



**LATE**

STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

**Date:** 03/16/2015  
**Time:** 01:15 PM  
**Location:** 229  
**Committee:** Senate Education

**Department:** Education

**Person Testifying:** Kathryn S. Matayoshi, Superintendent of Education

**Title of Bill:** HB 0010, HD2 RELATING TO EDUCATION.

**Purpose of Bill:** Authorizes Department of Education (DOE) employees and agents to volunteer to administer auto-injectable epinephrine to a student with anaphylaxis in an emergency situation and to assist in the testing and management of diabetes for students. Allows students with diabetes to self-test and self-manage their illness. Requires DOE to report on the status of implementation. (HB10 HD2)

**Department's Position:**

The Department of Education (Department) supports the intent of HB10 HD2. This measure permits Department employees and agents to volunteer to administer epinephrine to students with anaphylaxis when needed. Volunteers will also receive training in the proper administration of epinephrine.

We respectfully request that language in this measure be revised. The department requests references to the student's medical management plan be removed from throughout the measure as this is not a function of the department. We also suggest other clarifying and formatting changes:

- p.1., edit line 6-7, Section 1 - delete "and management"
  - p.1, edit line 12, Section 1, 2(a)(1) - "...illnesses; and"
  - p.2, edit line 2, Section 1, 2(a)(2) - "...anaphylaxis;"
  - p.2, amend line 3, Section 1, 2(b)(2), 2(b)(3), 2(b)(4) - insert language in this section for clarity; delete "pursuant to the student's management plan"; delete "pursuant to the student's medical management plan"; delete "required pursuant to the student's medical management plan"
- (3) A student with diabetes to perform the student's own blood glucose checks, administer insulin through the insulin delivery system that the student uses, and otherwise attend to the care and management of the student's diabetes pursuant to the student's medical management plan during any school related activity; and
- (4) A student with diabetes to possess on the student's person all necessary supplies and equipment to perform the diabetes monitoring and treatment activities required pursuant to the student's medical management plan.

- p.2, delete lines 9-18, Section 1, 2(b)(2) - (reinserted/reworded above)  
~~"...students with diabetes may perform the student's own blood glucose checks, administer insulin through the insulin delivery system that the student uses, and otherwise attend to the care and management of the student's diabetes pursuant to the student's medical management plan and during any school-related activity, and possess on the student's person all necessary supplies and equipment to perform the diabetes monitoring and treatment activities required pursuant to the student's medical management plan,..."~~
- p.4, reword lines 9-12, Section 2 -  
"The department of education shall submit a report to the legislature no later than twenty days prior to the convening of the regular session of 2016. The report shall include:..."

The Department also respectfully informs this committee that it is in the process of reviewing the collective bargaining agreement between the Hawaii State Teachers Association and the Board of Education related to this measure.

Please see below for draft language:

SECTION 1. Section 302A-1164, Hawaii Revised Statutes, is amended as follows:

1. By amending its title to read:

"§302A-1164 Self-administration of medication by student and emergency administration; self-testing and self-management of diabetes by student; assistance with diabetes testing; permitted.

"

2. By amending subsections (a) and (b) to read:

"(a) The department shall permit:

(1) The self-administration of medication by a student for asthma, anaphylaxis, diabetes, or other potentially life-threatening illnesses; [and]

(2) Department employees and agents to volunteer to administer insulin or assist a student in administering insulin via the insulin delivery system that the student uses or glucagon in an emergency situation to students with diabetes[-] or

administer auto-injectable epinephrine in an emergency situation to students with anaphylaxis;

(3) A student with diabetes to perform the student's own blood glucose checks, administer insulin through the insulin delivery system that the student uses, and otherwise attend to the care and management of the student's diabetes during any school-related activity; and

(4) A student with diabetes to possess on the student's person all necessary supplies and equipment to perform the diabetes monitoring and treatment activities.

(b) The student's parent or guardian shall provide the department with:

(1) Written authorization for the self-administration of medication or the emergency administration of glucagon[7] or auto-injectable epinephrine;

(2) In the case of self-administration of medication, written certification from the student's physician, advanced practice registered nurse, or physician assistant stating that the student:

(A) Has asthma, anaphylaxis, diabetes, or another potentially life-threatening illness; and

(B) Is capable of, and has been instructed in, the proper method of self-administration of medication; and

(3) In the case of administration of insulin or emergency administration of glucagon to a student with diabetes[7] or auto-injectable epinephrine to a student with anaphylaxis, written certification from the student's physician, advanced

practice registered nurse, or physician assistant stating that the student has medical orders that insulin, glucagon, or auto-injectable epinephrine may be administered by a volunteer."

3. By amending subsection (g) to read:

"(g) Any employee or agent who volunteers to administer insulin or glucagon in an emergency situation to a student with diabetes or auto-injectable epinephrine to a student with anaphylaxis shall receive instruction in the proper administration of insulin or glucagon or auto-injectable epinephrine by a qualified health care professional. A "qualified health care professional" means a licensed physician, physician assistant, advanced practice registered nurse or registered nurse, or certified diabetes educator. The student's parent or guardian shall supply the school with the glucagon kit required to administer the glucagon[-] or with auto-injectable epinephrine supplies to administer epinephrine. The school shall store the glucagon kit or auto-injectable epinephrine supplies in a secure but accessible location."

SECTION 2. The department of education shall submit a report to the legislature no later than twenty days prior to the convening of the regular session of 2016. The report shall include:

(1) The status of the implementation of section 1 of this Act;

(2) Any cost factors and considerations for the implementation of section 1 of this Act;

(3) The training needs of the department of education to

meet the requirements of section 1 of this Act; and

(4) Any proposed legislation.

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act shall take effect on July 1, 2015.

**LATE**

**From:**  
**To:** [EDU Testimony](#)  
**Subject:** HB10 HD2  
**Date:** Tuesday, March 17, 2015 7:30:00 AM

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March 17, 2015

The Honorable Michelle N. Kidani, Chair  
Senate Committee on Education  
Hawaii State Capitol

Dear Senator Kidani and Members of the Senate Committee on Education:

I write today to ask for your support in the passage of **HB10 HD2** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **HB10 HD2** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the student's diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **HB10 HD2** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8082880829209475979) <tel:%28808%29%20947-5979> , or via email at [ADAHawaii@diabetes.org](mailto:ADAHawaii@diabetes.org) <mailto:ADAHawaii@diabetes.org> .

Mahalo nui loa,

Dominic Chow, MD

[dominicc@hawaii.edu](mailto:dominicc@hawaii.edu)

**LATE**

**From:**  
**To:** [EDU Testimony](#)  
**Subject:** Our Keiki with Diabetes Matter - Pass HB10 HD2!  
**Date:** Sunday, March 15, 2015 11:49:59 PM

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The Honorable Michelle N. Kidani, Chair  
Senate Committee on Education  
Hawaii State Capitol

Dear Senator Kidani and Members of the Senate Committee on Education:

I write today to ask for your support in the passage of **HB10 HD2** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **HB10 HD2** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe the provisions in **HB10 HD2** are medically safe and necessary to ensure that students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The American Diabetes Association Hawaii Office is also available at (808) 947-5979, or via email at [ADAHawaii@diabetes.org](mailto:ADAHawaii@diabetes.org).

Mahalo and Aloha,

Viola E. Genadio, APRN, CDE, BCADM

Diabetes Nurse Educator

(808) 672-9170

[genadiof001@hawaii.rr.com](mailto:genadiof001@hawaii.rr.com)



**LATE**

**From:**  
**To:** [EDU Testimony](#)  
**Subject:** Our Keiki with Diabetes Matter - Pass HB10 HD2!  
**Date:** Monday, March 16, 2015 3:18:34 PM  
**Attachments:** [AAP policy brief.pdf](#)

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The Honorable Michelle N. Kidani, Chair  
Senate Committee on Education  
Hawaii State Capitol

Dear Senator Kidani and Members of the Senate Committee on Education:

I write today to ask for your support in the passage of **HB10 HD2** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **HB10 HD2** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
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I strongly believe **HB10 HD2** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at [\(808\) 947-5979](tel:8089475979), or via email at [ADAHawaii@diabetes.org](mailto:ADAHawaii@diabetes.org).

**Please also find attached a policy brief I wrote for the American Academy of Pediatrics Council on School Health last fall for discussion within their Executive Committee. Other states have already adopted this. It is difficult having conversations with young patients who regularly take time out of class to attend to their health. We can follow their lead in providing our children with diabetes better care and education!**

Mahalo nui loa,

Grace Lim, MD, MPH  
509-251-1745  
[gxlim@hawaii.edu](mailto:gxlim@hawaii.edu)

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Grace X. Lim, MD, MPH  
Pediatrics Resident, PGY-2  
Kapi'olani Medical Center

**TO:** AAP Council on School Health

**FROM:** Dr. Grace Lim, MD, MPH, PGY-2, University of Hawai'i

**DATE:** October 1, 2014

**RE:** Utilizing Unlicensed Assistive Personnel (UAP) to Provide Quality Diabetes Care in Schools

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## **Introduction**

Diabetes care in schools remains sub-par due to a lack of full-time school nurses and concerns about liability in delegating duties to unlicensed assistive personnel (UAP). This is problematic, as children with diabetes should have the same rights to equal education opportunities as children without. Currently, most states allow for the use of UAP to administer insulin as cost prevents district hiring of full-time school nurses.<sup>i</sup> Having trained UAP in schools decreases the amount of the time children spend outside of class in the health office and prevents parents from missing or giving up work in order to help administer insulin to their children in school.

The current AAP position on general medication administration includes sparing use of UAP for "single-dose medication delivery or life-saving emergency medication administration."<sup>ii</sup> This brief describes the current political landscape and then outlines three specific recommendations for inclusion in the emerging AAP guidelines, specifically regarding insulin administration in schools. Recommendations are to: 1) increase availability of trained personnel in schools who can administer insulin; 2) prioritize safety in diabetes care by creating standardized training for insulin administration in schools and expanding training of emergent injectable administrations to include glucagon; and 3) minimize liability for trained personnel in schools. An AAP policy statement including these recommendations will result in quality diabetes care for children in schools.

## **Background**

In 2013, the California Supreme Court ruled that state law allowed trained unlicensed assistive personnel (UAP) to administer insulin.<sup>iii</sup> Although most states had previously adopted this practice, none had fought for its recognition at this level of the judicial system.<sup>iv</sup> In this pivotal case, a minority of parents and educators backed the American Nurses Association (ANA) in their argument that insulin is a dangerous drug that requires two nurses to verify dosing prior to administration in the hospital, citing a threefold increase in medication errors by UAP.<sup>iv,v</sup>

The American Diabetes Association (ADA), on the other hand, celebrated this ruling as a victory with the support of the Obama administration, the American Association of Clinical Endocrinologists (AACE), the Disability Rights Education and Defense Fund (DREDF), the American Association of Diabetes Educators (AADE), many teachers and parents, and the American Academy of Pediatrics (AAP).<sup>iii,vi</sup> However, the current official AAP policy on medication administration in schools relies heavily on full-time school nurses, operating under the assumption of best practice.<sup>ii</sup> With the known budget constraints in most districts, it is not feasible to adequately address diabetes care without the use of UAP. Given this reality, the AAP must expand its recommendations to ensure that the current practice in so many states is not only sufficient, but also superlative.

## Recommendations

The current school system cannot feasibly support full-time nurses in each facility – this is clear. Despite this reality, the AAP can continue to support schools in providing the best possible care to children with diabetes using the following recommendations.

### *1. Utilize trained UAP for insulin administration while continuing to emphasize the ideal of full-time school nurses.*

School employees may already be familiar with diabetes management, and those who are not are conceivably akin to parents of children with new diagnoses. In a 2007 cross-sectional study in Virginia by the ADA's Safe at School program, parents reported that over 30% of people administering insulin to their children in schools were UAP, consisting of volunteer teachers, administrators, coaches, and cafeteria workers, indicating that recruitment will not be an issue.<sup>vii</sup> Further, while the ANA frequently cites medication errors by UAP in a 2000 University of Iowa study, they do not report that errors were mostly missed doses due to children not presenting for medication, which rarely included insulin, if at all.<sup>viii</sup>

The South Dakota Virtual Nursing Project also successfully utilized UAP via occasional virtual nursing interactions for monitoring over a three year period.<sup>ix</sup> Only one error occurred during the study; this was due to a mistake in carbohydrate counting and did not affect insulin dosing or administration. Lastly, an extensive web search revealed only one news article regarding insulin overdose in school; this event involved a nurse, rather than UAP.<sup>x</sup> Given this data, UAP can be trusted to help administer insulin safely.

### *2. Standardize training for UAP via a certification program in diabetes care in schools. All staff should recognize signs of hypoglycemia and those trained in EpiPen injections should also be trained in emergent glucagon administration.*

Current training programs vary by state and district without a set curriculum or standard trainer.<sup>xi</sup> If safety is the number one concern in the use of UAP, the AAP should utilize available resources, such as existing training documents by the ADA and AADE, to provide adequate and safe training.<sup>xii,xiii</sup> Emphasis should also be placed on the need for interval recertification.

In addition to insulin administration, emergency situations should be recognizable by all staff and treatable by those with appropriate training. Individuals designated for such training can be identified by current standards for anaphylaxis treatment and CPR training.

### *3. Minimize liability for school nurses and UAP who aid in diabetes care.*

In order to continue recruitment and retention of school nurses, in-school caregivers must be protected legally. State laws vary in this regard.<sup>xiv,xv</sup> For example, CA state law specifically deems that nurses assign, rather than delegate, tasks to UAP, in order to prevent UAP from practicing under a school nurse's license and to remove any increased legal risk from individual school nurses.<sup>xvi</sup>

Importantly, trained UAP should be volunteers and not required individuals within the school system. States and districts should explore whether "Good Samaritan" statutes in their jurisdiction apply to volunteer UAP, particularly with regard to insulin administration in school.

## Conclusion

Children with diabetes deserve quality care in school in order to learn at their best. Producing a strong AAP policy statement on insulin administration that includes increased availability of in-school caregivers, improved safety via excellent training of caregivers, and minimal liability in order to recruit and retain caregivers, will ensure effective treatment of diabetes, better learners, and brighter futures.

*Special thanks to:* Dr. Jeff Okamoto, MD, FAAP; Leslie Lam, Hawaii ADA Executive Director; and Dr. Jane Kadohiro, DrPH, MS, APRN, CDE, FAADE.

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## Endnotes

- <sup>i</sup> State School Health Policy Database: Administration of Medications. National Association of State Boards of Education. [www.nasbe.org](http://www.nasbe.org). Accessed 24 Sept 2014.
- <sup>ii</sup> American Academy of Pediatrics. Policy Statement – Guidance for the Administration of Medication in School. *Pediatrics* 2009. 124(4):1244-1251.
- <sup>iii</sup> “The California School Diabetes Care Lawsuit: Questions and Answer for California Parents and Guardians.” Disability Rights Education & Defense Fund; American Diabetes Association Safe at School. Sept 2013. Accessed 20 Sept 2014.
- <sup>iv</sup> National Association of School Nurses. Position Statement: Diabetes Management in the School Setting (print). Jan 2012.
- <sup>v</sup> Spradling, N. “Myth vs. FACT – A Rebuttal to the Diabetes in CA Schools Website.” ANACalifornia.org. 12 Apr 2010. Accessed 25 Sept 2014.
- <sup>vi</sup> Egelko, B. “Obama Administration Steps into Insulin Shot Fight.” SFGate.com. 29 May 2011. Accessed 25 Sept 2014.
- <sup>vii</sup> Hellems, M. & Clarke, W. Safe at School: A Virginia Experience. *Diabetes Care* 2007. 30:1396-1398.
- <sup>viii</sup> McCarthy, A., et al. Medication Administration Practices of School Nurses. *Journal of School Health* 2000. 70(9):371-376.
- <sup>ix</sup> Damgaard, G. Virtual Nursing Project (presentation notes). South Dakota Board of Nursing. 16 Oct 2013.
- <sup>x</sup> Rasta, A. “Mother: Daughter overdosed due to ‘negligent’ school nurse”. KTSM.com. 13 Mar 2013. Accessed 26 Sept 2014.
- <sup>xi</sup> State School Health Policy Database: Administration of Medications. National Association of State Boards of Education. [www.nasbe.org](http://www.nasbe.org). Accessed 24 Sept 2014.
- <sup>xii</sup> American Diabetes Association. Position Statement: Diabetes Care in the School and Day Care Setting. *Diabetes Care* 2013. 36(S1):S75-S79.
- <sup>xiii</sup> American Association of Diabetes Educators. AADE Position Statement: Management of Children with Diabetes in the School Setting (print). Aug 2012.
- <sup>xiv</sup> Lechtenberg, J. Legal Aspects of School Nursing. *School Health Alert*. Apr 2009.
- <sup>xv</sup> Kelly, M., et al. School Nurses’ Experiences With Medication Administration. *The Journal of School Nursing* 2003. 19(5):281-287.
- <sup>xvi</sup> Kahn, P. & Grasska, M. Navigating the New Landscape for Medication Administration at Schools (Powerpoint slides). California School-Based Health Alliance Conference. 7 Mar 2014. Available at <http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2014/03/Navigating-New-Landscape-for-Medication-Administration-at-Schools.pdf>. Accessed 28 Sept 2014.