

HB0771/564832/1

BY: Education, Health, and Environmental Affairs Committee

AMENDMENTS TO HOUSE BILL 771

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, after “Public” insert “and Nonpublic”; strike line 3 in its entirety and substitute “Student Diabetes Management Program”; in line 6, after “the” insert “training of employees to become trained diabetes care providers; 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; encouraging 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 trained diabetes care providers under certain circumstances; requiring certain parents or guardians of a certain student to submit a Diabetes Medical Management Plan to the school under certain circumstances; encouraging certain parents or guardians of a certain student to submit a Diabetes Medical Management Plan to the school under certain circumstances; requiring that a certain meeting of certain individuals be held within a 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.”; and strike beginning with “administration” in line 7 down through “guidelines;” in line 8.

(Over)

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On page 2, strike beginning with “requiring” in line 4 down through “State.” in line 9; and in line 12, strike “7-426.4” and substitute “7-438 and 7-439”.

AMENDMENT NO. 2

On pages 10 through 12, strike in their entirety the lines beginning with line 7 on page 10 through line 32 on page 12, inclusive.

AMENDMENT NO. 3

On page 12, after line 32, insert:

“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

(Over)

(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;

(Over)

(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) (I) A TRAINED DIABETES CARE PROVIDER WHO PROVIDES DIABETES CARE SERVICES TO AN INDIVIDUAL IN ACCORDANCE WITH THE PROVISIONS OF THIS SECTION IS NOT CIVILLY LIABLE FOR ANY ACT OR OMISSION IN THE COURSE OF PROVIDING DIABETES CARE SERVICES IF:

1. THE TRAINED DIABETES CARE PROVIDER IS ACTING IN GOOD FAITH WHILE PROVIDING DIABETES CARE SERVICES TO AN INDIVIDUAL WHO IS IN NEED OF DIABETES CARE SERVICES OR TO AN INDIVIDUAL BELIEVED IN GOOD FAITH BY THE TRAINED DIABETES CARE PROVIDER TO BE IN NEED OF DIABETES CARE SERVICES;

2. THE DIABETES CARE SERVICES ARE PROVIDED IN A REASONABLY PRUDENT MANNER; AND

3. THE DIABETES CARE SERVICES ARE PROVIDED TO THE INDIVIDUAL WITHOUT FEE OR OTHER COMPENSATION.

(II) SUBPARAGRAPH (I) OF THIS PARAGRAPH DOES NOT AFFECT, AND MAY NOT BE CONSTRUED AS AFFECTING, ANY IMMUNITIES FROM CIVIL LIABILITY OR DEFENSES ESTABLISHED BY ANY OTHER PROVISION OF THE CODE OR BY COMMON LAW TO WHICH A VOLUNTEER MAY BE ENTITLED.

(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.

(Over)

(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 MAY 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 MAY:

(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, IF APPLICABLE, 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.

(Over)

(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 IS ENCOURAGED 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) (I) A TRAINED DIABETES CARE PROVIDER WHO PROVIDES DIABETES CARE SERVICES TO AN INDIVIDUAL IN ACCORDANCE WITH THE PROVISIONS OF THIS SECTION IS NOT CIVILLY LIABLE FOR ANY ACT OR OMISSION IN THE COURSE OF PROVIDING DIABETES CARE SERVICES IF:

1. THE TRAINED DIABETES CARE PROVIDER IS ACTING IN GOOD FAITH WHILE PROVIDING DIABETES CARE SERVICES TO AN INDIVIDUAL WHO IS IN NEED OF DIABETES CARE SERVICES OR TO AN INDIVIDUAL BELIEVED IN GOOD FAITH BY THE TRAINED DIABETES CARE PROVIDER TO BE IN NEED OF DIABETES CARE SERVICES;

2. THE DIABETES CARE SERVICES ARE PROVIDED IN A REASONABLY PRUDENT MANNER; AND

3. THE DIABETES CARE SERVICES ARE PROVIDED TO THE INDIVIDUAL WITHOUT FEE OR OTHER COMPENSATION.

(II) SUBPARAGRAPH (I) OF THIS PARAGRAPH DOES NOT AFFECT, AND MAY NOT BE CONSTRUED AS AFFECTING, ANY IMMUNITIES FROM CIVIL LIABILITY OR DEFENSES ESTABLISHED BY ANY OTHER PROVISION OF THE CODE OR BY COMMON LAW TO WHICH A VOLUNTEER MAY BE ENTITLED.

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

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

(I) THE PARENTS OR GUARDIANS OF THE STUDENT;

(II) THE STUDENT;

(III) THE SCHOOL NURSE, IF APPLICABLE;

(Over)

(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 MAY 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.”.

On page 13, in line 1, strike “3.” and substitute “2.”.