Program is to have employee volunteers available to provide diabetes care services to students with diabetes in accordance with the student’s Diabetes Medical Management Plan during school hours and, when possible, at school-sponsored activities, including field trips and extracurricular activities.

(d) (1) The Program shall:

(i) recruit employees who are interested in being trained to become trained diabetes care providers;
(II) Provide training for employee volunteers to become trained diabetes care providers before the commencement of a school year or when required by the enrollment of a student with a Diabetes Medical Management Plan;

(III) Designate locations within the school where a student may privately perform diabetes care tasks;

(IV) Require the school nurse or a trained diabetes care provider to be on-site and available to provide diabetes care services to a student with a Diabetes Medical Management Plan during school hours and, when possible, at school-sponsored activities, including field trips and extracurricular activities;

(V) Establish a system of communication between school administrators and the faculty, school nurse, trained diabetes care providers, parents or guardians of students with a Diabetes Medical Management Plan, and students with a Diabetes Medical Management Plan;

(VI) Facilitate the access of authorized school personnel to student Diabetes Medical Management Plans; and

(VII) Establish procedures for diabetes-related emergencies.

(2) (I) Any employee may volunteer to participate in the program and be trained to become a trained diabetes care provider.

(II) A public school may not compel any employee to participate in the program.

(3) A trained diabetes care provider who participates in the program shall agree to perform diabetes care tasks for which training has been provided, including:

(I) Checking and recording blood glucose levels and ketone levels or assisting a student with these tasks;

(II) Administering glucagon and other emergency treatments as prescribed;
(III) Administering insulin or assisting a student in the administration of insulin through the insulin delivery system that the student uses; and

(iv) Providing oral diabetes medications.

(4) Notwithstanding any other provision of law, the provision of diabetes care services by a trained diabetes care provider in accordance with this section may not be construed as performing acts of practical nursing or registered nursing under Title 8 of the Health Occupations Article.

(5) Except for any willful or grossly negligent act, an employee who responds in good faith to provide diabetes-related health care services to a student in accordance with this section is immune from civil liability for any act or omission in the course of providing care.

(E) (1) The parent or guardian of a student with diabetes who needs diabetes care at school shall submit a Diabetes Medical Management Plan to the school.

(2) Each student's Diabetes Medical Management Plan shall be reviewed in a meeting of the following individuals:

(i) The parents or guardians of the student;

(ii) The student;

(iii) The school nurse;

(iv) The student's classroom teacher;

(v) All trained diabetes care providers at the school who may be required to provide care to the student; and

(vi) Any other individuals determined necessary by the school.

(3) A Diabetes Medical Management Plan review meeting shall be held within 30 days after the Diabetes Medical Management Plan is submitted.
(4) If a student's diabetes medical management plan states that the student may perform specified diabetes care tasks independently, the student may:

(i) Perform authorized tasks wherever the student considers necessary, including in the student's classroom, the area designated by the school under subsection (d) of this section, or off school grounds;

(ii) Possess and carry any supplies and equipment necessary to perform diabetes care tasks; and

(iii) Possess a cellular phone to ask for assistance when necessary.

7–439.

(A) (1) In this section the following words have the meanings indicated:

(2) "Diabetes medical management plan" means a plan developed by a student's physician that describes the health care services needed by the student for the treatment of the student's diabetes at school.

(3) "Employee" means an individual who is employed by a nonpublic school, including part-time employees, teachers, and substitute teachers employed by the school for at least 7 days each school year, a school nurse, registered nurse case manager, delegating nurse, and administrative staff.

(4) "Program" means a student diabetes management program.

(5) "Trained diabetes care provider" means an employee trained in the recognition of the symptoms of diabetes and the administration of health care services needed by an individual with diabetes.

(B) (1) A nonpublic school may conduct or contract for a course for the training of employees to become trained diabetes care providers.
(2) A training course for trained diabetes care providers shall include instruction on:

(i) Recognition and treatment of hypoglycemia and hyperglycemia;

(ii) Appropriate actions to take when blood glucose levels are outside the target ranges detailed in the student’s diabetes medical management plan;

(iii) Understanding physician instructions regarding diabetes medication drug dosage, frequency, and the manner of administration;

(iv) Performing finger stick blood glucose checking, ketone checking, and results recordation;

(v) Understanding the function and protocol for the use of continuous glucose monitors; and

(vi) Administering glucagon and insulin in accordance with the student’s diabetes management plan and results recordation.

(c) (1) A nonpublic school may establish a student diabetes management program in the school.

(2) The purpose of the program is to have employee volunteers available to provide diabetes care services to students with diabetes in accordance with the student’s diabetes medical management plan during school hours and, when possible, at school-sponsored activities, including field trips and extracurricular activities.

(d) (1) The program shall:

(i) Recruit employees who are interested in being trained to become trained diabetes care providers;

(ii) Provide training for employee volunteers to become trained diabetes care providers before the commencement of a school year or when required by the enrollment of a student with a diabetes medical management plan that includes the items under subsection (b)(2) of this section;
(III) Designate locations within the school where a student may privately perform diabetes care tasks;

(IV) Require the school nurse or a trained diabetes care provider to be on site and available to provide diabetes care services to a student with a Diabetes Medical Management Plan during school hours and, when possible, at school-sponsored activities, including field trips and extracurricular activities;

(V) Establish a system of communication between the school administrators and the faculty, school nurse, trained diabetes care providers, parents or guardians of students with a Diabetes Medical Management Plan, and students with a Diabetes Medical Management Plan;

(VI) Facilitate the access of authorized school personnel to student Diabetes Medical Management Plans; and

(VII) Establish procedures for diabetes-related emergencies.

(2) (I) Any employee may volunteer to participate in the program and be trained to become a trained diabetes care provider.

(II) A nonpublic school may not compel any employee to participate in the program.

(3) A trained diabetes care provider who participates in the program shall agree to perform diabetes care tasks for which training has been provided, including:

(I) Checking and recording blood glucose levels and ketone levels or assisting a student with these tasks;

(II) Administering glucagon and other emergency treatments as prescribed;

(III) Administering insulin or assisting a student in the administration of insulin through the insulin delivery system that the student uses; and

(IV) Providing oral diabetes medications.
(4) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE
PROVISION OF DIABETES CARE SERVICES BY A TRAINED DIABETES CARE PROVIDER
IN ACCORDANCE WITH THIS SECTION MAY NOT BE CONSTRUED AS PERFORMING
ACTS OF PRACTICAL NURSING OR REGISTERED NURSING UNDER TITLE 8 OF THE
HEALTH OCCUPATIONS ARTICLE.

(5) EXCEPT FOR ANY WILLFUL OR GROSSLY NEGLIGENT ACT, AN
EMPLOYEE WHO RESPONDS IN GOOD FAITH TO PROVIDE DIABETES-RELATED
HEALTH CARE SERVICES TO A STUDENT IN ACCORDANCE WITH THIS SECTION IS
IMMUNE FROM CIVIL LIABILITY FOR ANY ACT OR OMISSION IN THE COURSE OF
PROVIDING CARE.

(6) (1) THE PARENT OR GUARDIAN OF A STUDENT WITH DIABETES WHO
NEEDS DIABETES CARE AT SCHOOL SHALL SUBMIT A DIABETES MEDICAL
MANAGEMENT PLAN TO THE SCHOOL.

(2) EACH STUDENT’S DIABETES MEDICAL MANAGEMENT PLAN
SHALL BE REVIEWED IN A MEETING OF THE FOLLOWING INDIVIDUALS:

(i) THE PARENTS OR GUARDIANS OF THE STUDENT;

(ii) THE STUDENT;

(iii) THE SCHOOL NURSE;

(iv) THE STUDENT’S CLASSROOM TEACHER;

(v) IF THE PROGRAM HAS BEEN ESTABLISHED AT THE SCHOOL,
ALL TRAINED DIABETES CARE PROVIDERS AT THE SCHOOL WHO MAY BE REQUIRED
TO PROVIDE CARE TO THE STUDENT; AND

(vi) ANY OTHER INDIVIDUALS DETERMINED NECESSARY BY THE
SCHOOL.

(3) A DIABETES MEDICAL MANAGEMENT PLAN REVIEW MEETING
SHALL BE HELD WITHIN 30 DAYS AFTER THE DIABETES MEDICAL MANAGEMENT
PLAN IS SUBMITTED.

(4) IF A STUDENT’S DIABETES MEDICAL MANAGEMENT PLAN STATES
THAT THE STUDENT MAY PERFORM SPECIFIED DIABETES CARE TASKS
INDEPENDENTLY, THE STUDENT MAY:

(i) PERFORM AUTHORIZED TASKS WHEREVER THE STUDENT
CONSIDERS NECESSARY, INCLUDING IN THE STUDENT’S CLASSROOM, THE AREA
HOUSE BILL 771

DESIGNATED BY THE SCHOOL UNDER SUBSECTION (D) OF THIS SECTION, OR OFF SCHOOL GROUNDS;

(II) POSSESS AND CARRY ANY SUPPLIES AND EQUIPMENT NECESSARY TO PERFORM DIABETES CARE TASKS; AND

(III) POSSESS A CELLULAR PHONE TO ASK FOR ASSISTANCE WHEN NECESSARY.

7–426.4.

(A) THE DEPARTMENT AND THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE JOINTLY SHALL ESTABLISH GUIDELINES FOR PUBLIC SCHOOLS REGARDING THE ADMINISTRATION OF HEALTH CARE SERVICES TO STUDENTS WITH DIABETES.

(B) THE GUIDELINES SHALL INCLUDE:

(1) PROCEDURES FOR TREATING AND ADMINISTERING MEDICATION TO CONTROL DIABETIC SYMPTOMS;

(2) PROCEDURES FOR MONITORING BLOOD GLUCOSE AND KETONE LEVELS;

(3) A DESCRIPTION OF PARENTAL OR CAREGIVER RESPONSIBILITIES IN RELATION TO THE CARE OF THEIR CHILD WITH DIABETES, INCLUDING:

(i) NOTIFYING A SCHOOL OF A CHILD’S DIABETES DIAGNOSIS;

(ii) PROVIDING APPROPRIATE MEDICATION, DELIVERY DEVICES, AND MEDICAL CONDITION INDICATION DEVICES, INCLUDING MEDIC ALERT BRACELETS OR NECKLACES;

(iii) PROVIDING PARENTAL CONSENT FOR THE ADMINISTRATION OF MEDICATIONS; AND

(iv) PROVIDING AN EMERGENCY CARD FOR MEDICAL EMERGENCIES WITH UP–TO–DATE CONTACT NAMES AND TELEPHONE NUMBERS;

(4) A DESCRIPTION OF SCHOOL RESPONSIBILITIES IN RELATION TO THE CARE OF A STUDENT WITH DIABETES, INCLUDING:

(i) INSTRUCTION BY THE SCHOOL NURSE FOR SCHOOL HEALTH SERVICES PERSONNEL, TEACHERS, COACHES, TRANSPORTATION PERSONNEL, AND
OTHER APPROPRIATE SCHOOL PERSONNEL, AS DETERMINED BY THE SCHOOL NURSE, INCLUDING INSTRUCTION ON:

1. Recognizing the symptoms of hypoglycemia and hyperglycemia and the appropriate actions to take to control the symptoms;

2. Administering glucagon in an emergency in accordance with health care provider orders; and

3. Implementing a student’s medical plan and a student’s 504 plan;

(II) Providing and distributing the required documents for notification, consent for the administration of medications, medical emergency contact information, and any other appropriate documents to the appropriate individuals or entities; and

(III) Ensuring that appropriate school personnel are available to administer insulin during the school day and during other school–sponsored events and activities;

(5) A description of student responsibilities in relation to the student’s diabetes care that are age and clinically appropriate;

(6) Establishing procedures for students who have been determined by the school nurse to be capable of and responsible for self–management of their diabetes in accordance with health care provider orders; and

(7) Any other issue that is relevant to the administration of health care services to students with diabetes.

(C) The Department and the Department of Health and Mental Hygiene shall:

(1) Provide technical assistance to schools to:

(1) Implement the guidelines established under this section; and

(II) Instruct school personnel at the local level regarding the guidelines established under this section; and
(2) Develop a process to monitor the implementation of the guidelines established under this section.

(D) (1) An individual who has received instruction to provide diabetes care services to students in accordance with the guidelines adopted under this section is not civilly liable for any act or omission in the course of providing diabetes care services to a student if:

(i) The individual is acting in good faith while providing diabetes care services to a student who is in need of diabetes care services or to a student who the individual believes in good faith to be in need of diabetes care services;

(ii) The diabetes care services are provided in a reasonably prudent manner; and

(iii) The diabetes care services are provided to the student without fee or other compensation.

(2) Paragraph (1) of this subsection does not affect, and may not be construed to affect, any immunities from civil liability or defenses established by any other provision of law to which an individual may be entitled.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The State Department of Education and the Department of Health and Mental Hygiene, in consultation with the Board of Nursing, local school systems, local health departments, and other interested stakeholders, shall establish a plan for all public school health services programs in the State to provide diabetes care services through implementation of policies and programs so students with diabetes can:

(1) remain safe in school;

(2) be supported for optimal academic achievement; and

(3) fully participate in all aspects of school programming, including after-school activities and other school–sponsored events.

(b) On or before December 1, 2016, the State Department of Education and the Department of Health and Mental Hygiene shall report to the Senate Education, Health, and Environmental Affairs Committee and the House Committee on Ways and Means on the implementation of the plan established under this section.
AND BE IT FURTHER ENACTED, That this Act shall take effect
July 1, 2016.

Approved:

__________________________________________
Governor.

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Speaker of the House of Delegates.

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President of the Senate.