



**House Bill 231
Proponent Testimony**

Gary Dougherty
Director, State Government Affairs
American Diabetes Association®
Senate Education Committee
December 16, 2020

Chair Lehner and Members of the Senate Education Committee:

My name is Gary Dougherty and I am the Director of State Government Affairs for the American Diabetes Association® (ADA), the global authority on diabetes.

I regret that I am unable to join you today; however, on behalf of the nearly 4.3 million Ohioans with or at risk for diabetes, I want to take a few moments to share the ADA's thoughts regarding the provisions of House Bill 231 that would allow schools and camps to be prescribed glucagon for use when a child experiences a hypoglycemic, or low blood glucose, emergency. These provisions, originally introduced as House Bill 511, were amended into HB 231 two weeks ago on the House floor.

When Rep. John Rogers, the sponsor of HB 511, presented his bill in the House, he mentioned that he learned about an Illinois school nurse who was faced with just such an emergency and that inspired him to draft the legislation. I'm very familiar with that situation because I worked very closely with that Illinois school nurse to advocate for a new law that is very similar to the provisions now found in HB 231.

In 2018, a school nurse in the East Moline School District in Illinois had to use one student's glucagon kit when another student with diabetes experienced a dangerous hypoglycemic emergency at school and did not have their own glucagon kit on hand. The action she took, which she acknowledged could have cost her job, may have saved the life of the young student.

The nurse contacted me as well as her State Representative to encourage the introduction of a bill to allow a physician or other medical professional with prescriptive authority to prescribe undesignated glucagon in the name of a school to be maintained for use when necessary.

Illinois [House Bill 822](#) was introduced with the support of ADA as well as the Illinois Association of School Nurses. It passed through both chambers of the legislature with unanimous votes and, after being signed into law by Gov. J.B. Pritzker on August 19, 2019, became the first such legislation to be enacted in the country.

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In 2014, the Ohio General Assembly passed landmark legislation (HB 264 - [ORC §3313.7112](#)) to assist children with diabetes who attend an elementary or secondary public, charter, or private school in the state. The law has benefitted countless students in the last six years by training volunteer school staff, when a school nurse is unavailable, to assist students with diabetes in accordance with their diabetes care plans. These tasks might include checking a student's blood glucose, estimating the number of carbohydrates in their lunch or snack, administering insulin, and, in the case of a hypoglycemic emergency, administering life-saving prescription medication called glucagon.

The parent or guardian of a student with diabetes is expected to ensure that all necessary diabetes supplies, including glucagon, are provided to the school for use by the school nurse or trained volunteer school personnel to provide diabetes care to their child.

However, some cases arise in which a glucagon kit may not be readily available for a student with diabetes. The ADA does not believe a student with diabetes should be denied immediate emergency care, simply because their prescribed glucagon is not available on-site or has expired.

As amended, House Bill 231 would allow a physician or other medical professional with prescriptive authority to prescribe undesignated glucagon in the name of a school or a camp to be maintained for use when necessary. The legislation is permissive in that it "allows" rather than "requires" a school to maintain a supply of undesignated glucagon.

Whereas ADA was a strong proponent of the Illinois law, there are two areas of HB 231 that would benefit from some clarification.

We would like to see explicit direction that, for the protection of the student as well as the school, a Diabetes Medical Management Plan (DMMP) or medical order must be in place before glucagon may be given to a student. Since current law ([Ohio Revised Code §3313.7112\(B\)\(1\)](#)) states that "Each board of education or governing authority shall ensure that each student enrolled in the school district or chartered nonpublic school who has diabetes receives appropriate and needed diabetes care in accordance with an order signed by the student's treating practitioner," we recommend that §3313.7115(D)(5) be strengthened to reference this language, perhaps as follows:

§3313.7115(D)(5) Identify the emergency situations **as prescribed by a student's provider's order under §3313.7112(B)(1)**, in which a school nurse, athletic trainer, or other employees or contractors specified under division (D)(3) of this section may access and use injectable or nasally administered glucagon;

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The ADA is also a bit perplexed about §3313.7715(D)(7) which allows the undesignated glucagon to be given to other individuals beyond students. It is unclear how such individuals would be identified and how a school nurse or other designated trained person would know and be authorized to give an individual (i.e. school employee, visitor, etc.) glucagon. The ADA is not opposed to this in theory, but there needs to be clarification as to how a school nurse/trained personnel would be authorized to give glucagon to someone other than a student.

Whereas we would prefer the recommended clarifications for consistency and more seamless implementation, the American Diabetes Association® supports House Bill 231 and urges your favorable consideration as well.

Thank you very much for your attention. If you have any questions, please direct them to me at gdougherty@diabetes.org and I will do my best to answer them for you.

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