

# Ohio House of Representatives



**Representative John M. Rogers  
60<sup>th</sup> House District**

**Representative Tracy Richardson  
86<sup>th</sup> House District**

Chair Lehner, Vice Chair Brenner, Ranking Member Fedor, and members of the Senate Education Committee, thank you for allowing us the opportunity to provide sponsor testimony on House Bill 231.

In support of your consideration of this bill today, I offer these takeaways on the provisions in this legislation which would permit schools and camps to procure and administer injectable or nasally administered glucagon in accordance with prescribed policies. Unfortunately, I am away this week and will not be able to answer your questions directly. However my esteemed colleague from Union County, also presenting sponsor testimony today, is more than capable of answering your questions afterwards.

Under existing law, schools and camps are limited in how they may store and administer glucagon, an emergency medication for diabetics. Glucagon is a hormone that increases blood sugar levels, and is critically important to have readily available for cases where a hypoglycemic diabetic loses consciousness or does not respond to orally administered glucose in the form of candy, soft drinks or the like.

Currently, our children may be at risk, and school nurses placed in a moral dilemma. Our permissive bill would empower schools and camps to take steps that could address life-threatening situations, adding an additional layer of protection to Ohio's children living with diabetes.

Under our proposal, public and nonpublic schools, residential camps, day camps and municipal recreational camps would be permitted to obtain and store doses of glucagon to administer in an emergency. Schools and camps would be allowed to accept monetary donations for the glucagon, as well as actual donations of the drug from a drug wholesaler or manufacturer.

This legislation is modeled after Sub HB 96 from the 130th General Assembly, which granted schools and camps the same permissive ability to acquire and store epi-pens for administration during medical emergencies.

Under House Bill 231, glucagon doses stored by schools or camps would not have to be prescribed to any particular individual, and therefore nurses or other properly trained responders would not have to worry about legal or professional consequences if they need to administer the drug in an emergency. Rather, schools, camps, their governing authorities, employees, contractors and volunteers will be afforded a qualified immunity, in a vein similar as that afforded to epi-pens. To be eligible, schools and camps would be required to develop their own proper protocols involving the storage and administration of glucagon, including but not limited to the following considerations:

- where the glucagon is to be stored;
- under what conditions is it to be administered;
- who can administer it;
- what training must be completed before someone can administer the glucagon;
- what protocol should be in place to involve emergency medical providers after a dose has been administered; and
- when and to whom a dosage of glucagon may be administered.

As an important note, through outreach to interested parties made during the development of House Bill 511 (the inclusion of which into House Bill 231 establishes the aforementioned provisions), this legislation has received the support of the American Camp Association, the Central Ohio Diabetes Association, Lifecare Alliance, the Ohio Education Association, the Ohio Athletic Trainers' Association, parents of children with diabetes, a Columbus-based endocrinologist and a diabetes educator.

I thank you for your consideration and would respectfully ask you for your support of this legislation.

Thank you.