

SENATE BILL NO. _____ HOUSE BILL NO. _____

1 A BILL to amend and reenact § 22.1-274.01:1 of the Code of Virginia and to amend the Code of Virginia
2 by adding a section numbered 22.1-274.01:2, relating to school boards; divisionwide plan for the
3 care of students who are diagnosed with diabetes in schools required.

4 **Be it enacted by the General Assembly of Virginia:**

5 **1. That § 22.1-274.01:1 of the Code of Virginia is amended and reenacted and that the Code of**
6 **Virginia is amended by adding a section numbered 22.1-274.01:2 as follows:**

7 **§ 22.1-274.01:1. Students who are diagnosed with diabetes; self-care; insertion and**
8 **reinsertion of insulin pump.**

9 A. Each ~~local~~ school board shall permit each enrolled student who is diagnosed with diabetes, with
10 parental consent and written approval from the prescriber, as that term is defined in § 54.1-3401, to (i)
11 carry with him and use supplies, including a reasonable and appropriate short-term supply of
12 carbohydrates, an insulin pump, and equipment for immediate treatment of high and low ~~blood~~ glucose
13 levels, ~~and~~; (ii) self-check his own ~~blood~~ glucose levels on a school bus, on school property, and at a
14 school-sponsored activity; and (iii) carry with him and use a cell phone or smart device, pursuant to
15 subdivision B 4 of § 22.1-79.3:1, to monitor, address, or contact his parent, the school, or his health care
16 provider to communicate about any matter relating to diabetes care and management needs or decisions,
17 including to self-check his own glucose levels in accordance with clause (ii).

18 B. A ~~local~~ school board employee who is a registered nurse, ~~or~~ licensed practical nurse, ~~or certified~~
19 ~~nurse aide~~ and who has been trained in the administration of insulin, including the use and insertion of
20 insulin pumps, and the administration of glucagon may assist a student who is diagnosed with diabetes
21 and who carries an insulin pump with the insertion or reinsertion of the pump or any of its parts. For the
22 purposes of this subsection, "employee" has the same meaning as in subsection E of § 22.1-274. Prescriber
23 authorization and parental consent shall be obtained for any such employee to assist with the insertion or
24 reinsertion of the pump or any of its parts. Nothing in this section shall require any employee to assist
25 with the insertion or reinsertion of the pump or any of its parts.

§ 22.1-274.01:2. School boards; divisionwide plan for the care of students who are diagnosed with diabetes required.

A. Each school board shall develop, amend as necessary, and implement a divisionwide plan for the care, at school during regular school hours, of each public elementary or secondary school student who is diagnosed with diabetes in the school division for the purpose of ensuring the maintenance of a safe and healthy learning environment and maximizing the opportunity for academic success for each student. Each such divisionwide plan shall:

1. Give consideration to and incorporate, where appropriate, the guidelines contained in the Department's Diabetes Management in Schools: Manual for Unlicensed Personnel (the Manual);

2. Ensure that any training, education, and professional development opportunities for licensed or unlicensed staff relating to such care are properly tailored to the unique needs that are present in each school in the school division and the skills and desires of the staff in each such school;

3. Include procedures, consistent with subsection E of § 22.1-274, for ensuring that in each school building in the school division that is attended by one or more students diagnosed with diabetes and that has an instructional and administrative staff of (i) 10 or more, at least two employees have been trained in the administration of insulin and glucagon and (b) fewer than 10, at least one employee has been trained in the administration of insulin and glucagon;

4. Ensure that the provision or assistance with the provision of diabetes-related care by licensed or unlicensed school board employees is consistent with the guidance contained in the most recent revision of the Manual and is in accordance with applicable law, including:

a. Assistance with the administration of insulin or glucagon by a school board employee who is not a registered nurse, advanced practice registered nurse, physician, or physician assistant but who has been trained in the administration of insulin or glucagon in accordance with the provisions of subsection E of § 22.1-274;

b. Assistance with the insertion and reinsertion of the insulin pump or any part thereof by a school board employee who is a registered nurse or licensed practical nurse and who has been trained in the

administration of insulin, including the use and insertion of insulin pumps, and the administration of glucagon in accordance with the provisions of subsection B of § 22.1-274.01:1; and

c. The administration of undesignated nasal or injectable glucagon to a student diagnosed with diabetes from an inventory of undesignated glucagon maintained by the school by a school nurse or other authorized school board employee in accordance with the provisions of subsection F of § 22.1-274.2;

5. Ensure that each student who is diagnosed with diabetes is, to the fullest extent possible and in accordance with all state and federal laws and regulations, not deprived of, denied, excluded from, or otherwise limited in the access to or the opportunity to receive an education or participate in any school-sponsored program or activity solely by reason of his diabetes;

6. Prioritize opportunities for parental involvement in the process of providing care for such students at school, including establishing processes and procedures for the submission and consideration of Diabetes Medical Management Plans, the development of Individualized Health Care Plans in collaboration with the school nurse or another qualified staff member, and the consideration of complaints and resolution of disputes relating to such documents or any other aspect of the provision of care for such students at school;

7. Provide interested parents with opportunities to provide input on the development or amendment of the divisionwide plan;

8. Include procedures to implement and enforce the divisionwide plan in each public elementary and secondary school in the local school division; and

9. Address such other matters as the school board deems necessary and appropriate.

B. The Department shall, alone or in consultation with such individuals or entities as it deems appropriate, provide technical assistance to school boards upon request in the development, amendment, or implementation of the divisionwide plans required pursuant to subsection A.

2. That the Department of Education, in consultation with the Department of Health, the School Committee of the Virginia Diabetes Council, the American Diabetes Association, and such other stakeholders as it deems appropriate, shall conduct a comprehensive review of the Diabetes Management in Schools: Manual for Unlicensed Personnel and shall, no later than January 1, 2027,

79 revise such document as deemed necessary to (i) ensure that such document is up to date and
80 properly guides and informs the development of divisionwide plans required pursuant to § 22.1-
81 274.01:2 of the Code of Virginia, as created by this act; (ii) define, or update the definitions of, terms
82 relating to diabetes care to ensure consistency and currency, including the terms (a) "diabetes
83 device" or any equivalent term that refers to any medically necessary device used in the treatment
84 or monitoring of diabetes, including glucose monitors and meters, wearable diabetes devices, and
85 any part or component thereof; (b) "connected diabetes technology" or any equivalent term that
86 refers to any digital or electronic device used in conjunction with a diabetes device for the purpose
87 of regulating the timing and amount of insulin delivery, collecting or transmitting glucose data, or
88 assisting with the performance or monitoring of other diabetes-related care or decision-making;
89 and (c) "designated unlicensed employee" to mean any school board employee who is not a
90 registered nurse, advanced practice registered nurse, physician, or physician assistant but who,
91 consistent with applicable law, has been trained in the administration of insulin and glucagon and
92 has been authorized by a prescriber and has parental consent to assist with the administration of
93 insulin or administer glucagon to a student diagnosed with diabetes; (iii) include information on the
94 immunity of a school board employee, provided pursuant to subdivision A 11 of § 8.01-225 of the
95 Code of Virginia, from liability for civil damages for ordinary negligence in acts or omissions
96 resulting from such employee's assistance with the administration of insulin, the insertion or
97 reinsertion of an insulin pump or any part thereof, or the administration of glucagon to a student
98 diagnosed with diabetes, provided that such employee has been trained in the administration of
99 insulin and glucagon and rendered such treatment pursuant to prescriber authorization, with
100 parental consent, and consistent with applicable law and regulation; (iv) include guidance consistent
101 with the provisions of §§ 22.1-274 and 22.1-274.2 of the Code of Virginia and § 22.1-274.01:1 of the
102 Code of Virginia, as amended by this act, relating to the training of and provision of or assistance
103 with the provision of diabetes-related care by school board employees, including guidance on the
104 training of, provision or assistance with the provision of care by, and designation of a designated
105 unlicensed employee, as that term is defined in clause (ii) (c); and (v) include guidance for (a)

ensuring that each school in the school division attended by one or more students diagnosed with diabetes meets the minimum staffing requirements for employees trained in the administration of insulin and glucagon set forth in subsection E of § 22.1-274 of the Code of Virginia; (b) in the event that any such school is unable to meet such minimum staffing requirements because no trained employee is available, making a good faith, ongoing effort to identify and provide for the training of a volunteer to assist with the provision of such care; (c) encouraging or incentivizing trained employees to provide diabetes-related care, in accordance with applicable law and regulation, when no school nurse or employee who is a registered nurse, advanced practice registered nurse, physician, or physician assistant is present; and (d) determining when no school board employee who is a registered nurse, advanced practice registered nurse, physician, or physician assistant is present and, therefore, when a trained employee is permitted to assist with the administration of insulin or administer glucagon pursuant to subsection E of § 22.1-274 of the Code of Virginia.

3. That the Department of Education, in consultation with the Department of Health, the School Committee of the Virginia Diabetes Council, the American Diabetes Association, and such other stakeholders as it deems appropriate, shall review the Diabetes Management in Schools: Manual for Unlicensed Personnel at least annually and revise it as necessary to ensure the information therein is current and accurate.

4. That each school board shall develop and implement its divisionwide plan as required pursuant to § 22.1-274.01:2 of the Code of Virginia, as created by this act, to become effective beginning with the 2027–2028 school year.

5. That the Department of Education, in collaboration with the Department of Health, shall develop, periodically review and update as necessary, make available to each school board, and post in a publicly accessible location on its website informational materials for parents on type 1 and type 2 diabetes awareness that shall include (i) a description of type 1 and type 2 diabetes, the risk factors and warning signs associated with type 1 and type 2 diabetes, and the autoantibody screening process for type 1 diabetes, including informing individuals with a positive result about the ability to follow up with an endocrinologist to monitor progress and determine when treatments to delay a

type 1 diabetes diagnosis could be appropriate; (ii) guidance for parents on actions to take if a child displays any warning signs associated with type 1 or type 2 diabetes, including a recommendation that any parent who suspects his child is displaying any warning signs associated with type 1 or type 2 diabetes should immediately consult with his child's primary care provider to determine if immediate screening for type 1 or type 2 diabetes is appropriate; (iii) a recommendation that following a type 1 or type 2 diabetes diagnosis, the parent should consult with the child's primary care provider to develop an appropriate treatment plan, which may include consultation with a medical specialist such as an endocrinologist; and (iv) guidance for any parent of a child who receives a diabetes diagnosis relating to the school-based supports and services available for students with type 1 or type 2 diabetes, including information on the options, policies, and procedures relating to diabetes care and management in a school setting.

6. That each school board shall make the informational materials developed pursuant to the fifth enactment of this act available to the parent of each student enrolled in the school division at the beginning of each school year.

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