

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 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. Make available 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;

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

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

8. 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, school board members, 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, revise such document as deemed necessary to (i) ensure that such document is up to date and properly guides and informs the development of divisionwide plans required pursuant to § 22.1-274.01:2 of the Code of Virginia, as created by this act; (ii) define, or update the definitions of, terms relating to diabetes care to ensure consistency and currency, including the

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

133 2 diabetes should immediately consult with his child's primary care provider to determine if
134 immediate screening for type 1 or type 2 diabetes is appropriate; (iii) a recommendation that
135 following a type 1 or type 2 diabetes diagnosis, the parent should consult with the child's primary
136 care provider to develop an appropriate treatment plan, which may include consultation with a
137 medical specialist such as an endocrinologist; and (iv) guidance for any parent of a child who
138 receives a diabetes diagnosis relating to the school-based supports and services available for
139 students with type 1 or type 2 diabetes, including information on the options, policies, and
140 procedures relating to diabetes care and management in a school setting.

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

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