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seen, and we're trying to be realistic about what we can do in that context.

Second, you all probably are aware that traditionally young students get top priority after public officials at this Committee. Today, there is an exception to that rule. We are lucky enough today to have half a dozen members of the hearing impaired community here today to talk to us about a Deaf Child Bill of Rights legislation that we have before us.

And the very able sign language interpreter who is with us is with us for just a few hours. So we will be making sure that those who are hearing impaired go right after the public officials, and then students will get to go right after them. And given how things work, it's probably right after Commissioner Pryor has finished his testimony.

And so with that, we're hopeful that folks will respect the rules. There will be a bell that will go off after three minutes of testimony. And for those who are hearing impaired, we will make the appropriate signal so that you will know that three minutes are up. And we look forward to hearing your testimony. And Commissioner Pryor, I believe you're up first.

COMMISSIONER STEFAN PRYOR: Greetings. Thank you, Madam Chair, Mr. Chair, Members of the Committee. I'm very pleased to be back in front of you and prepared to talk with you again today. Ranking Members, Members of the Education Committee, thank you very much for this continuing opportunity.

First, thank you, again, for your consideration of S.B. 24, THE GOVERNOR'S OMNIBUS EDUCATION REFORM BILL. This truly has

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contemplates the same dollar amount with more districts. I think we can have a discussion around that. That's merely a question of what's the right dollar figure per district to get this right, so to test it in the right way.

So we're very receptive to this piece of legislation and to the other elements contained within and look forward to discussing them with you at any length. I'll try to go rapidly, Madam and Mr. Chair, so as not to prolong my stay here and to enable questions.

H.B. 5356, AN ACT CONCERNING BRIDGES BETWEEN PUBLIC SCHOOLS AND INSTITUTIONS OF HIGHER ED, is a laudable proposal. 5356 is what I'm speaking of. As you know, many graduates of our low performance schools --

REP. FLEISCHMANN: Commissioner?

COMMISSIONER STEFAN PRYOR: Yes.

REP. FLEISCHMANN: You need not comment on that bill. Due to a technical matter, we're going to wait to hear Higher Ed's proposal on a similar matter, so you can go right past it.

COMMISSIONER STEFAN PRYOR: Thank you, sir. Thank you, sir. I will skip. H.B. 5348, AN ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS, proposes to strengthen the presence of school nurses in school districts and to establish an advisory council to examine professional development for school nurses.

We simply haven't had an opportunity to sit down with the proponents of this bill, those who've crafted it, those who support it. We look forward to developing a clearer

understanding of the implications of this bill. I simply want to share with you that we welcome a conversation around it. We've not yet had it, at least at the Commissioner level.

S.B. 300, AN ACT CONCERNING EARLY CHILDHOOD EDUCATION, addresses the preparation provided to our youngest children. Madam and Mr. Chair, Members of the Committee, you know very well that the Governor and this Administration as a whole, this Education Department, are deeply committed to promoting expanded, high-quality early childhood education.

S.B. 24 includes new funding for 500 additional slots as well as dollars to increase provider quality through a tiered quality rating and improvement system that we think is absolutely essential to large-scale change beyond the near-term investments that we think are also very important.

We view the Governor's proposal as an important down payment on our shared long-term goal, and we would welcome an exploration of anything further that is aimed at or is proposed. We think that the method that the Governor's bill proposes is a good first step.

Two bills up for discussion today, H.B. 5353, AN ACT CONCERNING INDIVIDUALIZED EDUCATION PROGRAMS AND OTHER ISSUES RELATED TO SPECIAL EDUCATION, and H.B. 5357, AN ACT CONCERNING A DEAF CHILD BILL OF RIGHTS, are in the domain of special education and related issues.

These are both very important bills. And as you know well, special education is an intricate, highly regulated, and cost-intensive set of programs and initiatives.

COMMISSIONER STEFAN PRYOR: Representative.

REP. COOK: Good afternoon, Commissioner. Nice to see you again.

COMMISSIONER STEFAN PRYOR: Nice to see you again.

REP. COOK: I want to thank you for all of your information and testimony on the bills. There's a couple I would like to refer to if you want to comment back, or we can follow up later.

COMMISSIONER STEFAN PRYOR: Please.

REP. COOK: The first one, 5348, THE ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS. We have a wonderful program, and this kind of piggybacks on the vo-tech schools and our community colleges and how we strengthen and merge those together.

And you had said that you were looking to develop the direction of where we were going with this. Maybe we could reach out to them and utilize our nursing programs in both of those schools to kind of help fill the void in some areas until we can iron out some of those details, just a suggestion.

COMMISSIONER STEFAN PRYOR: Thank you.

REP. COOK: Senate Bill 300, ACT CONCERNING EARLY CHILDHOOD, I echo my, the concerns and questions of my Chair, Representative Fleischmann. The 500 slots that are available is a fantastic start.

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I think we do need to look at a more open vision as far as where those 500 additional slots go, because just, those need-based

SENATOR STILLMAN: There's, I thought there were two chairs there. Are we missing, oh, I'm sorry.

A VOICE: (Inaudible).

SENATOR STILLMAN: No. No. (Inaudible). Oh, good, you have another one. Okay. Welcome.

GEORGE HOSEY: Thank you. Senator Stillman, Representative Fleischmann, and Members of the Education Committee, for the record, my name is George Hosey. I am from Ledyard, Connecticut, and I'm here to testify in support of H.B. 5348.

Good morning, and thank you for the opportunity to offer testimony and ask for a change that I feel is needed in regard to the self-testing of blood glucose by students as is currently directed by school medical advisors and school nurses.

In April of last year, our son, Anthony Zeno, was diagnosed with type one diabetes. We were shocked by the difficulty we had in ensuring that Anthony was permitted to self-test in his classroom. While Connecticut law guarantees the right to self-test in school, it gives far too much leeway to the individual schools and districts to decide the manner and location of the testing.

This can require that a student walk a long distance to a nurse's office several times a day simply to take a medically required blood sugar level. This does not create a safe, healthy environment for the student, nor is it conducive to education, as it forces the student to miss valuable instruction time.

While Anthony's issues have been resolved for the moment, a number of questions remains. What prevents this from happening to Anthony again as he moves up in the ranks from elementary to middle to high school? And what prevents this from happening to other children and their parents throughout the state?

The answer, of course, is unambiguous legislation on the side of the children that guarantees them the right to test in their classrooms and wherever else they need to. Furthermore, Connecticut's General Statutes currently do not allow for anyone other than the school nurse to administer the potentially lifesaving injectable medication Glucagon in schools.

So-called injectables may be administered by nonmedical personnel to protect a student against harm or death only in the case of diagnosed allergic condition. Diabetes is not an allergic condition but is no less dangerous to those who suffer from it.

The law needs to include mention of nonallergic conditions such diabetes to allow for other available personnel to administer this medication in an emergency. Approximately 400, one in 400 children in the United States have been diagnosed with diabetes. And sadly, this number increases every year.

Children with diabetes already carry a significant burden. To require them to leave their classrooms and miss instruction time for a medically necessary blood test is both unsafe and unfair. To fail to protect them during the school day is unconscionable.

I ask that the Committee keep all of this in mind as it continues its good work on H.B. 5348. And I thank you. My wife, Karen, thanks you, and Anthony thanks you.

SENATOR STILLMAN: Did Anthony want to say anything?

ANTHONY HOSEY: Not really.

SENATOR STILLMAN: Oh, we were hoping that you would say a few words, but I think you just did, so we'll leave it at that. But we're glad you're here and that we've given you a chance to put a face to the name and to see that you're thriving in spite of all this.

And I thank you also, Mr. Hosey, for bringing this to our attention. And I know Representative Reynolds probably has a question for you since you were working with him to make sure that we have this opportunity. Representative Reynolds.

GEORGE HOSEY: Yes, thank you.

REP. REYNOLDS: Thank you, Madam Chairwoman. Thank you, Mr. Hosey. Thank you, Anthony, for coming in. Let me understand. The, your son has type one diabetes. How is that different from type two, and what does that change with regard to the urgency of an incident that might occur in a school?

GEORGE HOSEY: The significant different between type one and type two diabetes is that unlike type two diabetes, type one diabetes is incurable. It cannot be controlled by diet nor by exercise. Those who suffer from type one diabetes simply have diabetes, and they have it for life barring some future cure that

the medical community we hope will someday come up with.

REP. REYNOLDS: So it really is analogous to a severe allergy where a sole incident could be life threatening.

GEORGE HOSEY: Very much so. Like any diabetic, especially the type one diabetics must keep their blood sugar within a certain range. And for his age, the appropriate range is 80 to 180, I believe it's milligrams per deciliter is the unit, if I remember correctly.

And prolonged periods of time above that 180 are unhealthy, and sinking below the 80 becomes dangerous. At some point when it gets low enough, a child could slip into a, could pass out or even slip into a coma, and worse case is die.

REP. REYNOLDS: So as I understand from your testimony, hold on one minute, please. Mr. Chairman.

REP. FLEISCHMANN: Thank you. I'm sorry to interrupt. I just have a quick announcement for those who are deaf and hearing impaired in the audience who may have concerns.

Our interpreter who is here now will have to leave at 2:00, but I wanted you to know that all testimony to be presented today will be available online through the Education Committee website.

And this hearing is being televised by the Connecticut Network, which offers closed captioning so that if you choose to watch it either online or later at home when it's rebroadcast, you will be able to capture all testimony that's given. I just didn't want

you to be concerned that you would miss anything at the point the interpreter leaves.

We'd love to have an interpreter all day. The Office of Legislative Management doesn't have enough funding for that. But hopefully these other remedies will allow you to access any and all testimony you need. And with that, thank you, Representative Reynolds, and I turn the mic back to you.

REP. REYNOLDS: Thank you, Mr. Chairman. So your proposal then is two-fold. So current law says that a student can self-test, but some schools, but the State Department of Ed is charged with developing guidelines for such self-testing which gives district extraordinary discretion as to places and times within the school that this testing could occur.

And so if a school said your son had to go to the nurse's office, what's a scenario within which that is just impractical?

GEORGE HOSEY: For example, depending on the size or layout of school, a child's classroom could be a lengthy distance from the nurse's office. In the case of my own son, his classroom was over 500 feet from the nurse's office, and ours is not a particularly large school.

So if you imagine two, three, four times a day these children have to take these blood sugar levels depending on their activities, and if they are forced to walk from their classroom to the nurse's office, one, you risk a dangerous situation in which perhaps that child's blood sugar is dropping low.

And by forcing them to walk a tenth of a mile or longer down to the nurse's office, for all

we know, that child could actually pass out in the hallway, as is unlikely but is possible.

REP. REYNOLDS: And the other issue is that unlike EpiPens for allergies, the staff are not required to be trained in the glucose guns. Is that what you're telling us?

GEORGE HOSEY: In fact, they are not permitted to be.

REP. REYNOLDS: Oh. Okay.

GEORGE HOSEY: As the law currently allows, nonmedical personnel may only use injectable medications in the case of allergic conditions, and diabetes is not technically an allergic condition.

REP. REYNOLDS: So it sounds like there is really an inequity in the law with regard to treatment of students with allergies versus students with diabetes. Would that be a fair conclusion?

GEORGE HOSEY: We certainly believe so, yes.

REP. REYNOLDS: Okay. Well, thank you. You've educated me, and I want to thank the Chairs for considering this recommendation. Thank you.

GEORGE HOSEY: Thank you.

SENATOR STILLMAN: Thank you, Representative. Representative Cook.

REP. COOK: Thank you, Madam Chair.

SENATOR STILLMAN: Then Representative Johnson.

REP. COOK: If you don't mind, Anthony, could I ask you a couple of questions? I see you trying to get out of here really quick.

GEORGE HOSEY: Here, buddy, move to the mic.

REP. COOK: I can't see you. I have four children, and two of which have very dear friends that suffer from the condition that you have and deal with the same complications that you have in your situation in your school.

Can you tell me, if you don't mind, and everyone else that's listening, what classes you miss and if you miss recess and all that other fun stuff when you have to leave, if you do leave, to go to the nurse?

ANTHONY HOSEY: Well, it is hard to explain.

REP. COOK: The best you can, because we understand that this building is pretty intimidating.

ANTHONY HOSEY: Well, I have no clue.

REP. COOK: Do you miss English?

ANTHONY HOSEY: Like sometimes I'll miss a little bit of math, like 30 minutes of math or something like that.

REP. COOK: Okay. That, I think that's what I, is important, is how much class time that you're missing by not being able to take care of your medical condition. And I think that what I, I want everybody to know that you shouldn't be punished or your education shouldn't be punished for the treatment of which you need to give.

And when you go to the nurse to do your testing, if you did go to the nurse, do you

walk by yourself, or do you walk with a friend?

ANTHONY HOSEY: Usually by myself.

REP. COOK: Okay. Thank you very much. And thank you for being very brave and coming to talk to us. And I don't know if you want to leave yet, because I think somebody else has a question. I just don't know who it's for.

SENATOR STILLMAN: Thank you. Representative Johnson.

REP. JOHNSON: Thank you, Madam Chair. And thank you, Anthony, for being here today. It's wonderful to hear the testimony from you and from your dad. I have constituents who have your, who are in the same situation as you are.

And one of the problems that, when I reviewed this problem and submitted some legislation last session, you know, one of the problems we thought we might have is the fact that the administration of the glycogen, you know, is, in a situation where someone is going into a diabetic coma, would have to be administered by someone other than the person, him or herself.

So if you're stung by a bee, for example, you'd have a situation where that child would be able to administer with that EpiPen, whereas in this circumstance, if you're going into a diabetic coma, this would have to be done by some other professional in the school.

So one of the problems that we discovered for the student in my district was that they were unable to maybe attend athletic, be part of athletic teams because of the fluctuations in

the blood sugar when you exercise. Are these circumstances that, and you can answer, or your dad can answer, are these circumstances that you find difficult to deal with as well?

ANTHONY HOSEY: Not with sports, because I've always played sports pretty much, so that's pretty easy to me. I just go on the side and do it and then get back in.

REP. JOHNSON: Very good. Very good.

GEORGE HOSEY: Where the challenges come into play would be during the school day, if he had gym, for example, and now instead of measuring twice or three times in a day, he has to add two more measurements to his day, once for before gym and once for after gym, to ensure that the activity level from gym hasn't caused him to plummet to an unsafe low.

REP. JOHNSON: And the other thing that I'd like to hear, in terms of the administration of the glycogen, there's no problem with the administration. The dosages are addressed. The blood sugar level kind of self-corrects. Is that, that's my understanding of the glycogen.

GEORGE HOSEY: Anthony uses what's called Humalog as his insulin source. And his regimen is based on the total number of carbs in a meal. So at lunchtime, he would count up the number of carbs and actually take a set number of units based on that.

REP. JOHNSON: Just to follow up, in terms of someone who had diabetes that, are you familiar with the term brittle diabetic or the, where the blood sugar levels fluctuate for no apparent reason sometimes?

GEORGE HOSEY: I have not heard that term.

REP. JOHNSON: Okay. All right. Great. Well, thank you so much. We really appreciate your testimony today.

GEORGE HOSEY: Thank you.

REP. FLEISCHMANN: Are there any other questions for the witnesses who are before us, one of whom is ready to run? Representative Ackert.

REP. ACKERT: Thank you, Mr. Chairman, and a very, very quick one. (Inaudible) I'm way in the corner over here. Just how often during the day do you test, and how long does the test take? And that's all I have.

ANTHONY HOSEY: A couple seconds maybe, because I've been, I'm getting used to it.

REP. ACKERT: Great. And how many times average?

ANTHONY HOSEY: Per day or at school?

REP. ACKERT: Per day.

ANTHONY HOSEY: About eight to ten.

REP. ACKERT: Eight to ten. Thank you so much, and thank you for coming up. Thank you, Mr. Chairman.

GEORGE HOSEY: Thank you.

REP. FLEISCHMANN: Thank you for those good questions. Thank you for those good answers. Was it as painful as a visit to the doctor's office or a blood test?

ANTHONY HOSEY: Not until I get out of here.

REP. FLEISCHMANN: Okay. All right. Seeing no further questions, you are free to go. You are free to go.

GEORGE HOSEY: Thank you all very much.

REP. FLEISCHMANN: Thank you. And best performance as a leading witness, okay. We'll go to Senator McLachlan to be followed by student Matthew Bedard.

SENATOR MCLACHLAN: Thank you, Mr. Chairman. I'm Senator Mike McLachlan from Danbury, and I'm grateful to be here today. And I appreciate that the leadership has decided to consider some important legislation before us today, House Bill 5357, AN ACT CONCERNING A DEAF CHILD BILL OF RIGHTS, and Senate Bill 299, AN ACT CONCERNING MINOR REVISIONS TO THE EDUCATION STATUTES.

I've submitted written testimony, and I'd just like to highlight a few points, very specifically House Bill 5357. I'm grateful to my constituent, Mary Silvestri, who left, I guess because the interpreter has left also. But I want to thank Mary Silvestri and the hearing impaired advocates for their work on this.

Also, I want to thank you for last year where you considered and approved and this Legislature passed the American Sign Language Initiative, which granted special credits to people for American Sign Language in school. And this has all been done with the help and assistance of Representative Joe Taborsak, my colleague from Danbury.

Also, I'd like to call to your attention Senate Bill 299. In this case, what I'm focusing on is the Junior Reserve Officer

immediately at all grade levels. Because we're not getting all of our students at the kindergarten level, if they were to need extensive interventions earlier than that, we can provide those then.

And then for the students that come in a little bit later, we have, because our other students are then on grade level because of the early childhood programs, we're able to provide more intensive interventions as a result of that to those students as well.

So it's hard to say what exactly is the, you know, the number one factor, because I don't know that we can ever pull apart all of those things. But CREC would always be very happy to talk about the whole package and what CREC, you know, the vision and the philosophy that CREC uses to get our children to the achievement levels that we've seen.

REP. LEGEYT: Thank you. Thank you, Madam Chair.

SENATOR STILLMAN: Thank you, Representative. Any other questions? Thank you very much.

JULIA CASE: Thank you. Thank you for your time.

SENATOR STILLMAN: Steve Updegrove followed by Jan Hochadel who will then be followed by Paul Megold. Welcome.

STEVE UPDEGROVE: Good day. Thank you very much. My name is Steve Updegrove. I'm a pediatrician from New Haven and a member of the School Health Committee, the Connecticut Chapter of the Academy of Pediatrics. I'm here to speak about Raised Bill 5348, AN ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS.

While we did not propose the changes to sections one and two, I do want to register our support for them. I would also like to propose that a representative of the Academy be included in the advisory council proposed in section two. The changes that we have proposed are in section three.

It is our position that as currently written this section no longer reflects the scope of responsibilities appropriate to a school medical advisor and needs updating. It is the Academy's belief the school medication position represents an important yet underutilized resource for our local school districts.

For this reason, we would like to eliminate the old language and insert that which appears in section, in the blue section of section three(a). And we would like to further recommend that in number two in that section there where it reads, provides school health services, that this be changed to, advise concerning the provision of school health services as we are, after all, advisors and rarely, if ever, actually provide health services in the school.

As to the rest of section three, we further believe that the needs of this position are constantly evolving and that in the same way that the present language has become antiquated, we would like to see the language in this raised bill in sections three(b), (c), (d), and (e) referred to the Department of Education and issued in regulatory language that would be updated from time to time far more readily than would be able to be done through statute.

Recognizing that the regulatory process, however, can also be time consuming, we would propose that this, that these could be issued as interim guidelines until that regulatory process is completed. The Academy believes that at a time when resources are so scarce that we should make every effort to identify and utilize those at hand.

The school medical advisor is such a resource, and it is our hope that the statutory and regulatory changes we propose will assure that Connecticut's school children fully benefit from it. Thank you very much.

SENATOR STILLMAN: Thank you, sir. Did you submit written testimony with your suggestions?

STEVE UPDEGROVE: I have not. I will type this up and have this to you tonight.

SENATOR STILLMAN: Okay. If you could e-mail to us, because you've made some suggestions as to how to change --

STEVE UPDEGROVE: Absolutely.

SENATOR STILLMAN: -- what's, and I want to make sure that we --

STEVE UPDEGROVE: Yup.

SENATOR STILLMAN: -- we're following your, you know, your suggestions so that we can understand them.

STEVE UPDEGROVE: Sure.

SENATOR STILLMAN: Quite frankly, I don't know how far we're going to move this bill along, but we at least need the right information --

STEVE UPDEGROVE: Absolutely.

SENATOR STILLMAN: -- and make sure that if it's implementable, then it's something that we need to consider with the correct information.

STEVE UPDEGROVE: Sure. Yeah, I think these changes will certainly streamline the bill --

SENATOR STILLMAN: Okay.

STEVE UPDEGROVE: If it does pass.

SENATOR STILLMAN: Thank you.

SENATOR STILLMAN: In terms of the medical advisor, do you know any?

STEVE UPDEGROVE: I am one.

SENATOR STILLMAN: You are one.

STEVE UPDEGROVE: Yes.

SENATOR STILLMAN: I thought you were going to say that.

STEVE UPDEGROVE: I've known him all my life.

SENATOR STILLMAN: I didn't want to quite which one do spot, but could you share with the committee exactly what you do as a medical advisor?

STEVE UPDEGROVE: Well, actually, the list of things that are in there, I helped put that together. So I think that's actually a pretty good -- pretty good summary of those things. I think it would actually would be, perhaps, fair to say what doesn't get done, and I think that's probably what prompted the whole concern about this bill was that there's a tremendous, sort of, unevenness of how this resource is utilized across the state. Obviously, some districts are much smaller than others and they may have far less resources to

commit to getting a school medical advisor. Others much larger, like New Haven, the one that I work in, it's been -- I've been very fortunate to have the opportunity to work there because they have recognized that this is something in a big district that they can make ample use of so and so and I provide really almost a full day's worth of -- of consultation to them every week. And by being able to -- actually, there and work in the Board of Education and with the Bureau of Nursing, we're able to accomplish really quite a lot. I think a good example of that is the school wellness plans that were mandated by federal legislation when the RIC program was reauthorized in 2004. Every state were supposed to create -- every district was create a wellness plan dealing with nutrition, physical activity, and health education related to those matters, and every -- all the districts in Connecticut duly complied with this. However, although only about a handful really consulted their school medical advisors when they put these things together, and I think it points very much to the underutilization of that resource because this is a very important opportunity to bring these important matters to the attention of the school boards, and to the districts, and to the parents, and to everyone and yet the great resource of the school medical advisor was hardly used in terms of framing the actions which they could take within that plan.

SENATOR STILLMAN: Thank you. Do you know how many of you there are in the state?

STEVE UPDEGROVE: It is -- probably changes. I believe each district above a certain size -- I think above 5000 -- is supposed to have one. And I think most every district, even those who are not required, do have one. So, however, many districts there are, we're pretty close to that number. There are some, represent -- some school medical advisers, however, who serve more than one district, so in terms of actual numbers, something less than that.

SENATOR STILLMAN: Thank you very much.

Questions?

Representative LeGeyt.

REP. LEGEYT: Thank you, Madam Chair.

Good afternoon.

STEVE UPDEGROVE: Good afternoon.

REP. LEGEYT: As a school medical advisor, would you consider yourself more and administrator or a teacher?

STEVE UPDEGROVE: Ah, well, I -- I probably -- well, I'm an advisor so I am probably -- I don't administrate, no, because I'm not making any decisions. I'm really -- I'm really transferring information. So I would say more in the teaching capacity if you want to choose between those two.

REP. LEGEYT: And who do you advise, sir?

STEVE UPDEGROVE: The individual I work with was closely in New Haven is the person who is the nursing coordinator, and then, through her, to all the other nurses in the -- in the department, but then I also work closely with other members of the Board of Education, and we have a wellness committee down there that is very active and so there are quite a number of people there from the community, from across the Board of Education and elsewhere. And so I work with all of them, as well.

REP. LEGEYT: So the -- and is part of what you do to help facilitate the administration of health services in the schools?

STEVE UPDEGROVE: Yes. In the broad sense but also, in particular, because there may be a given student who has issues and so they might come to me and asked me

my advice as to how to -- how we might better serve that student.

REP. LEGEYT: Is any portion of your advisorial duties reflect or involve the administration of health education, as a -- as an academic or a content area component of students' education daily?

STEVE UPDEGROVE: Well, I provide health education and service to the nurses themselves, to train them, and I also, at times, have had to do that for other -- for other teachers or members of the Board of Education. And I have on occasion been asked to come to the classroom and talk to -- talk about things. That's the exception rather than the rule.

REP. LEGEYT: You do that more as a resource?

STEVE UPDEGROVE: I'm entirely a resource. That's exactly what I am.

REP. LEGEYT: Thank you so much.

STEVE UPDEGROVE: Thank you.

SENATOR STILLMAN: Anyone else?

Thank you very much.

STEVE UPDEGROVE: Thank you.

SENATOR STILLMAN: This has been very informative.

Jan Hochadel? To be followed by Paul Megold and Patrick Ricards.

JAN HOCHADEL: Good afternoon, Senator Stillman, members of the committee. I want to thank you for the opportunity to, again, represent the 1182 teachers and 11,000 students in the Connecticut Technical High School System. I believe that House Bill 5351, AN ACT CONCERNING VOCATIONAL TECHNICAL SCHOOLS, builds on the 8B24

learning happens at the students pace; that testing happens at the right time for the student; that the -- you know, to be saying it's possible that the student comes first and the scheduling reflects the student.

How does the community tie-in relate to that focus of the superintendents?

MICHELLE DOUCETTE CUNNINGHAM: Because it allows the student to be actively involved in deciding and designing their program, they get to choose the community mentor. The community mentor isn't assigned to them so they get to decide. Oh, I want to learn about poetry and then they get to think about what the community resources are there. So it really helps them to start researching what the possibilities are and building those relationships in a way that's different then an assignment would be.

REP. FLEISCHMANN: Thank you. That's very helpful. I'm a little slow on the uptake sometime, but I did get it on the second go-round so thank you.

SENATOR STILLMAN: Thank you, Representative.

Anyone else have questions?

Thank you so much.

MICHELLE DOUCETTE CUNNINGHAM: Thank you.

SENATOR STILLMAN: Thank you for the work you do.

Mary Loftus Levine, followed by VivianLea Solek and Orlando Rodriguez.

Welcome.

MARY LOFTUS LEVINE: Good evening, Senator Stillman, Representative Fleischmann, and members of the committee. I'm Mary Loftus Levine, the executive director of the Connecticut Education Association. We

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SB300
SB303

have -- I have submitted testimony on five different bills and after hearing that discussion about what student-centered learning really could be, I would like to amend my remarks that are in there. HB5352

When I read it, I thought it was just another catchy title, and I thought that the language was unusually vague. And I would like to draw your attention to lines 45 through 48, which gives the Commissioner the right to waive any statute or regulation. But what we thought of was that it would be all these experimental programs, and we thought that we would like to see more definition. And we would also like more collaboration, as the previous speaker said, with the teachers who would be actually carrying out the students-centered learning.

We're extremely happy to testify in favor of Number 5348, 5350 and 300. "Our View From the Classroom," talked about these very issues that we released in January, that I know you've all received copy of. We are very happy that the health care needs of students are being addressed, and the school nurses and school medical advisors redefining those roles, beefing them up. The literacy was a cornerstone of "Our View From the Classroom."

We do have a little concern that we'd like you to take a look at on defining the teaching credentials necessary so we have highly skilled people actually delivering the instruction. And to flush out a little more, we'd love to sit with whoever drafted it and suggest a more collaborative approach talk, bring in some experts. We think it's, obviously, the cornerstone of any attempt to close the gap and, of course, we've always been in favor of early childhood. We wish that you had -- we had in this bill an opportunity to put in some higher standards for those who teach our smallest and most vulnerable students.

And lastly, we would like you to rethink the Bill Number 303, again. I think that's been debated a lot

Welcome.

VERNA BERNARD-JONES: Good evening, Senator Stillman and members of the Education Committee. My name is Verna Bernard-Jones. I'm a school nurse at West Middle Elementary in Hartford, and I'm also the president of the Hartford Federation of Teachers Health Professionals, a local representing over 65 school nurses and health professionals in Hartford.

I'm here today to testify in support of HB Number 6348, legislation that would require safe school nurse staffing levels and provide much needed professional development for school nurses. (HB5348)

I did submit testimony, but I just want to give you some of the highlights. I know that everybody realizes that school is an educational setting but very often people are unaware of that the vast majority of schools are also healthcare settings. Almost one-third or 30 percent of the children have chronic health issues, including: Diabetes, asthma, hypertension, and other health problems.

According to the Center for Disease Control, one-third of school aged children are obese or overweight, 13 percent require prescription medication that they have to take for more than three months and (inaudible) and 10 percent have asthma.

Everyday, school nurses see several different types of students with many different issues. Among these are acute emergencies, like seizure, low blood sugar, asthma, education and psychological problems, and then we have to do mandatory screenings and periodic screenings. And, of course, we -- we're doing administer medications and doing such procedures as tube feedings and cauterizations.

School nurses also are the ones who provide students and faculties and parents with up-to-date information on infectious disease and contagious disease.

Ultimately, the school nurse manages assessment planning, intervention, and evaluation of health services for students.

Just last week, I was taking a quick lunch break around 2 p.m., when the secretary came running in and said there was a student having some type of allergic reaction. He was covered in hives and there was no documentation anywhere in his health record of being allergic to anything. Without a nurse in that school, his condition would not have been able to be assessed, treated, given medication, and he had a positive outcome.

As you all may remember, there was a case just the other day in Virginia where a young girl died in a school from a reaction to peanuts. Now, she did have a plan in place, but there was nobody there in that school to administer medication. According to the reports, there was just, I think, a nurse's aide and medication was not given.

So I just want you -- to ask you to please support this bill because without a nurse in every school children are at risk.

Thank you for your support.

SENATOR STILLMAN: Thank you very much.

Questions?

Yes, Representative Srinivasan.

REP. SRINIVASAN: Thank you very much, Madam Chair.

I definitely agree with what you said about the need for a nurse being there at every school, but I wanted to hear from you more was do you have an idea as to a proportion or the ratio between the nurse and a number of students? Do you have such numbers in mind as well?

Thank you.

VERNA BERNARD-JONES: Well, the National Association School Nursing and AFC National adopted some guidelines and, at this point, they're saying for if -- if you had entirely healthy population, they -- they recommend one nurse for every 750 students.

If you start having children with other disabilities, then, the ratio changes. And I did -- there are guidelines that I could just read to you: 150 for a well population. If you have children with disabilities, then it goes one nurse for every 225; and then if you have profoundly handicapped children, they're recommending 1 to 125 or a fraction depending how -- how profoundly handicapped the children are.

So there are guidelines in place, and this is what we were asking that those guidelines be at least followed in this state.

REP. SRINIVASAN: Could I ask (inaudible)?

Thank you, Madam Chair.

You're -- you're absolutely right in saying that we need a nurse in school for acute situations that happen on an ongoing continual basis in school, but what I couldn't understand was do you also see at the schools that chronic care, not acute care, but chronic care also being administered at the school? And that the school nurse becomes the healthcare provider, advisor, in that capacity, as well?

VERNA BERNARD-JONES: Absolutely. As I said before, there's a lot of asthma. We have children that come in with -- I have a young man that he's got spina bifida and so he has to be catheterized every day, and this will probably go on for the rest of his life. Maybe at some point, he'll be able to do it as himself but right now he's a first grader. He's seven year

old. So everyday he's got to be catheterized, twice a day in school. And then you have children with diabetes who have to be regular monitored -- regularly monitored, they have to -- they have calorie count that the nurse must constantly make sure they're -- they're not taking more calories than they're supposed to and follow them. They come down and get their blood sugar tested, and then they're tube feedings, where, you know, might have a student with -- who has to be tube fed on a daily basis.

So there's a lot of chronic condition and then there are even children -- I don't have in my school but there's children on ventilators and, you know, ongoing chronic problems.

SENATOR STILLMAN: Thank you very much.

Yes, Representative Carpino.

REP. CARPINO: Thank you, Madam Chair.

I just want to pick up on one of the questions that Representative Srinivasan asked you about some of the staffing. Do you think there should different staffing levels from something, say, like an elementary school where you've got kindergartners versus a high school where perhaps those students are of age and can do a lot of the self-care themselves?

VERNA BERNARD-JONES: Well, you know the thing -- there's definitely need for assessment as to what need. In some schools, it depends on how many children you have. You definitely need one -- more than one nurse, and I know that we recommend that if you have over 750, you definitely need another nurse. I know there on a daily basis sometimes and my school is close to 700 that I -- it's so unbelievable, especially flu season or at the time -- when H1N1 and kids are coming in really sick.

So you absolutely have to go by the population and -- and what -- what's needed.

REP. CARPINO: If I may, Madam Chair.

And I understand your point. My question is do the numbers have any variables based on the age and health of the children?

VERNA BERNARD-JONES: The health definitely makes a difference. The age -- I -- you know, I don't think it -- it depends how -- how many procedures you have to do and the amount of students. I know in some of the high schools they definitely have to have two nurses because most of the high schools, you have all of the -- you know, you'll 1200 children. I don't -- I think it's mainly the needs and the amount of children. So even though they're younger, they may be younger, but if they're a healthy population, then you may not need two nurses. But when you start to get a larger population and you -- and more -- or chronic illness, then -- so you have to just go by what your school needs.

SENATOR STILLMAN: Thank you.

Representative McCrory.

REP. MCCRORY: Good evening --

VERNA BERNARD-JONES: Hi.

REP. MCCRORY: -- and thanks for waiting to testify for us.

I just have a -- well, a concern because I was informed that at least at a couple of schools that I'm familiar with that they share a nurse. Would you ever recommend sharing a nurse because, let's say, a school population was like 300 and another school population is maybe 400, and I'm told that a nurse is shared between two schools. What are your -- your thoughts on that?

VERNA BERNARD-JONES: Well, I'm a school nurse myself. I don't like to see that. First of all, there -- you're in a building and you're already the only healthcare professional in that building available, and anything can -- can happen in that day. If you have to leave to go cover another school -- I had a situation once where one nurse was asked to go cover another school, but in the school she was leaving she had a child with seizures and just as she left that child had a seizure, and there was nobody else there to, you know. So I would -- I think you do need a nurse in every building that would be my --

REP. MCCRORY: Thank you.

SENATOR STILLMAN: Thank you very much.

Any other questions?

Thank you so much.

VERNA BERNARD-JONES: Thank you.

SENATOR STILLMAN: Dr. Karisa Niehoff? Dr. Niehoff? No? That's too bad. I had some questions for her. Okay.

Jeremy Brecher, followed by Greg Beyer and Gary Greco.

JEREMY BRECHER: Good evening, Senator Stillman, Representative Fleischmann and members of the committee. I'm Jeremy Brecher. I'm a Connecticut historian, and I'm testifying in support of Senate Bill 304, Labor History in the Public School Curriculum.

I speak as a Connecticut historian and the author of two books on Connecticut labor history and ten books on American labor history, and the former humanity scholar and residence of Connecticut public television and radio, where I was a script writer for more than

If not, thank you, and by the way you didn't say exactly what the person before you said, so you -- you did add value. You can -- you can feel good about yourself.

Is Gary Greco still here? I see shaking of heads, so how about Donna Kosiorowski? Donna?

DONNA KOSIOROWSKI: I'm here.

REP. FLEISCHMANN: Your moment has arrived. And Donna is to be followed by Kathleen DonAroma, if Kathleen is still here.

DONNA KOSIOROWSKI: I thought Gary was here, and I had time to get ready.

My name is Donna Kosiorowski. I'm testifying on behalf of the Association of School Nurses of Connecticut. I'm also a member of AFT, and I'm testifying on behalf of the children of Connecticut. HB5348

I listened to my colleague, Verna Bernard-Jones, talk to you about school nursing. And what I'd like to do right now is have a conversation that we don't usually have about school nurses. And I think in addition to the emergency care that they provide, the chronic care that they provide, I'd like to share a store with you so that you can highlight the real value of the school nurse.

A 15-year-old boy at a high school, we were having a PPT for his annual review. He had been diagnosed with a learning disability as an elementary student. The team was concerned about him because he had begun to slip as far as his grades, and he had become extremely depressed. The team was trying to figure out was he just getting lazy, was he involved with drugs, what was the situation. The school nurse at the table knew that his diagnosis, neurofibromatosis, which you may know more commonly as elephant man's disease, he was exhibiting those exact symptoms of his diagnosis. The

lesions had affected his brain so he was no longer able to function as well as it did before. It was affecting his appearance, and for a 15-year-old boy to have visible lesions that people could see and altering his appearance was the cause for his depression. Had the school nurse not been at that table, at that meeting, the team would not have known that. So I want to impress on you that even though school nurses care for kids in the clinic every day, the value that they have is making sure that students are in class and ready to learn.

One of the highlights in my testimony to you in the -- under the rationale in the back -- in schools where instruction and learning are the primary goals, every student benefits from assessment and treatment by a school nurse to keep him or her in class and ready to learn. One study showed that students were two times as likely to leave school early on days that the school nurse was not in the building. With all of your educational reform, you can't teach an empty chair. So that's why you need school nurses that have manageable student-to-nurse numbers in our schools so that educational reform can really succeed.

Thank you.

REP. FLEISCHMANN: Thank you. And I'm just wondering, can you clarify from your vantage point as a professional what is a manageable ratio?

DONNA KOSIOROWSKI: You know, people ask me that, and I -- I don't have an answer to that, and I'll explain to you why. Many of you either have been in the hospital or have known people that are in the hospital. When you're in the hospital, if you're critically ill or seriously ill, you might be in intensive care, you might be in a step-down unit or you might be on a regular floor. And the number of nurses that are assigned to those particular areas in the hospital depends on the specific needs of the patients.

In the case of a school system, you have to look at each individual school, the resources you have and the needs of the kids and the families that make up the population of that school. So although Verna mentioned the recommended ratios that NASN, National Association of School Nurses provides, it really has a lot to do with your individual student population. You could have a student that so chronically ill and so impaired that you need one nurse for one student. So I think each school in each school district has to take an assessment of what they have in their buildings to determine what the appropriate number of nurses would be.

REP. FLEISCHMANN: So that was a complicated answer. Are there factors that are key drivers?

DONNA KOSIOROWSKI: Yes. There -- there are formulas, I guess you would call it, that if you have so many children with this diagnosis, so many children with medications, so many children with treatments that they need to have done during the school day, there's a mathematical formula that you can use. Actually, I believe, it's either Vermont or New Hampshire that has that type of a process in place where they use this formula, which I don't have with me, but it does exist.

REP. FLEISCHMANN: Let me say, that's the first I've heard of it, so if you or any of your colleagues were able to get hold of that formula, I think that would be extremely helpful, because we're trying to make sure that children are protected, as are you, and to see some rational basis for determining, here's the ratio for these elementary school students, here's the one for these high school students, based on the academia logical information we have, that would be extremely valuable if you're able to do it.

DONNA KOSIOROWSKI: Okay.

REP. FLEISCHMANN: Thank you.

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HEARINGS

EDUCATION
PART 7
2026 – 2366

2012

STATE OF CONNECTICUT
STATE BOARD OF EDUCATION

Testimony of Commissioner Stefan Pryor
March 5, 2012

Honorable co-chairs, ranking members, and members of the Education Committee, thank you for the opportunity to testify at today's public hearing.

First, thank you again for your consideration of S.B. 24, the Governor's omnibus education reform initiative. I am looking forward to continuing to work closely and collaboratively with you over the coming weeks to refine the bill and to address and incorporate your suggestions. Thanks to the Governor and the General Assembly, Connecticut has reached an historic moment for revitalizing our schools – one that we can't let slip away.

Today, I would like to register my support for the concepts underlying many of the bills you are considering. Some of these bills will require additional analysis. I'm confident that we can work together to glean the best ideas from these bills, including several that can be harmonized with the Governor's proposal.

HB5348
SB300
HB5353
HB5357
HB5351
SB301

H.B. 5350, An Act Concerning Achieving Universal Literacy by Grade Three, is a bold initiative. The Governor's proposal endorses its specific approach in two parts of S.B. 24 – by including the strengthening of data-driven early-grade reading programs as one avenue by which Alliance Districts can qualify for their conditional funding allocations, and with funding for a pilot program to support special early-grade reading assessments in a handful of districts. Representative Holder-Winfield has led these efforts, and I'm confident we can continue to work together to support other worthy aspects of this bill and to harmonize proposals with existing programs where necessary.

Likewise, I'm pleased to see on your agenda H.B. 5352, An Act Concerning Student-Centered Learning. This is a concept championed by CAPSS, and of which we are supportive. We support a pilot program to explore this idea. Funding is included to this end in the Governor's proposed budget, and our support for the idea is registered in the booklet we published alongside the Governor's proposal.

H.B. 5356, An Act Concerning Bridges Between Public Schools And Institutions Of Higher Education, is a laudable proposal. As you know, many graduates of our low-performing schools move on to higher education, only to require remedial coursework upon their arrival. One piece of this problem is that our high schools do not identify and address the needs of students at risk of being underprepared. This bill would establish a pilot partnership between a priority school district and an institution of higher education that would include a grade eleven assessment to determine college readiness, and a program to encourage linkages between Common Core State Standards and universities' expectations for college readiness. The Governor's bill, as you know, also proposes an assessment for high school juniors to assess college readiness.

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H.B. 5348, An Act Concerning School Nurses and School Medical Advisors, proposes to strengthen the presence of school nurses in school districts, and to establish an Advisory Council to examine professional development for school nurses. We look forward to developing a clearer understanding of the implications of this bill.

S.B. 300, An Act Concerning Early Childhood Education, addresses the preparation provided to our youngest children. As you know, S.B. 24 includes new funding for 500 additional children to attend early childhood programs around the state, as well as dollars to increase provider quality. We believe this is an important down payment on our shared long-term goal of achieving high-quality, cost-efficient universal pre-k.

Two bills up for discussion today, H.B. 5353, An Act Concerning Individualized Education Programs And Other Issues Relating To Special Education, and H.B. 5357, An Act Concerning a Deaf Child Bill of Rights, are in the domain of special education. As you know well, special education is an intricate, highly regulated, and cost-intensive set of programs. The SDE's Bureau of Special Education is undertaking an analysis of these bills' conformance with federal law and best practice. We will present the committee with this analysis when complete. I look forward to working with the committee on these potential measures.

S.B. 301, An Act Concerning the Open Choice Program, would reduce funding available to RESCs for the purpose of transporting students for choice programs. This bill gives cause for concern. The RESCs are the state's crucial partner in, among other areas, fulfilling our obligations to give parents choice and to achieve racial diversity in schools. We should approach with caution proposals to cut funding for these programs.

H.B. 5351 proposes changes to the Technical High School System. It is crucial that we support the Technical High Schools' dual missions of providing thousands of our youngsters with a high-quality education, and the training of a world-class workforce to help revive the state's economy. We agree with this bill's authors that a new governing board is needed to encourage closer alignment between the schools and the needs of the business community, and the Governor's package includes a proposal for a new governing board as well. We look forward to further study of H.B. 5351's recommendations.

Again, thank you for considering my testimony today. We look forward to continued close collaboration on all of the bills being discussed today.

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Verbal Testimony Outline

HB No. 5348 AN ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS

- I am a PCP and a nationally certified asthma educator
- I am also the president-elect of the CT school nurse association and the health coordinator of the ACES RESC where I supervise the nursing services, write clinical protocols and policy, provide professional development, and assist with complex and challenging student health issues

- These 2 roles offer me the opportunity of a relatively unique perspective – in the same week that I am diagnosing health conditions and prescribing medical treatment plans, I am also helping the school nurses in my district care for students and interpret and implement plans from other providers.

- Because I wear these 2 hats, these are some things I know:
  - I know that if a patient of mine hits their head in gym or at recess and there is a qualified school nurse available to assess that student, that an appropriate and timely medical evaluation will be facilitated as needed, and if the student has a concussion an appropriate and safe treatment plan will follow.
  - I also know that if there is not a qualified school nurse available, there is a good chance that this same student may present for medical care 3 days later after having recurring headaches and neurological symptoms, and likely having participated in a sporting event. That delay in recognizing the student's concussion predisposes him or her to a serious, potentially permanent brain injury.
  - I know that when I authorize asthma medication and send an asthma action plan to school, the qualified school nurse will notify my practice of concerns over the student's poor asthma control, which will facilitate the appropriate level of medical care.
  - I also know that when there is not a qualified school nurse to work with that student, the student is much more likely to wind up in the emergency room, hospitalized, or worse case scenario they die on the bus ride home. Please don't mistake this as a dramatic exaggeration – these are exactly the situations that qualified school nurses are trained to not let happen.
  - I can realistically apply the same scenarios to students with diabetes, seizure disorders, mental health conditions, peanut allergies, and so on.

- I know that as the State of CT moves toward an ambitious medical home model for all of our Medicaid recipients, qualified school nurses are exactly the type of community-based health care professionals that primary care providers need in order to safely care for my patients and our children in school. That care can actually reduce costly acute care utilization, promote primary care, and greatly contribute to the student being in class, ready to learn, where he or she needs to be if we have any hope of closing the academic achievement gap.

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Meriden, CT 06450-7160

TESTIMONY: H.B. 5348 AN ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS
EDUCATION COMMITTEE
MARCH 5, 2012

Good afternoon Senator Stillman, Representative Fleischmann, and members of the Education Committee.

Thank you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Mary Jane Williams PhD., RN, current chairperson of the Government Relations Committee and Professor Emeritus, Central Connecticut State University.

I am providing testimony on

H.B. 5348 AN ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS

Children, well and some with multiple exceptionalities spend their day in a variety of educational settings. Many of these young children have physical and mental issues, these issues are further complicated by the educational settings and a growing number and variety of social issues. The social challenges add another dimension to the educational environment. In order for children to learn and be successful depends on the student's ability to feel safe, and unthreatened.

School Nurses work in these complex environments and are faced with multiple challenges every day. Their overriding goal is to keep children healthy, in school and performing successfully. Schools with the proper ratio of school nurses to children have less absenteeism and student performance is enhanced. In a state that is challenged by student performance one part of the puzzle that can lead to success is the provision of qualified nurses in adequate numbers as defined by the National Association of School Nurses.

The National Association of School Nurses further defines school nursing as:

A specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning (www.NSNA:org).

SCHOOL MEDICAL ADVISORS

Multiple references are made throughout this proposed legislation to the School Medical Provider. However, the credentials of this proposed School Medical Advisor are never provided. In order to make any decision related to this proposed legislation it is essential this provider's education, qualification's, licensure's and experience are clearly delineated as part of the proposed legislation. It is essential that the qualifications are congruent with current standards and scopes of practice.

Support of this legislation hinges on the clear definition of School Medical Advisor.

Thank you,

Mary Jane M. Williams, PhD., R.N.

did not show

Testimony of George Hosey
Education Committee Public Hearing
March 5, 2012

H.B. 5348 AN ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS

Senator Stillman, Representative Fleischmann, and members of the Education Committee, for the record my name is George Hosey of Ledyard, and I am here to testify in support of HB 5348.

I appreciate this opportunity to offer testimony and ask for a change that I feel is needed in regards to the self testing of blood glucose by students as is currently directed by school medical advisors and school nurses.

In April of last year, our son Anthony was diagnosed with Type 1 Diabetes. Since then we have learned a great deal about not only the disease, but also the obstacles and prejudices faced by diabetic children in Connecticut. Many people are not aware of the day-to-day workings of type 1 diabetes, so I would like to provide some background information:

- There is no known cure for Type 1 diabetes (also known as juvenile diabetes or "early onset" diabetes). Unlike Type 2 diabetes, it can not be controlled with diet and/or exercise.
- Type 1 diabetics produce little or no insulin naturally and must take it by some form of injection to keep their blood sugars from becoming dangerously high.
- Type 1 diabetics must check their blood sugar levels numerous times throughout the day to determine their insulin dosages and ensure they are in a "safe" range of blood sugar levels. Because they are receiving insulin externally, they are at risk of any error, overdosing etc, that could drive their blood sugar level dangerously low.
- Low blood sugar levels left unchecked can lead quickly to a diabetic lapsing into unconsciousness, coma, or even death. (...like the famous Sunny von Bulow case some years ago)
- The treatment for low blood sugar, obviously, is sugar. However, if the diabetic is unconscious/unresponsive, and thus can not swallow sugar-containing food or drink, the treatment is Glucagon – an injectable hormone that raises blood sugar levels.

Though we live in the 21st century, in a world governed by the Americans with Disabilities Act and other protective legislation, we were shocked by the obstacles placed in the way of our efforts to allow our son to manage his diabetes in his school. First we were informed that Anthony could not return to school without an approved "emergency care plan". The plan, as dictated by the school nurse, required that Anthony test his blood sugar levels ONLY in the nurse's office. We found that unacceptable as we believed Anthony should be able to test wherever and whenever

he needed to in school. No agreement could be reached, so my wife or I had to go to the school **several times a day, every day** to test Anthony ourselves. During the summer, we educated ourselves in the law of the land and current practices with regard to diabetic children in schools. We returned for this school year armed with this knowledge, but to no avail. The school nurse would not budge on her requirements to limit where Anthony could test, to "evaluate" him before allowing self-testing at all (despite our possessing a written medical order from the Head of Pediatric Endocrinology at Hasbro Hospital), and continued to vaguely cite "policy" and "OSHA regs" as the reasons though neither school district policy nor OSHA regulations actually prohibited self testing in any area of school.

Since then, personnel changes have been made at the school, and that portion of the issue has been resolved. However, though Anthony's issues are resolved – for the moment – a number of questions remain – what prevents this from happening to Anthony again as he moves up from Elementary School to Middle School to High School? What prevents this from happening to other children (and their parents) throughout the state if their school nurses or administrators are unaware of, or unwilling to follow, the latest practices in juvenile diabetes management in school? The answer, of course, is bullet-proof legislation on the side of the children. As it stands today, Connecticut General Statutes are anything but. Regarding blood sugar level checking in schools, Connecticut General Statutes are very limited:

> ***Sec. 10-220j. Blood glucose self-testing by children. Guidelines.*** *(a) No local or regional board of education may prohibit blood glucose self-testing by children with diabetes who have a written order from a physician or an advanced practice registered nurse stating the need and the capability of such child to conduct self-testing.*
>
> *(b) The Commissioner of Education, in consultation with the Commissioner of Public Health, shall develop guidelines for policies and practices with respect to blood glucose self-testing by children pursuant to subsection (a) of this section. Such guidelines shall not be construed as regulations within the scope of chapter 54.*

While this statute is well-intentioned, it is clearly not sufficient. The law needs to be bolstered to allow these children to self-test anywhere in school at any time they need to. Children with diabetes, who could be suffering from potentially dangerous low blood sugar, should never be made to walk all the way to a nurse's office or some other designated location. Depending on the size and layout of a given school, this location could be several minutes walk each way from the child's classroom. (In my son's case, the distance from classroom to nurse's office is over 500 feet.) In addition to the safety aspect, there is also the matter of lost classroom instruction time. If a child is forced to leave their classroom, be it for five, ten, 15 minutes or longer each time, they miss a considerable amount of the lessons being taught, and subsequently fall behind their class. Blood glucose self-testing is safe, simple, quick,

and poses no threat to anyone else in the classroom. It is also a necessary part of any Juvenile Diabetes sufferer's learning process in terms of appropriately managing their condition.

Furthermore, Connecticut General Statutes currently do not allow for anyone other than the school nurse to administer potentially life-saving glucagon in school

> ***Sec. 10-212a:***
>
> *In the absence of a licensed nurse, only principals and teachers who have been properly trained may administer medications to students. Principals and teachers may administer oral, topical, or inhalant medications. Injectable medications may be administered by a principal or teacher only to a student with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death. Investigational drugs may not be administered by principals or teachers.*

As you can see, injectables may be administered by non-medical personnel to protect the student against harm or death only in the case of a "diagnosed allergic condition". Diabetes is not an allergic condition, but is no less dangerous to those who suffer from it. Clearly, the law needs to include mention of non-allergic conditions such as diabetes.

Approximately one in 400 children in the US have been diagnosed with diabetes, and sadly, this number is increasing rapidly. Children with diabetes already carry a significant burden. To require them to leave their classrooms and miss instruction time for a medically necessary blood test is both unsafe and unfair. To fail to protect their safety during the school day is unconscionable. I ask that the Committee keep all of this in mind as it considers H.B. 5348.

Thank you.

George and Karen Hosey
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HB 5348: Act concerning school nurses and school medical advisors.
Members of the Education Committee,

History
Since the inception of school nursing in the United States, school nurses have advocated for the improved health of students. Today's role of the school nurse focuses on public health and wellness orientation. The school nurse client system includes the child, the family, school personnel, and the community". Today school nurses recognize their most valuable impact occurs in roles that support student's educational success" (*School Nursing, A Comprehensive Text*, Selekman, 2006)

The value of the school nurse in terms of educational outcomes is supported in data from the Connecticut Health Services Survey (http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320768&pm=1&dsfins=45539) which indicates that 90% of students seen by a qualified school nurse return to class within 15 minutes. When a school nurse is not present, students are sent home or continue to have unresolved health problems. Today's school nurse is required to address increasingly complex and prevalent physical and mental health issues. The ability of students to participate safely in class correlates with a school having a professional school nurse to assess and manage a myriad of acute and chronic health issues, collect data, fulfill medical-legal obligations, and provide education to students and staff to minimize the potential for adverse health-related incidences.

School nurses are the only health professional in school. They participate in health education, HUSKY outreach, child abuse, 504's, PPT's, school safety, crisis management, indoor air quality, AED training, and wellness plans; issues you legislate. School nurses are first line responders and for many children their most accessible source of medical care and treatment. In an unstable economy, this is precisely the time to ensure that every child has access to quality health care in school provided by a qualified school nurse.

"When there is no registered nurse on the school premises, the responsibility to administer the necessary medications and treatments, and appropriate monitoring of the children falls on the shoulders of administrators, educators, and staff that are ill-prepared to perform these tasks (ANA, 2007)."

DESCRIPTION OF ISSUE (excerpts from Position Statements, *Caseload Assignments 2010 & Role of the School Nurse 2011* @ nasn@nasn.org)

"Currently 98% (52 million) of the nation's school children spend their day in schools (NCES, 2008).... 16% of the 52 million students have chronic physical, emotional or other health problems. Students today face increased social issues as well as the need for preventative services and interventions for acute and chronic health issues (AAP, 2008). Factors that impact the need for a more comprehensive delivery of health care services in schools include:

- Individuals with Disabilities Education Act and Section 504 which mandate health-related services to children and adolescents in school (Section 504, 2005; IDEA, 2004).
- An increase in the number of children with complex health problems....15% to 18% of children and adolescents have a chronic health condition (Perrin, 2007). From 2002 to 2008, the percentage of children in special education with health impairments, due to chronic or acute health problems, increased 60% (Bloom, 2009). Within this group, the rate of children with autism has doubled since 2002 (Bloom, 2009). A 40% increase in asthma has been seen in the past ten years (Levy, 2006), along with nearly 50% increase in the incidence of diabetes in the same time period (CDC, 2009).
- The Centers for Disease Control and Prevention report the percentage of children without health insurance was 8.9% in 2008 (CDC, 2009). With over 1.3 million homeless children in our country, schools have become the only source of health care for many....
- Families with language barriers have been found to be less likely than others to have a consistent source of medical care (Flores, 2006).
- Availability of affordable health care...affects the need for school health services (RWJF, 2009).
- Communicable and infectious diseases impact school attendance and require school nurse surveillance and reporting. "Infectious diseases account for millions of school days lost each year for... public school students in the United States: 40% of children aged 5-17 years missed 3 or more school days in the past year because of illness or injury" (CDC, 2009).
- School nurses have a positive impact on immunization rates with fewer parent requested exemptions (Salmon, 2005). (SB 284- ***AN ACT CREATING A CHILDHOOD IMMUNIZATION TASK FORCE*** to be heard on 3/7/12).

RATIONALE

"In schools, where instruction and learning are the primary goals, every student benefits from assessment and treatment by a school nurse to keep him or her in the class and ready to learn. One study showed that students were two times as likely to leave school early on days that the school nurse was not in the building" (Wyman, 2005).

School Medical Advisors (SMA)

School nurses must "execute the medical regime under the direction of a licensed physician"... It makes sense from a health and, more importantly, a safety perspective for that physician to be qualified in their role. "School districts need to define the role of the SMA from state statute . .A critical element of any role description comprises the qualifications of persons who can fill the position. From a risk management perspective, school districts are wise to seek medical advisors whose qualifications and competencies include demonstrated, up to date expertise in the care of children and adolescents" (***Legal Issues in School Health***, Schwab and Gelfman, 2001).

According to the CDC, "the academic success of America's youth is strongly linked with their health." I ask for your support of this bill on behalf of the children of Connecticut.

A Union of Professionals
AFT Healthcare

Testimony of
Verna Bernard-Jones, RN MS NCSN, President
Hartford Federation of Teachers Health Professionals
AFT Local 1018 A/B

HB 5348 Act Concerning School Nurses and School Medical Advisors.

Good afternoon Senator Stillman, Representative Fleischmann and members of the Education Committee. I am Verna Bernard-Jones and I am a school nurse at West Middle School in Hartford. I'm also President of the Hartford Federation of Teachers Health Professionals, a local union representing 65 school nurses and health professionals employed in the Hartford school district. I am here today to testify in support of HB 5348, legislation that would require safe school nurse staffing levels and provide much needed professional development for school nurses.

School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services, and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.

While everyone recognizes schools as education centers and sites for extracurricular activities, there is far less awareness that the vast majority of schools are also healthcare settings. Almost one-third (30%) of children have chronic health issues including diabetes, asthma and hypertension. According to the Centers for Disease Control, one-third of school-aged children are obese or overweight; 13% require prescription medication use lasting more than three months; and slightly fewer than 10% have asthma.

Every school day, children present myriad health needs that school nurses and other school personnel must meet. Among those needs are acute emergencies like seizures, low blood sugar and asthma attacks; emotional and psychological turmoil, required mandatory and periodic screenings; as well the administration and monitoring of medication and procedures such as tube feeding. School nurses also provide students and faculty with strategies to promote good health and up-to-date information on infectious and contagious diseases. Ultimately, the school nurse manages the assessment, planning, intervention and evaluation of health services for students.

Just last week I was finally taking a quick lunch break at almost 2pm when the secretary came running in saying a student was having some type of allergic reaction. He was covered in hives and he had no documented history of allergies. Without a nurse in the school to assess his condition, administer medication, and monitor him for anaphylaxis, the outcome could have been very different. You might remember the case earlier this year where a child in Virginia died in school from an allergic reaction. Although that child had a known peanut allergy there was no nurse in that school to administer lifesaving medication and treatment.

My colleagues and I believe that every child deserves a school nurse. Sadly, current practice does not insure that is the case. Attached to my testimony is a resolution that AFT, our national union, passed in 2002 adapting the guidelines of the National Association of School Nurse about the need for minimum staffing levels to keep students safe and healthy.

Whether in a free-standing school-based health clinic or in the school itself, school nurses work with students, paraprofessionals, teachers, other healthcare providers and parents to ensure that children are healthy so they can make the most of their opportunity to learn. We ask for your support of this important bill. Thank you.

AFT 2002 RESOLUTION

WHEREAS, We believe that every student need a professional registered nurse certified by the appropriate state agency provides unique and valuable services to students, parents and school personnel; and

WHEREAS, through public schools, the school nurse and the school communities can work together in unprecedented ways to eliminate barriers to learning and to provide access to healthcare for children and families;

WHEREAS, the country's School nurses are pivotal members of a coordinated school health system, delivering services to children and, thereby, eliminating health disparities and barriers and supporting academic success for all children; and

WHEREAS, School nurses provide vital links between public and private resources and programs, collaboration between schools and health and human service agencies to bring school and community services to schools, and support efforts to connect families to insurance programs to meet the needs of children and families; and

WHEREAS, School nurses create and maintain safe school environments; provide health education, mandatory health screenings and immunizations; deliver early intervention services; design wellness-driven programs; and provide vital medical services to students with chronic and acute illnesses; and

WHEREAS, these essential services require specially educated and experienced professional personnel:

RESOLVED, in addition to having at least one full-time school nurse in every school, AFT supports the ratio of students for each professional certified registered nurse to be 1:750 or fraction thereof for regular students, 1:225 or fraction thereof for mainstreamed students, or 1:125 or fraction thereof for severely/profoundly handicapped students.

CEA

Advocating for teachers and public education

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Affiliated with the
National Education Association

Testimony of
Mary Loftus Levine
CEA Executive Director

Before the Education Committee
Monday, March 5, 2012

Good afternoon Senator Stillman, Representative Fleischmann, and members of the Education Committee. My name is Mary Loftus Levine. I am the Executive Director of the Connecticut Education Association, representing 43,000 active and retired teachers, as well as our student program. Today I am testifying on several bills before you.

Raised Bill No. 5348
AN ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS

CEA supports this bill and its goals of providing all students access to a school nurse, addressing the issue of professional development and training for our school nurses, and redefining and updating the roles and responsibilities of a school medical advisor. CEA's recently released document, "A View from the Classroom," speaks to the importance of wrap-around services to improve the health and quality of life of our students. This bill does just that. We ask that you support it.

Raised Bill No. 5350
AN ACT CONCERNING ACHIEVING UNIVERSAL LITERACY BY GRADE THREE

HB5352
SB300
SB303

CEA strongly supports efforts to improve literacy and strengthening our ability to teach reading. We applaud whoever brought the bill forward. It is long overdue. We agree with focusing our attention on doing everything we can to improve literacy, providing children with all the resources needed to be able to read at grade level, helping our schools develop great reading programs, creating links to appropriate pre-service training and effective professional development training for all staff.

We suggest however that potentially retaining a child for multiple years, mandating summer school, creating more tests, not being specific about standards for teaching credentials, and demanding that all teachers pass a test while not defining training necessary to pass them are all counter productive strategies to the very goals this bill seeks to achieve.

CONNECTICUT AFL-CIO

56 Town Line Road, Rocky Hill, CT 06067
860-571-6191 fax 860-571-6190

Testimony of Lori Pelletier
Secretary-Treasurer
Connecticut AFL-CIO
Education Committee
Monday, March 5, 2012

Good afternoon Senator Stillman and Representative Fleishman, and members of the Education committee. My name is Lori Pelletier and I serve as the Secretary -Treasurer of the Connecticut AFL-CIO, and I am here to testify on behalf of our 900 affiliated local unions who represent over 200,000 union members from all 169 cities and towns.

I am here to testify on the following bills:

H.B. No. 5348 (RAISED) AN ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS.

We support this legislation. By working with local schools we can ensure that our children have the necessary medical care while in the classroom. With today's requirements on our education professionals in the classroom it is key to make certain that our students also have the support of medical staff to utilize the education they are receiving. Medical support is important to students, teachers, and families and we appreciate the committee's interest in raising this bill.

*H.B. No. 5351 (RAISED) AN ACT CONCERNING VOCATIONAL-TECHNICAL SCHOOLS.

In concept we support this legislation. We have advocated for decades on the worth of our technical high school system and appreciate the attention the governor and the general assembly are putting on our technical high schools is laudable. Not every student has the interest to go to college. These students can add value to our society and economy by working in trades that require hands on skills.

SB304

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Our technical high schools give students the opportunity to come out with shovel ready skills. By investing and refocusing our technical high school system we are demonstrating to these students and their families as well as the business community we are ready willing and able to provide a skilled workforce that can be family supportive and not burden the state.

We hope the committee considers adding to the technical high school board those who represent the educators and parents. By bringing those constituencies onto the board it will diversify the opinions and experiences.

*S.B. No. 304 (RAISED) AN ACT CONCERNING THE INCLUSION OF LABOR HISTORY IN THE PUBLIC SCHOOL CURRICULUM.

We strongly support this legislation. Regardless of your personal opinion about the labor movement there is no question the value it has added to workers' lives each and every day. Weekends, end of child labor and workplace safety are just a few examples of the life changing issues that without the women and men of the labor movement and their allies would never have been implemented.

Our social studies curriculum is the perfect place for this piece of history. We are so excited that the committee raised this bill and dedicated time on this agenda for input we realize this is a short session with an aggressive education agenda and again want to thank the chairs for this public hearing.

EDUCATION COMMITTEE

March 5, 2012

The Connecticut Conference of Municipalities (CCM) is Connecticut's statewide association of towns and cities and the voice of local government - your partners in governing Connecticut. Our members represent over 90% of Connecticut's population. We appreciate the opportunity to testify on bills of interest to towns and cities.

CCM *opposes* the following bills, which would create new unfunded state mandates on towns and cities:

- **House Bill 5349** ***"An Act Concerning the Inclusion of CPR and EAD Training in the Public School Curriculum."***
- **Senate Bill 304** ***"An Act Concerning the Inclusion of Labor History in the Public School Curriculum."***
- **Senate Bill 210** ***"An Act Concerning the Inclusion of Personal Financial Management in the Public School Curriculum."*** SB305
- **House Bill 5354** ***"An Act Concerning Athletic Directors and Incorporating Physical Activity into the School Day."***
- **House Bill 5348** ***"An Act Concerning School Nurses and School Medical Advisors."***
- ***House Bill 5350 "An Act Concerning Achieving Universal Literacy by Grade Three."***

Understand that CCM is not taking issue with the policy goals that these bills represent, rather we must clearly point out that **each one of these bills would add yet another unfunded state mandate** on school time, school curriculum, school staffing, and school resources.

These bills do not even have a fiscal note yet, therefore leaving at question what each proposal will cost towns and cities to implement. Not to mention that what is blatantly missing from each proposal is a clear mechanism for state funding of these new mandates. Each year new curriculum mandates are proposed. Absent relief from other curriculum mandates, at what point will additional hours have to be added to the school day in order to accommodate each and every one?

Even with the proposed one-time increase in ECS, there is significantly inadequate state funding to local governments to meet the costs of the hundreds of existing mandates on towns and cities and school districts

And, on top of that, some districts (those in most need) stand to lose some of their ECS funding under S B. 24. Such "conditional" districts will, starting in FY 14, have to apply for funding and show progress before getting aid that was previously an entitlement.

Connecticut is the most reliant state in the nation on property taxes to fund Pre K-12 public education.

CCM remains surprised that the business lobby is silent on the need to reduce the reliance on property taxes to fund Pre K-12 public education. The property tax is the largest and fastest growing tax on businesses in Connecticut.

CCM also remains surprised that organizations representing boards of education, school superintendents, school business officials, charter school advocates (who are supporting a new mandate in S.B. 24 to have school districts that have been chronically underfunded by the State subsidize state charter schools by $1000 per pupil), and others remain silent on the need to reduce the reliance on property taxes to fund Pre K-12 public education. In the end, these groups are more than willing to use the MBR to force hard-pressed property taxpayers to make up for state underfunding of public education.

As a result, the burden of the most regressive tax in Connecticut - the property tax - continues to increase, and non-education municipal services needs (public safety, elderly and youth services, road and bridge repair, recreation, etc.) go underfunded or unmet.

CCM reiterates its position that comprehensive education reform must include education *finance* reform to ensure that education is financed adequately and equitably by the State so that (1) every student, no matter where they live in our state, has the opportunity to achieve educational excellence, and (2) residential and business property taxpayers are not unfairly burdened by the costs of Pre K-12 public education. Until such task is undertaken, adding more layers of well-intentioned but unfunded mandates on already burdened local districts is unfair and shortsighted.

♦♦ ♦♦ ♦♦

If you have any questions, please contact Jim Finley (jfinley@ccm-ct.org), Executive Director and CEO, George Rafael (grafael@ccm-ct.org), Senior Government Finance Analyst, or Kachina Walsh-Weaver (kweaver@ccm-ct.org), Senior Legislative Associate of CCM via email or via phone at 203-498-3000.

Connecticut Association of Boards of Education, Inc.

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Testimony
Submitted to the
Education Committee
March 5, 2012

HB 5350 AN ACT CONCERNING ACHIEVING UNIVERSAL LITERACY BY GRADE 3
HB 5352 AN ACT CONCERNING STUDENT-CENTERED LEARNING
HB 5354 AN ACT CONCERNING ATHLETIC DIRECTORS AND INCORPORATING PHYSICAL ACTIVITY INTO THE SCHOOL DAY
HB 5357 AN ACT CONCERNING A DEAF CHILD BILL OF RIGHTS
SB 300 AN ACT CONCERNING EARLY CHILDHOOD EDUCATION
HB 5348 AN ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS

The Connecticut Association of Boards of Education appreciates the opportunity to offer our comments on several of the bills before you today.

CABE opposes those bills which would incorporate additional items into the required public school curriculum, including HB 5349, An Act Concerning the Inclusion of CPR and AED Training in the Public School Curriculum, SB 304, An Act Concerning the Inclusion of Labor History in the Public School Curriculum, and SB 305, An Act Concerning the Inclusion of Personal Financial Management in the Public School Curriculum.

School districts are already immersed in their plans to implement both the new secondary school graduation requirements as well as the Common Core state standards. It is simply not the time to create additional specific curriculum mandates that are not focused on the critical core areas where we expect our students to achieve. Every additional new curriculum mandate will take time away from other subjects – and there is only so much time in the school day and school year. We urge you to reject all of these proposals.

CABE strongly supports the goal of universal literacy by grade 3 outlined in HB 5350, An Act Concerning Achieving Universal Literacy by Grade 3. It will be imperative, however, that resources be made available at the State Department of Education and at the local level for the successful implementation of the extensive provisions of this bill.

CABE supports HB 5352, An Act Concerning Student-Centered Learning, which would establish a pilot program to promote the personalization of learning, as well as enable boards of education to utilize a competency assessment to award high school graduation credit. Both of these proposals are targeted to better address individual student learning needs, and begin to address the goal of learning being the constant outcome for all students, as opposed to time

CABE opposes the provision of HB 5354, An Act Concerning Athletic Directors and Incorporating Physical Activity into the School Day, which would require a "period of physical exercise of not less than 20 minutes" for students enrolled in a grades K to 5. Many educators have found that more frequent short breaks for their students is more effective in helping students remain focused, particularly in the early grades. We urge you to continue to allow educators the flexibility to best meet the physical and academic needs of their students.

CABE opposes HB 5357, An Act Concerning a Deaf Child Bill of Rights There are already ample protections in the state and federal special education laws and regulations that address students with special needs. There is no need to establish additional specific requirements for the individualized education program for children identified as deaf or hearing impaired

CABE strongly supports SB 300, An Act Concerning Early Childhood Education, which provides for a phase in to the goal of universal access to quality preschool programs for children 3 and 4 years of age. Access to a quality preschool program for all needy children is a critical component of closing the achievement gap.

CABE is concerned that the provisions of HB 5348, An Act Concerning School Nurses and School Medical Advisors which significantly expands the duties of school medical advisors will increase the cost to districts, without evidence of a corresponding benefit.

We appreciate your attention to these issues.

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH
PART 4
1025 - 1366

2012

A Union of Professionals
AFT Healthcare

Testimony of
Verna Bernard-Jones, RN MS NCSN, President
Hartford Federation of Teachers Health Professionals
AFT Local 1018 A/B

HB5348

SB 369

AN ACT CONCERNING AUTHORIZATION FOR THE USE OF FEEDING TUBES AND ANTIEPILEPTIC MEDICATIONS IN SCHOOL SETTINGS

Members of the Public Health Committee,

I am Verna Bernard-Jones and I am a school nurse at West Middle School in Hartford. I'm also President of the Hartford Federation of Teachers Health Professionals, a local union representing 65 school nurses and health professionals employed in the Hartford school district. I am writing testimony in opposition to RB 369.

Last year legislation was passed allowing students to carry epi-pens and asthma inhalers while in school. The majority of school nurses feel that this is good and in fact NASN supports federal legislation that would allow this in all schools. In Connecticut this is only allowed with the signature and approval of the medical provider, the school nurse and the parent. The school nurse and medical provider assess the student and determine if he/she is capable of doing this without supervision. The difference between this and other anti-epileptic medication is that these are pre-filled syringe and measured metered doses while medications such as *Diastat which is the medication used for many children in school, requires assessment of the patient, dosage verification and manipulation of the syringe. Proper positioning of patient, administering of the medication and 1:1 monitoring of vital signs, heart rate and mental status is also required for a period of time. The patient must also be assessed to see if a second dose of medication needs to be given.* Nursing training, skilled nursing care, critical thinking and the nursing process are all involved.

Tube feeding on the surface may appear to be a simple task that require little or no training , however, like most nursing intervention constant assessment and reevaluation is often necessary as complications can and do occur. Frequently students that require tube feedings in school also have other health concerns. The nurse is trained to handle these while an unlicensed person is not. *Tube feeding requires assessment for proper absorption of the feeding, observation for distention of the abdomen during and post feeding, evaluation of bowel sound and peristalsis, skin integrity, pain or cramping, and irrigation of the feeding tube to prevent or deal with blockage.* These are not task that should be delegated to an unlicensed person. Critical thinking and implementation of the nursing

process, the skills that only a trained, licensed nurse possess, are needed to ensure the proper care of these students.

For the same reasons, we urge you to oppose Substitute HB 5348, which passed the Education Committee and was sent to the Public Health Committee on March 14th. It allows diabetic children to self-administer glucagon or insulin under the supervision of non-licensed staff. Thank you.

JOINT
STANDING
COMMITTEE
HEARINGS

JUDICIARY
PART 8
2359 - 2666

2012

JUDICIARY COMMITTEE

March 12, 2012

The Connecticut Conference of Municipalities (CCM) is Connecticut's statewide association of towns and cities and the voice of local government - your partners in governing Connecticut. Our members represent over 90% of Connecticut's population. We appreciate the opportunity to testify on bills of interest to towns and cities.

HB 5432, "An Act Concerning School Based Arrests"

CCM appreciates the intent behind this proposal, however, we are concerned about administrative costs associated with the bill.

HB 5432, among other things, requires boards of education to "adopt and implement a policy regarding the role and responsibility of any sworn police officer of a local law enforcement agency or a sworn officer of the Division of State Police within the Department of Emergency Services Public Protection who has been assigned to any school pursuant to an agreement between the local or regional board of education and the chief of police of a local law enforcement agency or the commanding officer of the Division of State Police."

In addition, boards would require boards to submit to the Commissioner of Education a yearly report on school-based arrests.

HB 5432 is but one of tens of proposals each year that add to the administrative burden placed on towns and cities. Here's but a very small example of proposals that would require boards of education to take on additional duties: HB 5349 (additional CPR & AED training), HB 5354 (additional physical activity for children), HB 5029 (remediation plans), HB 5348 (mandate an "appropriate" number of nurses in school districts), SB 305 (financial management), SB 359 (financial literacy).

Thank you.

★ ★ ★ ★ ★

If you have any questions, please call Ron Thomas at rthomas@ccm-ct.org at (203) 498-3000

H – 1137

CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2012

VOL.55
PART 15
4837 – 5168

Thank you.

Representative Fox.

REP. FOX (146th):

Thank you, Madam Speaker, for purposes of an announcement.

DEPUTY SPEAKER KIRKLEY-BEY:

Please proceed.

REP. FOX (146th):

The Judiciary Committee will meet one half hour before the start of session tomorrow outside the Chamber of the House to vote on bills that have been referred from the floor.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

I wonder if you'll all fit.

Will the Clerk please call Calendar Number 339.

THE CLERK:

On page 43, Calendar 339, Substitute for House Bill Number 5348, AN ACT CONCERNING THE ADMINISTRATION OF MEDICINE TO STUDENTS WITH DIABETES, THE DUTIES OF THE -- OF SCHOOL MEDICAL ADVISORS, THE INCLUSION OF CPR AND AED TRAINING IN THE PUBLIC SCHOOL CURRICULUM AND PHYSICAL EXERCISE DURING THE SCHOOL DAY, a favorable report by the Committee on Appropriations.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Good evening, Representative Reynolds, you have the floor, sir.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

I move for acceptance of the joint committees' favorable report and passage of the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

The motion before us is acceptance of the joint committees' favorable report and passage of the bill.

Will you remark further?

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Existing law provides for a number of medications that nonmedical school employees may administer to students under certain conditions. The underlying bill expands this list of medications to include injectable Glucagon for students with diabetes who may suffer a life-threatening hypoglycemia attack. It also expands on the existing statute for the conditions under which students may self-test for glucose. It updates and modernizes the statute on school medical advisors. It establishes a curricular

requirement for CPR and AED training, and it establishes a specific standard within the existing requirement for physical education.

Madam Speaker, the Clerk has an amendment, LCO 4553. I would ask the Clerk to please call the amendment, and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER KIRKLEY-BEY:

Will the Clerk please call LCO 4553, which will be designated House Schedule "A."

THE CLERK:

LCO 4553, House "A" offered by Representatives Fleischmann, Giuliano, et al.

DEPUTY SPEAKER KIRKLEY-BEY:

The Representative has leave to summarize.

Is there objection? Is there any objection?

Seeing none, please proceed, Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

This amendment does three things: one, it establishes additional conditions under which students can self-test for glucose without restriction by local school districts; secondly, it makes the underlying

bills requirement for mandatory CPR and AED training permissive rather than mandatory by local school districts; and lastly and most importantly, it establishes and narrows considerably the conditions under which a nonmedical school employee can be trained to administer injectable Glucagon.

The amendment requires that the doctor request that a nonmedical school employee administer. Most importantly, it says that it can only be done in the absence of a school nurse. And thirdly, the nonmedical school employee must do so voluntarily.

I move adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

The question before us is on adoption.

Will you remark? Will you remark further on the amendment that is before us? Will you remark further on the amendment that is before us?

If not, let me try --

Representative Giuliano, I almost did it to you again. You have the floor, ma'am. Please proceed.

REP. GIULIANO (23rd):

Thank you very much, madam -- there we go -- thank you very much, madam.

I rise in support of -- of this amendment. It makes some important modifications to the underlying bill, particularly with regard to the narrowing of conditions under which nonmedical personnel can make those administrations but, also, importantly that rather than passing along yet another mandate, albeit an important one when it comes to CPR and the use of automatic external defibrillators, we removed the mandate with this amendment and we make it permissive, so that to the extent that school districts can and wish to pursue this as a matter of interest and importance to them that becomes permissible now in the amendment. I urge my colleagues' support of the amendment.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Representative Sayers, you have the floor, ma'am.

REP. SAYERS (60th):

Thank you, Madam Speaker.

Today, our schools are mainstreaming many more medically fragile students or students with more complex medical needs. But our schools lack adequate nursing staff to meet the needs of these students. In

order to save money, many of our school systems have cut back on the school nurse. In many districts, the school nurse has to travel between several schools.

For that reason, you see before you a number of bills to try and address the medical needs of students. The medical problems this amendment seeks to address is a good example of that.

However, I have a number of concerns about this amendment. In the past, we have allowed all school employees named in the amendment to administer an EpiPen. An EpiPen is single dose, pre-measured injectable medication.

Glucagon is different. Glucagon comes in a powered form in an ampoule and must be mixed with sterile water prior to injecting the substance. Glucagon is usually administered to someone who is unconscious. The directions on the literature for this medication state, "Must be administered by medical personnel."

The amendment allows the administration of glucagon with injectable equipment required to administer Glucagon. Who determines what an appropriate dose is? What training will be provided to assist school staff in recognizing the symptoms of

high blood sugar or low blood sugar? Sometimes the symptoms are very specific for each child. If the symptoms of low blood sugar are recognized early enough, treatment could be a simple high sugar drink.

The amendment addresses the training to administer an injection. It states, no qualified school person -- employee shall administer medication under this subsection, unless qualified school employee annually completes any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer Glucagon.

I believe it is very important that the training also include the following information that the person knows when to administer Glucagon and calls for emergency help, knows how to prepare the medication, using a dilutant, calculates the proper doses, ordered by the authorized healthcare professional, records actions and, if appropriate, blood sugar glucose test results.

This amendment also requires that the school nurse to provide general supervision. If she's not in the building, how will that supervision be provided? The nurse will not be providing supervision during the

course of the -- of the teacher or other identified school personnel's daily job, only during the administration of medication.

While I fully understand this legislation addresses an emergency situation, we need to look at healthcare in the school. As problems arise, we keep putting on Band-Aids, without it ever addressing the problem. While having a school nurse in each school might have a cost attached to it, inadequate nursing care for our children, while at school, might have a greater cost. I urge people to really think about that as we vote on this amendment tonight.

Thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, ma'am.

Representative Crawford, you have the floor.

REP. CRAWFORD (35th):

Thank you, Madam Speaker.

I just have a quick question. Through you, to the proponent, please.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds, prepare.

Representative Crawford, please proceed, sir.

REP. CRAWFORD (35th):

Thank you.

Through madam -- through you, Madam Speaker, I recognize now that it's a permissive item on the CPR training. Just for legislative intent, was that meant to be CPR training or the full certification for CPR?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. CRAWFORD (35th):

Through you.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker,

through you, this simply says that the State Department of Education, within available resources, shall provide curriculum materials in case a district chooses to provide such training in cardiopulmonary resuscitation and the use of automatic external defibrillators, so it is not full certification. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Crawford.

REP. CRAWFORD (35th):

Thank you, Madam Speaker.

That's all I have.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Representative Betts, you have the floor.

REP. BETTS (78th):

Thank you, Madam Chair.

Through you to the proponent, please.

DEPUTY SPEAKER KIRKLEY-BEY:

Reynolds, prepare yourself.

Representative Betts, please proceed, sir.

REP. BETTS (78th):

Thank you.

I'm sorry. I haven't had a chance -- I'm just looking at this now so I had a couple of questions to when I was in Public Health about this.

What happens if there are other people who do not or the qualified people who are supposed to be trained, you cannot find somebody in the school system that wants to participate in this program? What will happen in that kind of situation? Because I've heard a lot from teachers and other people in schools who do not want to be given this responsibility or want to participate. Even though this is permissive, they are very worried, not only of not being able to handle it appropriately, but they're very concerned about the liability, as well. So, through you, Madam Speaker,

what happens if people are unwilling to participate in this program and you're left in a situation where there's just a nurse? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Those are excellent questions. First of all, if a school nurse is present and available, a nonmedical school employee is not authorized to administer. That's the important thing.

In the rare circumstance in which the nurse is not present or available, a teacher or other employee who had been previously selected has to volunteer and agree to be trained. This bill makes -- the amendment makes very clear that no employee shall be assigned this responsibility. They must volunteer to assume the responsibility. They must volunteer to assume the annual training obligation, and also, the amendment makes very clear that this employee shall be fully immune from any liability resulting from such action. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Betts.

REP. BETTS (78th):

I thank you for that answer.

So let me walk though an example. Let's say I'm a coach for a sports team and they're playing out in the field and, let's say, somebody is a diabetic and is in need of medical attention. I've not received the training. The nurse, for whatever reason, is not available. What happens in that circumstances outside of calling 9-1-1? What -- what other -- what are the circumstances for me, as a coach, in terms of trying to administer any kind of help for this person? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Again, an excellent question. In most cases, the -- one of the parents or guardians is present, and they, of course, have been trained in the administration of the medication. But let's assume that the parent is not present, the coach would have no choice but to simply call 9-1-1 and hope that the response is quick enough. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Betts.

REP. BETTS (78th):

Okay. And that raises another excellent point. Let's say I give it my best effort. I've been trained and things do not work out as well or I -- I get a little nervous and panic in trying to administer an appropriate medication and the parent decides for whatever reason I should be held accountable for the misfortune for what might happen to that kid as they go to the hospital. Let's say, it's a, you know, shock from diabetes. You say that I'm not liable, but that doesn't prevent the person from, you know, instituting either a -- a lawsuit or going before the board, for example, and saying I think this person should be suspended or should be reprimanded because of the condition that my -- my son or daughter had got worse.

Through you, are you saying that I would not be subjected to any kind of open criticism, lawsuit or possible reprimand for not doing the right job? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Through you, that's correct. Existing law has a number of instances in which nonmedical school employees may administer medications. And in every one of those instances, immunity is provided from any liability, and this amendment simply adds one more medication to this list.

But I should make clear that the requirements and conditions under which this medication may be administered by a nonmedical employee are -- are much stricter and narrower than every other medication referenced in state statute.

There -- the real issue is if a student is having a severe hypoglycemic attack, it is a life-and-death situation, and if the nurse cannot be found or is in another building, then, there must be a Plan B. And so if a parent and a doctor insist in the emergency care plan for that student -- that there be a Plan B, then this simply says that if there is a willing employee to assume that training responsibility that that option is available to the family. Through you.

REP. BETTS (78th):

Thank you very much and, you know, I appreciate the need for this, but I have some really serious concerns about this.

Through you, Madam Speaker, does this open the door for additional opportunities of other types of medication in future years to be administered for what are really very valid reasons? Through you, Madam -- Madam Speaker?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, I can only speak to the amendment before us.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Betts.

REP. BETTS (78th):

Okay. Then, if I could let me ask you this, through you Madam Speaker, is it -- if somebody has a problem, let's say they're -- I can't remember gluten-free or let's say they have a -- some kind of problem with a food and there is a medical concern. There's no nurse, but I am, let's say, the teacher on duty during that particular time. Does this bill or does this statute put me in the position, even though

I haven't been trained, does it put me in the position whereby it's an expectation either by the board or by the parents or by the child that I should have some type of training to be able to deal with unexpected emergencies like this? Through you Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, no.

Existing law already provides protocols for responding to food allergies, and when nonmedical school employees are and are not authorized to respond with the administration of medication. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Betts.

REP. BETTS (78th):

Okay. I guess, my final question is this -- and thank you very much for your answers, they've been very helpful. Has this been shared with the teachers in the school -- board of school administrators to get their input and their reaction to -- to this proposal? Through you, Madam Speaker?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

There was about a dozen individuals that testified during the public hearing. I don't remember if any of them were teachers or administrators. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Betts.

REP. BETTS (78th):

Okay. I thank you very much, sir, for your answers, and I do think this is a very laudable goal. However, I really do feel very apprehensive about putting people in positions for which they were really not trained for. No matter what -- how great the intent is of this. And until I get some additional feedback, I'm going to err on the side of being simply conservative, and I'm going to oppose this -- this proposal because I am very concerned about people being put in a very, very uncomfortable position of training people that they weren't trained, although they may be under the supervision of a nurse so I thank you very much.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir.

Representative Srinivasan, you have the floor, sir.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

I do rise in strong support of this bill. Even if one child, one family benefits from this piece of legislation, we, this evening, have definitely accomplished something.

And having said that, through you, Madam Speaker, if I can have a few questions to the proponent of the amendment? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds, prepare.

Representative Srinivasan, please proceed.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, line 29 talks about the training of these volunteers. Could you elaborate to us, if possible, the length of the training and what this training would be involved? Because we're dealing with somebody who is not familiar with the medical condition, and hopefully, when he or she has to respond, will -- they will be able to do what needs to be done. Through you Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

An excellent question. Existing guidelines from the State Department of Ed for diabetes management already defines what shall be included in the individualized health care plan for these students and the emergency care plan for these students. Within those two plans, it does require that all teachers, whether or not they have agreed to administer Glucagon or not, that all teachers who have contact with this a student recognize the signs and symptoms of hypoglycemia and participate in diabetes education.

This additional training for employees who volunteer in emergency situations and in the absence of a nurse would get training above and beyond that which is required in the emergency care plan. I anticipate the State Department of Ed will expand these guidelines in anticipation of that. But the school district's nurse and school medical advisor can go above and beyond those guidelines that will be coming out to ensure that they are properly recognizing the signs and symptoms and are comfortable

with the administration of the medication. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you.

Through you, Madam Speaker, we heard earlier that in schools there's a nurse that is there on the school premises. But we heard, also, in public hearings over and over again that most of the times or, in many schools, one nurse is responsible for several schools and then she is shuttling but -- most by and large, she -- but could be he, of course, is shuttling back between School A and School B, so given that scenario -- given that is what is happening in our schools, the need for somebody else, because the school nurse is not going to be available at all times and we never know when this crisis is going to occur, to have somebody trained -- to adequately trained in this emergency, I feel is something that is very necessary, and I'm thankful that we are able to do this through this piece of legislation.

Through you, Madam Speaker, to the proponent of the bill.

Through you, Madam Speaker, line 38 talks about an appropriate dose of the Glucagon and as the previous representative earlier on, who has a lot of medical knowledge and information talked about the dosage schedules that are involved in treatment, would this volunteer trained -- a nonmedical person, be adequately trained in knowing what would be the dose required of Glucagon in that particular situation on that particular day? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Another excellent question. The answer is yes. The individualized health care plan for that student and the emergency care plan for the student would make very, very clear what the -- what signs and symptoms would require what action and not every case would it require this injectable. But should it require it, it would be very, very clear what that dosage is and the training that employee would receive would be specific to that student. It would not be general training. It would be training specific to that student's

particular needs and that particular student's doctor's orders for the emergency care plan.

Less I should say, there are 32 states that already do what we're proposing tonight. This is not a groundbreaking thing. There are 32 states that acknowledge that until we get to a point where every school has a full-time nurse, we have no choice but to train employees who are willing to fulfill this obligation in that very, very rare circumstances when their student is in a life-and-death situation. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you.

And through you, Madam Speaker, one final question to the proponent.

Line 39 gives you the description of the criteria for a qualified school employee who could be trained; and in line 42, it talks about a school paraprofessional. I would like to know who would qualify under a school paraprofessional? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Through you, that list of school employees is identical to the list of school employees in every other section of statute that references nonmedical school employees administering medications, so we purposely made sure we were consistent with all other statutes.

Specific to the paraprofessional that, of course, is the teachers' aides that are often in the classrooms, and I believe there is a definition elsewhere in statute for paraprofessional, but it's not contained in the amendment here, so I am unable to provide it to you at this moment. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

As so eloquently told by our Representative, until each and every school in our state has a nurse, a nurse present there all the time -- a nurse may be present but she may not be there all the time -- until we achieve that, we would need to have Plan B. And

this is a very, very sound Plan B, and I urge all my colleagues, both sides of the aisle, to support this piece of legislation. Through you.

And thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir.

Representative Ackert, you have the floor.

REP. ACKERT (8th):

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

You're welcome, sir.

REP. ACKERT (8th):

A couple questions for the proponent, please.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

Please proceed, sir.

REP. ACKERT (8th):

Thank you.

And thank you, Representative Reynolds, for your work on this legislation and this amendment.

I'd like to -- just a quick -- couple quick questions on the intent and the amendment starting with line 5 through line 10. Was that essentially to

clarify the actual locations and times of when the self-testing can be done by a student?

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Yes, existing law already says that school districts may not prohibit students from self-testing for glucose. That's already in existing law. This further elaborates and says that the school district may also not prohibit or restrict the time and location of that self-testing, but only in those circumstances where the parents and doctor have certified that the student is mature enough and capable enough to do the self-testing in a way that can be done without restriction and without risk to themselves or others. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ackert.

REP. ACKERT (8th):

Thank you, Madam Speaker.

And on line 29, we had a question on this earlier. And just for the overall review of this, like you said, many schools do not -- may not have a

school nurse present, but when they are present, they are the only ones at that time that would be administering the Glucagon? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

That is correct. This amendment may very well never, ever be used in the state of Connecticut, and -- and I would be happy if it was never utilized. It is my hope that in the very rare circumstances there is a student suffering from a hypoglycemic attack that there will always be a nurse nearby. That is the ideal scenario, and one day we will get to a point where that is always the case in every one of our schools. But in that rare circumstance when they are absent or unavailable, there must be a Plan B. And -- and that's what this seeks to provide.

But to answer your question, yes, it's only in the rare circumstance when the nurse is absent. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ackert.

REP. ACKERT (8th):

Thank you, Madam Speaker.

And we still have the, you know, our -- you know, local ambulance services and stuff if -- if by chance, which would happen at any other location, other than a school, where if we didn't have somebody there to administer this that the -- that 9-1-1 would be called, and we'd have our response team as a fallback, if by chance, we did not have somebody that wanted to step up in the school and become a qualified administer of the Glucagon.

And then following just on line 56 through 57, I see a -- a good change in the mandate that we originally looked at and did want to make sure that schools were aware that training of cardiopulmonary resuscitation and the use of the AED defibrillators is now something that we're encouraging them to -- to provide training on it.

So the training, through you, Madam Speaker, could that be something that a local fire department could come in and administer some training on CPR and AED training? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, yes.

The State Department of Ed is required to offer a curriculum guideline, but that is purely optional. The district is free to choose any provider they wish to provide this training. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Ackert.

REP. ACKERT (8th):

And thank you, Madam Speaker.

And thank you to the good Representative for his answers.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Alberts, you have the floor, sir.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

If I may, several questions to proponent.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

Representative Alberts, please proceed.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

We have in Connecticut several endowed academies. I'm thinking of Woodstock Academy, Norwich Free

Academy, Gilbert School, Bacon Academy, would this legislation that is before us be applicable to them? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker.

I guess it would depend on the exact legal status of those institutions. But, as I read it, it's just local or regional boards of education. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

And that was my understanding as well. Usually they're under boards of trustees so I'm -- I'm reading this as that those schools would not be under this.

Would this be applicable to any of the private schools in the state of Connecticut? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker. Through you, I don't believe so, no.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

And there was a previous reference, and I believe the -- the proponent was looking at, perhaps, lines 9 and 10, and made a comment in -- in terms of addressing that a child might be mature enough in terms of being capable of conducting self-testing, but I didn't see the words "mature enough for age." And I was wondering if there's another reference in here to age. I'm trying to get a sense of what age we may be looking at allowing children to do this? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

The amendment is silent on that. It simply says that the parent and the doctor shall simply provide instructions and certification as to whether or not the student should self-test. Clearly, younger

students would be less likely to be allowed to self-test, or if they do self-test it would probably be in the nurse's office with the nurse's supervision. But in the case of a student who testified before the Education Committee, the doctor and the parent were very comfortable with the student's ability to self-test in the classroom. And yet, in some schools that is not allowed, and the student is forced to leave the classroom, miss important instructional time, and what we're trying to do is to avoid them losing classroom time because of what a doctor and a parent have determined is an unnecessary restriction on the time and location of self-testing. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

And I do appreciate that explanation. It would be my hope that -- that there would be flexibility with regard to the maturity level of children as well, because some, I think, would be very capable of being able to self-administer.

Line 39 begins, a definition -- a beginning of several lines of definition in terms of qualified

school employees. And it just sort of struck me this morning, I met with a guidance counselor at Woodstock Academy, and I don't see a reference to guidance counselor here in terms of someone that may be a qualified school employee. And I was wondering is there -- was that, perhaps, an omission? I can't find another category that this person might qualify under, so I'm looking for guidance as to guidance counselor. Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

That's an excellent question. This list of nonmedical school employees is simply the standard list of employees that exists in all of the statutes that concern the administration of medication by nonmedical school employees. I think the Representative raises an excellent point and maybe what we need to do in the future is expand this list throughout all of the statutes just to provide that additional option to parents and the physicians. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

I thank the proponent for his responses. I am inclined to support this and urge my colleagues to do the same.

Thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Representative Hetherington, you have the floor.

REP. HETHERINGTON (125th):

Thank you, Madam Speaker.

To the proponent a few questions? Thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds, prepare.

Representative Hetherington, please proceed, sir.

REP. HETHERINGTON (125th):

Through you, Mr. Speaker -- Madam Speaker, I beg your pardon.

Through you, Madam Speaker, when the -- when the child performs the self-tests, does the child -- is the child then expected to make some judgment about the results of that test and seek help or not seek help? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Yes. As it was explained in testimony -- and again, this is typically older children who are given this opportunity to self-test without a nurse supervising. They would do typically the finger prick. They would do the testing and the testing device would indicate their level and then by that age, the young person is typically quite proficient in knowing whether or not they should have a glass of juice or something to eat or whether or not to bring to the teacher's attention of what concern they have.

Keep in mind that the individualized healthcare plan and the emergency care plan for the student makes very clear what should happen under certain conditions. And a teacher in that classroom does not have to agree to administer Glucagon, but State guidelines already say that that teacher shall have diabetes education if they have this student. And so the teacher has, indeed, received some training to respond to a student's concern, if necessary. But

that's probably the most important thing that a doctor will use in making the judgment as to the appropriateness of allowing self-testing is not only that the physical self-test can occur but that they know what to do with the data that they're reading. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you.

Through you, Madam Speaker, what -- are there age limits here, a child above a certain age would be permitted to self-test? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Existing law simply says, generally, that no board of education may restrict a child from self-testing, period.

And our additional language here simply allows to say that you, also, cannot restrict the time and location if a doctor certifies the ability of the

student to do this testing independently. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you.

So that would require both a -- an authorization from a parent or guardian, as well as a direction from a doctor; is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Yes. The parent or guardian must authorize self-testing and a doctor must certify the student's capacity to fulfill the requirements of self-testing. Through you.

REP. HETHERINGTON (125th):

Through you, Madam Speaker.

The section (e), beginning on line 19, the training that is required for the person who is going to be prepared to administer the Glucagon, is that -- the training, according to lines 29 through 31, is any

training required by the school nurse and school medical advisor -- I guess my first question is, who is the school medical advisor? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

That is a term in -- established elsewhere in statute that simply says school districts with 10,000 or -- communities with 10,000 or more citizens shall have a school medical advisor, which is typically a local physician who agrees to advise the district on -- on medical issues. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Would -- would the training that's required be expected to be set forth in -- in writing in a document that could be referred to? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, I did not understand the question.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington, would you repeat your question?

REP. HETHERINGTON (125th):

Certainly.

Through you, Madam Speaker, the -- in lines 29 and 30, the annual training is, as required by the school or senior medical advisor. Well, if -- if someone wanted to review the training, is that training expected -- is the requirement, as set forth by the nurse or the senior medical advisor, is that training requirement set forth in a document somewhere? Does that have to be a written plan of training? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

This could arise in a few places. One, the doctor's individualized healthcare plan may call for a certain types of training to occur. Secondly, the Department of Ed is anticipated to issue -- to expand

existing guidelines for school districts on diabetes management and, within that outline, recommended training. And thirdly, boards of education and school nurses can provide additional training above and beyond those guidelines. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

So the -- the school nurse or medical advisor has a minimum level of required training that must be prescribed by the nurse or advisor, and then additional training can be required if the nurse or the advisor deems that warranted. Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

That is correct. I should also say that because 32 states already do this, there are many, many models out there that the states share and utilize. Secondly, every single major medical society and association in the country, basically, has endorsed the notion of a nonmedical school employee

administering in this emergency, and many of those professional associations also have recommended training regimens. So there's many, many resources available to these districts. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Well, what I'm really -- well, the training I -- I -- is the training generic, so to speak? Is it -- is it training that applies to the administration of Glucon to any -- any student who needs it? Or is there a separate plan for each student who was diagnosed as a diabetic? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

There is both. There is generic training on diabetes and recognition of signs and symptoms and the technical aspects of preparing the injectable medication.

But then, there are also -- there is training that is unique to that student in particular. The physician will have issued an individualized

healthcare plan and an emergency care plan for that student that will have specific instructions to take certain actions when certain conditions and symptoms are observed, and so the training is also specific to that child, as well. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Is -- I understand from limited knowledge that -- that Glucon can be administered in different dosage, depending upon the -- the patient. Is -- does -- would the person here who is going to -- the layperson who is going to administer the drug, would that be a judgment that the person would have to make as to how much to give? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, no. Because the nonmedical school employee is only authorized to be trained for the administration of the medication to a single student. It's a specific -- the student's specific authorization. The authorized school employee would have to follow the doctor's very

prescriptive orders with regard to dosage. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Okay. And it -- it mentions an injectable equipment, I mean, that's -- is that a -- what we are familiar with when we get shots? That's an injection needle, or is that some special device that's used for these purposes? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, yes. It is a -- a needle similar to a shot you may receive at the doctor. Through you.

REP. HETHERINGTON (125th):

Okay. Thank -- thank you.

Passing on to -- passing on to section 4(d), and I think this is a definite improvement. I question when I saw this in Committee in the original bill that it was problematical in my opinion that to generally require instruction in CPR and the use of an external

defibrillator without -- without actually the full training that -- that goes into qualification.

In this case, it would appear that what the State Board of Education is going to offer is -- is manuals and instruction material but, perhaps, not actual physical instruction as would be required, for example, if you're going to be qualified for CPR or the administration of a defibrillator; is that right? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

That is correct. I anticipate the State Department of Education would simply use materials used in any of the other states or would use materials provided by the American Heart Association or use materials provided by dozens of other similar types of associations. So it is not anticipated that this would be difficult for the Department to collect and make available. Through you.

REP. HETHERINGTON (125th):

And -- and --

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington, through the Chair.

REP. HETHERINGTON (125th):

Thank you, Madam Speaker.

Through you, but this is -- this is elective on the part of the -- the local school district; is that right? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank -- thank you, Madam Speaker.

What -- still concerns me, although I'm -- I certainly think it's improved by -- by being elective, but what concerns me here is that if -- if there is some kind of instruction undertaken to operate a defibrillator but it's not -- it's not adequate, you know, damage -- more damage can be done by trying to operate the equipment on a victim. And I must say I worry a little bit about, you know, a little knowledge they say is a dangerous thing. And that's -- would be particularly dangerous here it seems to me. So I -- I

must say I worry a little bit about simply authorizing, you know, a general training manuals, diagrams, and so forth, which might encourage someone, a young person, perhaps, to actually try to use the equipment in the case of an emergency. So I -- I think we're -- we're actually in a somewhat ambiguous situation. And we're saying we want -- we want some instruction in this, but it's not going to be enough instruction to actually serve to use it -- use the equipment in the event of an emergency. So I'm not quite sure what is -- what is to be a accomplished by this instruction and that's, obviously, not a direct question, but I would be glad to have any comments you might have on that. Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds, do you care to answer, sir?

REP. REYNOLDS (42nd):

Through you, Madam Speaker, could you repeat the question?

REP. HETHERINGTON (125th):

All right. My -- I was expressing a concern that encouraging instruction, in -- particularly, in the use of an AED, instruction that is inadequate to

actually provide for the safe and effective use of the equipment, you know, is potentially dangerous. And by this instruction, without actual instruction enough to qualify someone to use the equipment, is potentially dangerous because it may encourage someone to try to use it -- a student to try to use it who's not qualified to use it. And I'm -- I'm expressing -- verbalizing the concern that this may be -- I guess, all right, by -- to ask it as an interrogatory, it's this. What purpose is served by providing some instruction about AEDs when it's not sufficient instruction to actually use one? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

This amendment says nothing about the State providing instruction. It simply provides information and resources in curriculum materials to school districts if they are interested. It is then up to the school district whether or not they wish to hire or to secure volunteers, such as a local volunteer

ambulance association, to conduct the training.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Hetherington.

REP. HETHERINGTON (125th):

Well, I -- I would thank the proponent for his response. I would just conclude with the comment that, as a matter of policy, we must be encouraging the local schools to do something with the material that's being made available, and if we're encouraging them to make it available in order to offer a kind of instruction in the AED use, I think that -- I think it's somewhat irresponsible by the State to do that unless we have a policy that we're going to encourage the local school districts and the local schools to actually use the equipment or to train adequately for the use of the equipment because simply to -- to say, well, we're making material available and they can -- they can do whatever they want with it seems to me an abdication of responsibility. We're setting forth a policy that we actually -- we actually -- without a plan.

So I'm -- I'm going to conclude with that, Madam Speaker. And I -- I think that the -- the certainly

the approach to providing remedial action in the case of the diabetic is a good thing, and we ought to proceed with that.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir.

Representative Bacchiochi, you have the floor, ma'am.

REP. BACCHIOCHI (52nd):

Good evening, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Good evening, dear.

REP. BACCHIOCHI (52nd):

I agree with many of my colleagues. I think this is a very good bill. It will -- or it seems to me that it will do a lot of good things for the students. It will maximize classroom time. Hopefully, it will minimize the disruption to -- to other students who may find something disruptive.

Was there public testimony at the public hearing, through you, Madam Speaker, that might confirm that the -- the maximizing classroom time and minimizing disruption, is one of the -- the goals that we're

trying to achieve with this amendment? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Yes. I also thought that that would be the case. Are we also trying to encourage additional testing within -- while the diabetic student is in school? I was wondering if, perhaps, the current -- the lack of this amendment or this bill was somehow minimizing the testing that was taking place for students during the school day. Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, no. Existing law prohibits the district from prohibiting self-testing, so that is going on as we speak, but in a way and at a time dictated by the doctor and the parent. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you.

Now, I have heard that some states do restrict the locations in which students could actually do the testing, and it's my understanding in the amendment that in the State of Connecticut, no restrictions would be allowed on -- as to where the diabetic student could do the testing; is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, no. The decision on whether or not to self-test and the decision on where to self-test and the decision on whether or not self-testing should be supervised are entirely in the hands of the physician and the parent. And the school district will simply have to implement the individualized care plan that that doctor and parents have developed. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Madam Speaker.

Now, would this -- the care plan that you just mentioned, does not fall under the Section 504 of the Rehabilitation Act? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, that's existing statute. I don't know the citation. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Madam Speaker.

I'm not 100 percent sure that I am correct. I was reading that most of the -- the items that were outlined in the amendment were protections that possibly are available through Section 504 of the Rehabilitation Act is -- which I believe deals with the medical issues of a student.

So I was wondering, Madam Speaker, if the proponent of the amendment believes that in any way the -- there is some redundancy with Section 504

requirements in the bill -- the amendment before us.

Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

If the good Representative is referring to the provision related to school employees administering the medication, I do not believe it's redundant.

Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you.

And even if it were redundant, I don't think it's necessarily a bad thing. I think, you know, we are looking at a bill that as, one of my colleagues stated earlier, it could in some -- someday in one of our schools help to save a child's life, and I think, you know, the more carefully we craft the legislation and do all we can to protect the children is a good thing.

I did have a just a couple of other quick and specific questions. The newly trained employees that are mentioned in the amendment, would they become part

of the -- the Section 504 plan or on IE -- IEP plan that a child would have? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

I'm not aware how the underlying amendment would affect Section 504. I'll simply say that the school district will have to follow the individualized health care plan and the emergency care plan developed by the physician and -- and approved by the parent. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you.

And just the parent's role in the documentation that they are required to provide, would they be providing the documentation on a yearly basis when they do their IEP plan or their 504 plan, or would this documentation be something they did once for the child and it would carry with the child year to year? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

The amendment envisions a one-time authorization, but the school district may have additional requirements.

REP. CAFERO (142nd):

Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Yes, sir?

REP. CAFERO (142nd):

Madam Speaker, I rise for the purpose of questioning the presence of a quorum.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you, sir.

Would you recess for a moment --

The Chamber will stand at ease for a moment.

(Chamber at ease.)

DEPUTY SPEAKER KIRKLEY-BEY:

The Chamber will come back to order.

In the opinion of the Chair, a quorum has been met, and we will continue with Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Madam Speaker.

I believe when we left off, the proponent of the bill stated that the documentation required from the parents of the child, as far as he can tell, would be a one-time set of -- set of documents that the school and the doctor would make a decision if it needed to be done more frequently than that.

Through you, Madam Speaker, I note that some of the items that would necessarily be required in the 504 plan include medication, procedures and dosages, blood glucose testing procedures, precautions to be taken before physical activity -- activity, guidelines for meals, snacks, special treats and parties. It seems that those types of -- that type of information would need to be updated more -- more frequently, not just that one time when the 504 plan is set.

So through you, Madam Speaker, I just want to confirm a parent could at any time asked for an update on that child's file in regards to this amendment. Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Yes. Although my understanding of what typically happens is when the student sees their doctor every six months or annually, the individualized health care plan and emergency care plan could be updated at that time and provided to the district. So usually through the physician, there is constantly an updating of the instructions for the school nurse. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Madam Speaker.

I know in my own day-to-day life with my kids, I frequently run across other parents who, you know, have children with a variety of different medical conditions and they're somewhat reluctant to share that information publicly. I mean, we did a big bill earlier that talked about the sharing of public information. Is there any process in place that a parent can ask for this type of modification but ask that it be kept private? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, the amendment does not speak to that issue. Whatever exists in state and federal law, as there are, will be followed. But I assume that it's information that would be required to be confidential. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Madam Speaker.

I -- I do think that this is a good bill, and I was wondering during the public hearing process, I know the bill has changed substantially -- or the amendment changes substantially the language from what was the underlying bill. Were there any parents there who spoke specifically about their experiences and the need for us to legislate regarding the diabetes and testing in school. Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

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Through you, Madam Speaker, yes. The concern was the lack of a Plan B for students in the case of an emergency. Serious concerns on the part of parents who were concerned that if the school nurse was not immediately available and the student was having a life or death attack due to a hypoglycemic attack, that the student could die and that a 9-1-1 call would not be adequate to save the life of the child. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Absolutely. And I so agree with the proponent and with the parents who -- who stated that at the public hearing.

Now, I noticed in the early part of the amendment, it states that the individual or a school employee can be trained in the administration or it can be the school nurse. Will there be any specific protocol if both individuals aren't -- aren't on the school grounds at that day? Will that be something the State Board would -- would outline, or will that be a decision made by each individual board of education? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Madam Speaker, I could not hear the question so --

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

I believe that's my fault. I could feel the microphone going down. I was asking the good proponent if the school nurse is present, as well as the person who has been trained in the medical administration of the medication, will there be a protocol as to who must respond to that student? That's the first part of the question, followed up with, will the protocol be determined by the State Board of Education or by the local boards of education? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

The protocol is determined by this amendment and, that is, that the school nurse is always the primary provider of -- of the medical response. And this

amendment exists solely to make clear that that trained nonmedical school employee is only authorized to administer in the absence of a nurse. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you.

But I would presume if the nurse is on school grounds but unavailable for some reason to attend to that child, there would be no liability involved if the trained employee were to step in, even if the nurse were on the school grounds; is that correct? Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Bacchiochi.

REP. BACCHIOCHI (52nd):

Thank you, Madam Speaker.

And I just want to commend the proponent of the bill. I think this is -- is a good amendment, and I will be supporting.

Thank you.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Representative LeGeyt, you have the floor, sir.

REP. LEGEYT (17th):

Thank you, Madam Speaker.

I rise to present a few questions to the proponent of the amendment.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds, prepare.

Representative LeGeyt, please proceed.

REP. LEGEYT (17th):

The -- I support this amendment, but I have some concerns about it. And those concerns have to do with the potential liability for the school system in making sure that the requirements of this amendment are carried out.

There are certain children, and it may be a function of their age so, younger children, especially, who with infantile diabetes could be very fragile and subjected to quite significant swings in their blood glucose levels and, therefore, pose a significant problem for the school nurse or the qualified school employee that's been trained to

administer this medication. And I'm wondering if the proponent of the amendment would care to comment on the potential liability that that sets up. Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

Elsewhere in existing law is very clear language about immunity for the school district when a parent and a doctor are the ones that have authorized the nonmedical school employee to fulfill this obligation. And so we are simply adding this section to the list of sections under existing law for that immunity to be provided. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Representative LeGeyt, you have the --

REP. LEGEYT (17th):

Thank you, Madam Speaker, and I thank the proponent of his answer.

The amendment, this section (e)(1) from lines 19 and on, says that with the written authorization, the school shall, the school nurse or a school principal

shall, and so there's some mandate there, not necessarily fiscal, but certainly a mandate of action and responsibility and that mandate is subject to the written authorization of the parent and the physician.

So I can imagine situations where there would be a considerable responsibility and considerable amount of attention and monitoring that might need to happen if the child was a fragile diabetic which -- which may encompass a significant amount of the nurse's time during the school day to respond to the authorization, and I wonder if the proponent of the amendment would care to comment on that. Through you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

What the good Representative is referring to is really not the subject of this amendment. He is correct that there are a whole series of diabetes management issues that are the responsibility of the nurse. Routine management of diabetes and its symptoms are not the subject of this amendment.

This amendment deals solely with a -- an emergency in which the student faces potential serious

harm or death as a result of a hypoglycemic attack which usually results in a lack of consciousness or a seizure. So this amendment really has nothing to do with the routine management of diabetes, which the good Representative is correct, is -- is important. And it is that responsible management, which avoids these severe emergencies in the first place. Through you.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Madam Speaker.

And my concern is for -- for the situation where a younger student is a very fragile diabetic and may have multiple experiences of a hypoglycemia during a school day which would require the nurse's attention and, perhaps, presence to -- through and because of the written authorization that's in place, that could easily tie up more time than the school system or the nurse or the principal ever expected. And if the school nurse is there, then, the qualified school employee might not be there and so I'm just concerned that this situation could involve more time and attendance than -- than we might simply see from

reading this through as it is in the -- in the amendment.

Would the -- would the -- since there's no indication here in the wording of the amendment, I would -- I would propose the question, does this situation continue at school functions that are not on school grounds or on field trips, and would there be an arrangement for the nurse or a qualified school employee to be present on those occasions, as well?

Through you, Mr. Speaker.

Deputy Speaker Aresimowicz in the Chair.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Mr. Speaker, there is no such requirement. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative LeGeyt.

REP. LEGEYT (17th):

How would the -- thank you, Mr. Speaker.

How would the authorization of the parent and order of the physician be carried out in a situation

where there was a school event, not on school grounds, which arguably would be included under the umbrella of the school's responsibility for that fragile diabetic young child? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

In the practical world, what happens is the parent is present or the parent consults with the school nurse on whether or not she can be present or the parent consults with the qualified school employee to see if they would be present. These parents are very used to managing these issues and making sure there's appropriate coverage. And typically, all of these parents are trained in the administration of medications. So in the absence of the authorized school employees, it would be the parents who would be available. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker, and I thank the proponent for his answer.

In lines 47 through 60 of this amendment, it talks about the State Board of Education making available curriculum materials and for several situations, the one of which, number 7, lines 56 and 57, training, cardiopulmonary resuscitation and the use of AEDs. That word "training" would indicate a certain level of -- of instruction and, perhaps, some evaluation of competency or accomplishment. Through you, Mr. Speaker, is that what the proponent understands the word "training" to mean?

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Mr. Speaker, no. There is -- there's no training requirement. This is simply a requirement that the Department of Ed provide resources, and it's up to the school district how and if they use those resources and how or if they establish a training program. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Mr. Speaker.

I am supportive of this amendment. I do think there's some potential loopholes in it. And as is the case with most of the language that comes out of this Chamber, there are always questions of how it was going to be interpreted once it hits the ground out there in the school district or environment that the bill applies to. And I think it behooves us to always be diligent in trying to determine whether we have drilled down far enough and searched through the language enough to determine how it's going to be interpreted and also what consequences, unintended or planned, are going to result from the implementation of the legislation that we put forward.

And I thank the proponent for his gracious answers and appreciate the time, Mr. Speaker.

Thank you.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you very much, sir.

Representative Carter, of the 2nd District, you have the floor, sir.

REP. CARTER (2nd):

Thank you. Good evening, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Good evening, sir.

REP. CARTER (2nd):

Through you, Mr. Speaker, a few questions to the proponent of the amendment.

DEPUTY SPEAKER ARESIMOWICZ:

Please proceed, sir.

REP. CARTER (2nd):

Thank you.

I noticed on the amendment we're talking through 5 through 10 on the amendment, about not restricting a child -- no local school board or education can restrict the time and location of glucose testing.

Through you, Mr. Speaker, was any testimony geared to the fact that they might be worried about a child over testing, you know, using it as a way to get out of class? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Mr. Speaker, there was no such testimony. The intent is to provide for self-testing in the class so they wouldn't have to leave the classroom in the first place. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker.

And I appreciate the gentleman's comments, and I also appreciate the fine job he's done this evening putting up with so many questions.

I'd like to make just a couple of comments on the bill. When this bill came through Public Health, I voted against it. And it was a very difficult vote for me because, as I looked through the bill, it had a lot of great things but the mandate that was formally in section 4 was the one thing that held it up.

With respect with the ability to give glucose -- excuse me -- Glucagon, many years ago I had the opportunity to have some experience with a -- with a child in my Cub Scout den who was a diabetic. And I had a chance to review the diabetes kit that he had, and frankly, people need to understand that when you administer Glucagon this is an emergency procedure. And there is no overdose possible. It's -- it's a very simple procedure, it's probably seven or eight steps. It's really very, very easy to do. It's very clear when it has to be administered. And it also something you're following up with a call to 9-1-1.

In fact, I would -- I would argue the -- that anybody who's in anyway associated with children with diabetes should have an idea how to do this. So I really applaud everybody who has been involved with this to this point and the fact that we're doing something like this and making sure that our -- our school professionals are being trained with this. It's a very good bill. It's a very good amendment, and I do intend to support it.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you very much, sir.

Representative Sawyer of the 55th District, you have the floor, madam.

REP. SAWYER (55th):

Thank you, Mr. Speaker.

If I might, a couple questions, through you, to the proponent of the amendment.

DEPUTY SPEAKER ARESIMOWICZ:

I believe Representative Reynolds is prepared, so please proceed, madam.

REP. SAWYER (55th):

Well, one of the things I do know, is I've lived with hypoglycemia for now over 30 years, and -- but

it's considered adult hypoglycemia and not juvenile. So in -- I know a little bit of the symptoms, and I have been very aware a lot of the medications that have come out about over the years. And in dealing with this particular one that is mentioned, I do know that the type of injectable that it is. It comes in a couple of different forms.

And so my -- the first question to you is, after looking at this, what is the expectation after the injection has been given? We discuss who can give it, but if a child is in such a state that they have to be given this injectable, I'm presuming that the child is in probably a very difficult state. What is the expectation for this nontrained personnel? What should they do right after that? Because I'm -- I believe that this is fairly silent, if I've read this correctly? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Mr. Speaker.

The good representative referred to a nontrained person. A nontrained person is not authorized to act according to the amendment. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Sawyer.

REP. SAWYER (55th):

Can I ask the gentleman to repeat that answer?

DEPUTY SPEAKER ARESIMOWICZ:

Absolutely, madam.

Representative Reynolds, would you please repeat your answer, sir?

REP. REYNOLDS (42nd):

Thank you, Madam Speaker.

If I heard the question correctly, it was about a nontrained school employee. The amendment has -- a nontrained school employee is authorized to perform no actions under this amendment. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Sawyer.

REP. SAWYER (55th):

Thank you.

Let's take it then to the next step. We have nonnurse who has been trained and the injectable has been given, what is the expectation for that person? What should they do following that? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Typically, call 9-1-1, but keep in mind part of the training is answering all of these questions. The individualized health care plan provided by the doctor, the emergency care plan provided by the doctor would provide the answers to all of these questions. But typically, calling 9-1-1 is what would be done following the administration of the medication. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, Mr. Speaker.

And through you, so we have the -- this now this trained nonmedical personnel and they're -- they would have given the dosage to the best of their ability, and they are then to call 9-1-1 or could they call the school nurse instead? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Mr. Speaker, the hypotheticals really would relate -- rather than discuss hypotheticals, I'll just say that the doctor's emergency care plan is what will be followed and honored in all situations. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, Mr. Speaker.

Then it -- would it be the expectation through this amendment that the school would have to come up with a school policy to address, perhaps, what is silent in this amendment? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Mr. Speaker, no. The doctor will provide an individualized health care plan, an emergency care plan, and the school nurse and any nonmedical school employees who have volunteer to be trained will follow that plan to the letter. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, Mr. Speaker.

In the case where we would have, through you, sir -- in the case where we would have, say, a school trip, would this child's medical plan have -- have in it what would be expected? Would an adult with either the school nurse or a properly trained supervisor, a medical -- I apologize, I've forgotten the term -- qualified school employee, would they be expected to travel with the child? Say they're coming to the Capitol for a fourth grade field trip. Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Mr. Speaker, no. There's no such requirement.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Sawyer.

REP. SAWYER (55th):

Thank you. I guess that's where I was -- I was leading. As a former board member, you know, oftentimes we set school policy to address the types of things that would aid the school in reducing

liability to be able to satisfy to the best of their ability the care of a child, particularly a child with medical needs that the child would not be allowed to travel without someone who has the expertise.

In this particular -- one more question, I apologize -- one more question, it also says in this particular amendment on line 22, it says "a qualified school employee." So, Mr. Speaker, does that -- what happens if that -- we don't have a school nurse and we don't have a qualified school person -- school employee to administer the medication. We've now passed this, we have one of these children in our school, we're going to do the best of our ability. Because this refers to "a", it refers to one, does the school still qualify if they have multiple people to train?

This refers to one, "a" school qualified. Is there -- what happens to if the school decides they feel better about having two or three because this child is going to join the drama club after school and the school wants to have somebody else there on school grounds so they have, you know, a part-time person during the day or a person during the day and then they need an afterschool person -- well, they end up

needing three, perhaps, because there's a school concert at night or something like that -- is there -- do you see that there's any difficulty in the school doing that because this refers to "a" only allowing them one qualified school employee to administer the medication. Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

There is no restriction on the number of employees that can be trained, as long as the parent provides the authorization, the doctor provides the order, and as long as the employee voluntarily agrees to the responsibility and they have received the training. As long as all of those conditions are met, there is no numerical restriction on the number of trained employees. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Sawyer.

REP. SAWYER (55th):

I appreciate the gentleman's thoughts on that. If -- if he might -- could you point to it in the amendment where you believe that that qualifies for

more than just one person? I see on line 39 the beginnings of -- for the purposes of subsection, it describes who could be a qualified school employee, but it does not refer to the plural. Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

That is the legislative intent. I'll also say that the language in the amendment was modeled after the language in all the other sections of statute that describes the administration of medication by nonmedical school employees. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, Mr. Speaker.

So in the case where it say a child, we have multiple -- again for legislative intent, we have multiple part-time school aides. There's a morning school aide in this particular classroom because they're other children of need, and then there's an afternoon part-time school aide that we could have two

that actually have the same qualifications for this one specific child. Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, Mr. Speaker.

You know, as we -- I thank the gentleman -- as we look towards finding ways to protect our children as new medications come on the market, one of the difficulties in naming a specific -- and this happens to be a hormone, the -- this particular one that's listed here -- and they're different ways to treat conditions. I'm always very cautious and when one specific type of treatment is just -- is mentioned because there are multiple ways to treat severe hypoglycemia. One of the most common ways is to get milk into a child very quickly because, it's high-protein, you can use orange juice, and you can certainly put a sugar cube in someone's mouth. And in the case where they can't swallow, however, is where

we have the issue. And in this particular case, a child could be unconscious if it has reached that point before they give this injectable.

So I thank the gentleman for the clarification on the intent, and I know it's a very rare circumstance and God bless the families that -- that deal with this on a daily basis.

Thank you, sir.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you, madam, for your comments.

Representative Smith of the 108th, you have the floor, sir.

REP. SMITH (108th):

Thank you, Mr. Speaker.

Just a few questions for the proponent, please.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds, please prepare yourself. Representative Smith, please proceed.

REP. SMITH (108th):

Thank you.

I've heard a lot of the questions asked and answered here tonight so I'm going to do my best not to repeat the question and keep the dialogue moving.

But I'm looking at lines 5 through 8, and it talks about the requirement of having a written authorization from a parent or guardian and a written order from a physician. And I'm just wondering in the event that there is no such written order or there is no such written authorization, what happens in that scenario? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

If I heard correctly, he was referring to lines 5 through 8. Those lines refer to the self-testing of glucose and do not concern the administration of injectable Glucagon. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

I understand that, but my question is if there is no written authorization or written order, what happens in that scenario? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I apologize if I've misunderstood the question. In -- if there is no such order, then the student is not authorized to self-test. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

And, I'm not familiar with the term "written order" so if the gentleman could describe what that means. Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

That simply represents a medical authorization from the student's physician authorizing the self-testing of glucose. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

Thank you.

So I am assuming then -- then the order can be anything in the nature of, a medical report, perhaps, a physician's note or even a correspondence to the

school or to the parents or guardian. Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

It's my understanding that it would typically be contained within the individualized health care plan for the student, within the emergency care plan for the student, as well as any supplementary narrative or direction the doctor might provide. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

And could it also, then, be a simple medical report or a letter to the parents or the school district? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I imagine it could. But based on my experience with my own child with severe allergies, there are

standard forms and templates for these types of orders. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

Thank you.

And the orders are typically kept where, in the school district? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Through you, I imagine in the nurse's office. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

And the reason I asked the question, I'm just wondering if -- if there is such an emergency, I assume those who are in charge -- and let's assume the school nurse is not in the facility at the time -- those who otherwise would be able to render the test, would have knowledge of the fact that there is such an

order and authorization on file somewhere; is -- is that accurate? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Yes. Anytime there's a student with diabetes, it is very well known to the school nurse. There are a long series of meetings about the implementation of the student's diabetes management plan. And if a nonmedical school employee volunteers to be trained to administer, in the case of an emergency, part of the training would be the conditions under which they would be allowed to act. No records or files would be needed by that nonmedical school employee. Their training would more than provide them the information they need in the case of an emergency. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

Thank you for that answer.

It -- that helps clarify that situation. If I could skip over to line 22, and I'm just looking at the word in that sentence, the word "general

supervision" and focusing on the word "supervision." When I first read it, I was a little confused by it, and I'm wondering really if that word "supervision" should actually be "training." And the reason I say that is to my mind "supervision" is you're overseeing somebody, you're -- you're assisting them, making sure they're doing it right, et cetera. But in the scenario that's provided in -- in this subsection (e), the nurse is not there to supervise because she or he has already left the facility and now we're talking about a -- someone stepping into his or her shoes. So I'm -- it's just maybe just a better way in my mind to have the language drafted. And I'm just wondering if -- if the gentleman can help me that term, "supervision" versus "training." Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The beginning of that section refers to general supervision. Later in the section, addresses the training requirements. The reference to "general supervision" is a term used in various sections of

statute as it relates to nonmedical school employees administering medications. It's simply meant to suggest that it's not the job of the principal to provide general supervision of a nonmedical school employee who provides medication but simply to suggest that that is the role of the nurse to provide that general supervision. Later in this section, it addresses the training requirements. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

Okay. I just -- then, through you, Mr. Speaker, is the term "general supervision" a term of art in this field? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

It is simply a term used throughout the various statutes that concern administration of medication by nonmedical school employees. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

Thank you.

I won't belabor the point. I'm just suggesting maybe looking forward that "training" might be a better word to use in that line just to keep the statute clear. Because when I read it, it said, "a nurse shall supervise." And in my mind, I was picturing the nurse supervising the administration of the medicine as opposed to -- and then I realized in her -- in listening to the dialogue that that was impossible because the nurse is not there. So that's -- that's the only reason I bring it out.

I'm looking at line 29, and it talks about the qualifications that are necessary, starting with subsection a, there. And it reads, "no qualified school employee shall administer medication under this subsection, unless (A), such qualified school employee annually completes any training required by the school," which raised a question in my mind, what if there is no training. What happens with that scenario? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Then the nonmedical school employee would not be authorized to administer. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

And -- and would it be typical to have a -- a situation where a school district would not have this type of training for these types of students who have these -- not disabilities, these medical conditions? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Nurses are already trained and they could provide that training, but there are other providers that can also provide the training if the district wishes to -- to provide the training through that option. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

I guess ultimately my question is, are we trying to, with this bill, mandate that the training be

performed by the school district to other volunteers as described in the -- in the bill? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

This section only refers to the rare emergency of a hypoglycemic attack and in the absence of a nurse; therefore, it is very narrowly written for that purpose only. Through you

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

And I -- I appreciate that, but I -- my question is more to the point of, do we intend by this bill to require the school district to provide training for these situations? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I understand the question now. Yes, if -- if it is authorized by the student's parent and it is

ordered by the physician, and if a school nurse or a school principal approve of an employee, and if that school employee agrees to the responsibility and conducts training, if all of those conditions exist, then, yes, the district is obligated under this amendment to provide the training. And the nature of the training is to be determined by the school nurse or a school medical advisor, understanding that the State Department of Ed provides guidelines as to what that might include. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Smith.

REP. SMITH (108th):

I want to thank the gentleman for his answers. It certainly cleared up some of the questions I had tonight. And thank you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you very much for your comments, sir.

Representative Aman of the 14th, you have the floor, sir.

REP. AMAN (14th):

Thank you, Mr. Speaker.

There's been a series of questions asked, but I -- I think there's a couple of items that I would like

to get some information on, so I do have some questions for you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Please proceed, sir.

REP. AMAN (14th):

Yes. Throughout the whole discussion over the last couple of hours on the bill, we continually talk about a child, and as more and more of our high schools are encouraging people to stay in longer and get their degree, we are starting to have more and more 18-year-olds that are at the age of majority and therefore, do not need a parent or guardian's written orders to do most things. And the way this bill is written, I'm wondering how they're addressing those students who under this bill would be classified as a child but under other law have reached the age of majority. And I'm wondering how that issue is being addressed? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I don't see reference to the term "child," although it may be in here. The intent is that the

amendment will apply to any student of a school district regardless of age. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Aman.

REP. AMAN (14th):

Yes. I'm just looking at like on line 7 where it goes, "self-testing by a child with diabetes." And I believe that throughout the rest of the bill, they refer to a child with diabetes rather than a student, which I think would be the term that would be used if the intention was to cover everyone. So, again, through you, Mr. Speaker, if the conflict between those two ideas if that can be addressed.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I appreciate the reference to the section. That's helpful. I'm looking in the original underlying bill and the term "child" -- or the term "children" is used in existing statute and so I think that's why the term was used, although, I agree that consistency would have dictated that "student" would have been the preferred term. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Aman.

REP. AMAN (14th):

Yes. I don't know if that would require amending the bill as move forward for clarification, but it is that sort of wording problem that can cause numerous problems for boards of education and other people that have to administer the laws that we write here and they have to live with.

Going on in another section, it talks about prompt treatment in order to prick the student, et cetera, and again, that's on line 25. I'm thinking about our own school system that use some athletic fields for practice that our town fields are located enough of a distance away from the school -- at the -- very often the kids are bussed over to it. Some decide that they want to run over to it, but it is definitely not something that I would say is very, very close by. And I'm wondering under this, what obligations the school system has for those students that are participating on a school activity, maybe on school grounds, maybe not, but the school appears to be obligated to supply prompt treatment. Does that mean that they need to have maybe two people on duty

if the athletic fields are a mile apart, one on each one? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

No, there's no such obligation on the part of the district. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Aman.

REP. AMAN (14th):

If they're not obligated to do prompt treatment, could I have an explanation of what that's the legislative intent of that section that require -- that talks about, "may require prompt treatments." As I would presume -- my presumption is that they may require a prompt treatment, that prompt treatment should have to be supplied by the school system. Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The amendment does not require prompt treatment. The amendment simply says that if a school employee volunteers to be trained in that school, an employee is present at the time of the emergency, they are authorized to administer the medication. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Aman.

REP. AMAN (14th):

Okay. And I -- I can understand the problem, and I think that while I may feel very uncomfortable if I was a board of education member with not supplying people in both place, it does appear from the explanation that legally that would not be required.

Again, the amendment deals almost in -- entirely with diabetes at this point.

One of the other problems that we run into on a regular basis is allergies. My wife, for instance, is very allergic to bees and when on an athletic fields carries an EpiPen for that problem. While I don't see it in the amendment, is there other areas of the law, since it deals with self-injections and supplying injections like this, that covers that -- an allergic reaction or some other reason that self-administration

of injections maybe required? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The answer is yes so that the amendment has no relevance to students with allergies. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Aman.

REP. AMAN (14th):

Again, it's something that while we're looking at one section, I wish that we had maybe included that since it is a large portion of the population that has those problems and this solution and the training and everything else is -- probably could have been done at the same time if it was expanded to cover other situations that a school district might be on.

The last thing I'm talking about is the school was -- may include training in CPR and automatic external defibrillators. And again, I'm having taking the course myself, I think it's a very good idea to get as many people trained as possible. However, I'm looking at it and -- as I remember the people training

me were all certified instructors that had received substantial training more than what a normal nurse would have received who would only have to administer it. And I also am very aware that schools require certifications for their school teachers in education with a -- at least a bachelor's, maybe even a master's degree, to teach the students.

And I'm wondering how the proponent is able or can advise the boards of education when you have really a conflict between two sets of very professional standards: One for people who are teaching CPR and the other one who are elementary or high school teachers. And I think very few people probably have that much training in both. In this particular case, is the schools allowed to bring in noneducated certified people to teach these courses? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Since the amendment does not mandate training, the amendment is, therefore, silent on the requirements of said training. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Aman.

REP. AMAN (14th):

I would probably have to then direct that question to someone within the school system. And again, as I'm looking at this and even though it is not mandatory that they education -- boards of education of the various towns supply this as a mandatory subject. I wish again that we had addressed it and made it very clear to them what guidelines that they were following. I think it would've made it much easier if somewhere in that section 7 when we're talking about the training is if we put something in there authorizing the schools to bring in people that are qualified in those particular disciplines to work with the students.

I thank the proponent of the bill for bringing it forward. I think it does address a problem we have and will be very glad to listen to the rest of the discussion of the bill after the amendment is passed.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you very much, sir.

Representative Kokoruda of the 101st, you have the floor, madam.

REP. KOKORUDA (101st):

Good evening, Mr. -- good morning, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Good morning, madam.

REP. KOKORUDA (101st):

I have a -- I just want to say this bill came through Education and great intentions and -- actually it was 32 to zero vote. But there were some concerns and we listened to them. And I think a lot of them have been addressed.

One of the things I wanted to say was there was several testimonies from parents of children with diabetes, and I -- I want to thank the proponent of the bill for addressing them. It was pretty heartfelt to hear them.

With that, Mr. Speaker, I do have a few questions for the proponent of the bill.

DEPUTY SPEAKER ARESIMOWICZ:

Please proceed, madam.

REP. KOKORUDA (101st):

I was happy to see that the physical activity requirement remains, and as I recall it was 20 minutes all of one -- at one time. And now, I believe the bill reads 20 minutes over the course of the day. I

just wanted to know, will there be guidelines -- what was included in those -- that physical activity and who would set those guidelines?

DEPUTY SPEAKER ARESIMOWICZ:

Madam, is your question on the -- on the underlying bill of the amendment? We haven't adopted the amendment, yet, so it would be the amendment if that was your question. I'm sorry, madam.

REP. KOKORUDA (101st):

I thought this was the amendment. Where am I? Yes, this is on the amendment, yes, sir. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Okay.

Representative Reynolds, please proceed.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I believe you're correct, Mr. Speaker.

The provision on physical activity is in the underlying bill and not in the amendment. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Kokoruda, at the point where -- whether we adopt this amendment or not, I'd ask you to

re-ask your question when we're discussing the bill, madam.

REP. KOKORUDA (101st):

All right. Thank you very much.

DEPUTY SPEAKER ARESIMOWICZ:

Not a problem, madam.

Representative Klarides, of the 114th, you have the floor, madam.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

Mr. Speaker, I've heard a lot of questions and a lot of answers tonight. And if I repeat anything, please excuse me. That's not my intention. If I may, through you, and a few questions to the proponent.

DEPUTY SPEAKER ARESIMOWICZ:

Please proceed, madam.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

I understand that the main part of this bill is to allow students to self-test when they choose. There clearly was a problem with that, I would assume, and that's why we -- we got to this point.

If I could maybe have an example of -- of what one of those problems had been to get us here? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Existing law already prohibits school districts from restricting -- or from prohibiting students from self-testing that's current law. The testimony we received is that some districts were not prohibiting self-testing but putting excessive restrictions on the time and place of said self-testing. So this is just clarifying language to say, if a doctor certifies the capacity of a student to self-test without any restrictions and on time or location, then the district must comply with the doctor's order. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And through you, that certainly makes sense to me; however, what if there was a circumstance in which

this somehow became a distraction to the school day, what recourse would the -- with the teacher or the principal or school administrator have in that situation? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Excellent question. Part of the parents' and the doctor's judgment is, indeed, related to whether or not the administration of the test can be conducted in a way that's not disruptive of the educational environment. And so whether or not the doctor certifies self-testing would be -- that would be one of the factors they would take into consideration. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And through you, and that also makes sense to me, but I guess in my mind I'm kind of -- and if this thought process is an accurate please let me know. If the doctor says, okay, well, Johnny should be able to

self-test whenever he wants, writes the note, goes to the school, I mean, how would the doctor know what -- what the day, kind of, in Johnny's world is like and what the, you know, what the scheduling is and how he -- he may or may not decide to self-test? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Another excellent question. I would hope in that case that the teacher would provide feedback to the school nurse and the school nurse would provide feedback to the parent, and they would have a conversation with the doctor to adjust the doctor's order relative to restrictions on self-testing. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

But as -- as we all know, sometimes the parent and the -- and teacher relationship is not necessarily a productive one. And if a parent says, you know, you

know what, we have this law now in the state of Connecticut, and the doctor said that little Johnny can test whenever he feels like it, so you can't tell him when he can or cannot do that. Who wins in that situation? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Ultimately, the intent of the amendment is to put this decision in the hands of a doctor and the parent, and so the decision of the doctor and the parent would be paramount. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And I certainly see and understand that that's the intention of it, and I'm sure that in most circumstances that would probably be how it turned out. I guess, as with most things we write in this building, we always have to worry about the unintended consequences, and if it came to that point, which I'm sure it would, here and there, I mean, we -- we see

these things all the time in school situations with sports and curriculum and in different things. I guess I'm envisioning a situation where the parent comes in and says to the principal or the teacher, Listen, Connecticut state law says this and he's going to be able to test whenever he darn well pleases. I don't care if it interferes with what's going on with the school. So what you're telling me is in that situation if the parent wants that and the doctor wants that that's what happens. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Yes. Although if the testimony is any indication, there is constant dialogue between the parents the physician and the school nurse and the teacher about the management of the child's diabetes, and we can just hope that the professionals will act accordingly. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

In another section of the bill, I see the change from a licensed physician to a Connecticut licensed physician. What was the purpose of that? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I believe that was just to achieve consistency with other similar sections in state law. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

One last section of the bill, if I may address the -- to the proponent. I know we've had many debates in this chamber about mandatory physical exercise for -- for students, especially kindergarten through fifth grade, and I know right now the state of the law says their needs -- they're mandated to have an unspecified amount of exercise per day and now this changes it to 20 minutes per day. I'm noticing that there is no fiscal note or fiscal notes said it would

be a minimal impact. Through you, how do we foresee some school districts complying with that?

DEPUTY SPEAKER ARESIMOWICZ:

Madam, I believe the physical activity is outlined within the bill, not necessarily the amendment.

REP. KLARIDES (114th):

Oh, I apologize.

DEPUTY SPEAKER ARESIMOWICZ:

No, that's okay, madam. So until we adopt the amendment and we can come back to your questions.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. I apologize for that.

DEPUTY SPEAKER ARESIMOWICZ:

Oh, no problem.

REP. KLARIDES (114th):

I Thank the gentleman for his answers.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you very much, madam.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams of the 68th, you have the floor, sir.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker, and good morning to you.

DEPUTY SPEAKER ARESIMOWICZ:

Good morning.

REP. WILLIAMS (68th):

I thank the gentleman for his answers, thoughtful answers, and the respectful way in which he has given them here this evening and, I guess, this morning. I have a few additional question on the amendment, if I may, to the proponent of the amendment.

DEPUTY SPEAKER ARESIMOWICZ:

Please proceed, sir.

REP. WILLIAMS (68th):

And like others who have spoken before me, this has been a long debate. I think it's been a lot of thoughtful questions about a very serious issue, and I appreciate Representative Reynolds, your interest in this issue and obviously, the amount of time and energy that you've put into this. And like others, I hope that I have not repeated myself and I would ask you to tell me, if I have.

In line 3, we are removing the word "restrict" from the underlying bill, and I am curious as to if there's some policy reason why the words "prohibit" and "restrict" are no longer together, and the word "restrict" has been taken out. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Yes, that's an excellent question and happy to clarify. That's purely a drafting decision on the part of LCO. The original language in the underlying bill attempted to address the issue of restricting time and location differently than in the amendment. I believe the amendment brings clarity to the legislative intent. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

So if I understand Representative Reynolds correctly then, the word "restrict" may have added somewhat of an ambiguity into the law that you're hoping to enact here, and by using the word "prohibit" that makes it more clear; is that correct? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

That's correct. The other reason is that there are situations in which it is appropriate to restrict the time and place of self-testing, so we wanted to separate the two circumstances. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And I think -- may -- Representative Klarides may have been touching on this issue, and I hope that I can just bring some clarity to this from my own understanding. Is there any limit -- and I acknowledge this may be partly a question for the underlying bill, but it also may be contained in the amendment that I'm not seeing here. Is there any restriction on the number of times that a student may self-test in the course of a day, week, month, marking period, et cetera? I am not intimately familiar with this affliction, and so I don't know often, you know, how that goes. So is there any number of times that a student can self-test, either in the amendment? And, then, I apologize if that's a question more appropriate for the underlying bill. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds, will you care to answer.

REP. REYNOLDS (42nd):

Yes, thank you, Mr. Speaker.

I appreciate the question because I should have mentioned earlier the -- the frequency and nature and timing and place of self-testing is all contained within the individualized health care plan of the student that is prepared by the physician and submitted to the school. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

I appreciate the answer, Mr. Speaker.

Again, I hope this question had not been asked, but in lines -- well, in line 7, this specifically deals with on school grounds. Those are the words I am looking at here now, and I think maybe the issue of field trips, et cetera, has been brought up. I know that Representative Aman asked the question about two fields which may be technically off of the school grounds but may be located within a community, so I guess I am thinking about, you know, road trips for a basketball team or anything of that nature.

Is it safe to assume that the term "on school grounds" also applies to said field trips or athletic events or what have you? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The legislative intent is that the amendment would deal solely with that which is strictly school grounds, and anything that is not school grounds, the student would be free to do what the parent and doctor have authorized. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Through you, I think I may have misunderstood that. So if a child is at a basketball game at another school, but it is a school sanctioned event, a basketball game between one school and another within their particular league, would school grounds cover that or would school grounds not cover that? And I apologize for misunderstanding the answer. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

That's an important distinction. If it is not the school grounds of the school district or school grounds under the jurisdiction of the local or regional board of ed, then this amendment would not apply. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

So, through you, I'm a little bit confused as to the intent. I've been understanding that the intent here is, of course, to give greater access to students to treat themselves and to self-test. What would the policy reason be why we would not have the amendment apply to a school sanctioned event that is off campus? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Another important distinction. The student would still self-test, but it would not be done under the authorization of this amendment. It would simply be done under a parent and doctor's orders, as it would be done anywhere else in the student's life, at home, at a friend's house, what have you. So the school district would have no responsibility at that point, at least with regard to self-testing. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And through you, Representative Smith was touching on line 22 of the amendment, with respect to general supervision, and, Representative Reynolds, you mentioned that this is a term of art that is in our -- our statutes elsewhere.

First of all, my understanding that answer, correctly from earlier -- and does this deal with our education statutes elsewhere, the term "general supervision"? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker, yes, through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And in line 29, speaks to the issue of qualified school employees annually completing any training. Is that is training that is laid out by the school board? Is that a local -- I don't want to say a local option -- but is that a training that is developed locally and, therefore, if the qualified employee completes said training, they are in compliance with this amendment? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The State Department of Education has guidelines for said training which is the minimum standards and requirements. The school district could choose to provide additional requirements above and beyond what the state recommends and because the qualified school employee has to volunteer for this role, that school employee could decide that that training is excessive

or inappropriate and then has the right to decline to fulfill this responsibility. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

That probably answered more of my question then I asked, so I appreciate the answer. So if I'm understanding you correctly, that is the -- the guidelines that the State Department of Education puts out -- or the floor and not the ceiling as to what the -- the training can include locally. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Through you, yes.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And I understand in lines 32 through 34 that they must attest in writing. The school nurse and medical advisor must attest in writing that the qualified

school employee has completed this training. Is this in like the form of a letter between the school nurse and the -- the medical advisor to the employee or is this something that goes into their personnel file? How would that work? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The amendment is silent on that, but I imagine it could be a letter. Some districts also choose to create a form for this purpose that would simply be filled out and signed. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

So just to be clear on this then, we are leaving -- in this amendment, we are leaving the written authorization, or the letter I should say, up to the school district in whatever form that they would like to produce it in. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Through you, yes.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And in lines 56 and 57, we speak to the issue of training and were actually changing section 10-16b of our statutes, and I think my question is, does the State Board of Education already have such training materials developed, or will they have to develop such training materials upon passage of this bill? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I imagine they have some materials already in their possession, but with passage of this amendment and enactment into law, I imagine they will secure additional resources to be made available to school districts. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

And with respect to the fiscal note, Representative Klarides was asking a little bit about the fiscal note, just to make sure I'm understanding this correctly. It seems to me that the estimated fiscal impact to individual municipalities would be less than $5,000, per municipality; is that correct? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

If he's referring to the CPR and AED requirement, there would be no fiscal impact to the municipalities. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

I thought that the fiscal note -- if the Chamber could indulge me, I could find it. To the beauty of technology on my Ipad here -- it seems that striking

section 4 -- oh, I think I was understanding it incorrectly. The underlying bill I believe had a fiscal impact of $5,000 per municipality. Am I correct in understanding that? Striking section 4 would actually result in a possible savings of $5,000 because this bill is not being enacted? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Actually, there wouldn't be a savings because the expense does not currently exist. It simply is the elimination of what would have been a fiscal impact had the bill been enacted as originally presented. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Williams.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker.

I thank the gentleman for his answers.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you very much, sir.

Representative Kokoruda of the 105st, for the second time, you have the floor, madam.

REP. KOKORUDA (101st):

Thank you, Mr. Speaker

I have a question through you, for the proponent of the amendment.

DEPUTY SPEAKER ARESIMOWICZ:

Yes, please proceed, madam.

REP. KOKORUDA (101st):

The part where we are dealing with training with CPR and use of AEDs, the State's law right now states that in section 4, that the state Board of Education shall make available curriculum materials and such other material as may assist local and regional boards of education. With this amendment, would that mean that the state Board of Education could potentially fund defibrillators for training and is that reflected in the fiscal note of the amendment? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

No. There would be no funds provided to the State Department of Ed for this purpose. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Kokoruda.

REP. KOKORUDA (101st):

Through you, Mr. Speaker, are defibrillators required in school's today? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

That's not a subject of this amendment so I'm not able to provide an affirmative answer. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Kokoruda.

REP. KOKORUDA (101st):

Thank you, Mr. Speaker.

So I assume it would be a financial issue for school to -- in order that want to advantage of this training. One last thing about the training, is it designated for any specific age group? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Since the amendment doesn't mandate training. The amendment is silent on that issue.

Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Kokoruda.

REP. KOKORUDA (101st):

Thank you Mr. Speaker.

I thank the proponent for his courteous answers.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you very much, madam.

Representative Rebimbas of the 70th, you have the floor, madam.

REP. REBIMBAS (70th):

Thank you Mr. Speaker, and good morning.

DSA:

Good morning, madam.

REP. REBIMBAS (70th):

Through you, Mr. Speaker, to the proponent of the amendment.

DEPUTY SPEAKER ARESIMOWICZ:

Please proceed, madam.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

In this amendment, do the parents have the ability to choose who would be authorized to either

supervise and or administer the medication. Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Through you, no.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

If there are several people who are trained an available at the school, would it be your belief that the parents should have the ability to choose who they would like to supervise their child. I think that would be a very, you know, good concern here in regards to if you have a young girl who has to administer this to herself or have someone administer it. It might be the parents or the guardian's decision not have a male nurse and/or someone trained in the school to either supervise or administer it.

So wouldn't it be reasonable that the parent would have the ability to either object or choose a

person so long as they are properly trained? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The intent of the amendment is that the school nurse should be the one to work with the principal in selecting because they have to have confidence that the employee is capable of fulfilling the obligations of this amendment. And, of course, it also requires that the employee agree to the responsibility and agree to the training. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

I think my concern is if we are going to choose a backup to the person that would have been authorized, such as a nurse, that would be reasonable that the nurse would be trained and it would be the first person in line if available to do it. We should be looking at the alternative, being someone then of the opposite sex, in order to have any child who would

have to have this medication administered would be completely comfortable having the person either administer it or supervise it. And also have a parent or guardian have the option as to who they would want to choose. Even if, for example, if the nurse was female and she was available but there was a backup person who was properly trained and at the school premises, the parent should have the option and/or the child should have the option then to choose their preference.

So just through you, Mr. Speaker, would that be something that would be allowable under this amendment?

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

If the nurse is available, then no other school employee is authorized to administer. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

I think, then, in that regard, it certainly is a concern of mine, and I don't know if I could support this because if this piece of legislation, this amendment before us, would not allow a parent or guardian, who -- let's be clear here -- should be the person who decides who supervises or touches their child in any setting whatsoever, trumping any other thing. They don't have that right under this amendment, then what are we doing?

All because this child has to be administered a medication does not trump a parent's right or a guardian to choose who's going to do that so long, again, as they're properly trained. So that's a concern of mine. I think that was just highlighted in that exchange, and I think that's terrible in that regard. If the parent is not allowed to ask for another qualified person of the sex of their choosing as to who's going to administer a medication and/or supervise their child who has to actually possibly remove clothing, lift clothing, not to be able to do that. I think that's actually appalling.

Through you, Mr. Speaker, to the proponent of the amendment. Regarding the State Board of Education providing the training in CPR. Is this something --

again, I see that this would only be if it shall be, if there's available funds -- which is always concerning, because I think we hear from the board of educations on a regular basis that they already do not have the proper funding for all of the mandates that they currently have and this certainly would be one additional mandate. A very good one of which I do believe most schools are doing but this is an additional mandate and, unfortunately, one that will be costly. But with that, how often do they have to do this? Would they be in violation, if they have it once in that child's school career? Would that be sufficient? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I wonder if the good Representative could tell me which provision of the amendment she was referring to. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Certainly, thank you.

That would be lines 56 through 57, regarding the mandatory training of CPR. Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The amendment does not contain mandatory training. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

So if the proponent of the amendment could explain to me section 4, paragraph (d), where it says, The state Board of Education shall make available curriculum," and then highlighted as number (7), what the means? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

It simply means that the State Department of Ed Will provide curriculum materials to the district,

which they may or may not choose to take advantage of.

Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

I think that, then, clarifies maybe not training, but providing them the materials; is that Correct? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The State Department of Ed would be obligated to make materials available and school districts could choose whether or not they access them. And even if they did access them, it would be up to the districts whether or not they used those materials for training purposes. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas

REP. REBIMBAS (70th):

Thank you Mr. Speaker.

To the proponent of the bill, then, could you explain to me why we have language "shall assist." "Shall" to my understanding is mandatory and not "may". Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Would the good Representative just read out the line that she was referring to so the proponent could answer the question?

REP. REBIMBAS (70th):

Absolutely.

Thank you, Mr. Speaker.

I'm looking at lines 50 through 51. "The State Board of Education within available appropriations and utilizing available source materials shall assist and encourage." I believe the testimony was that they weren't obligated to. But as I read this amendment I see the word "shall," which is mandatory. Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

There is no mandate to provide -- to deliver curriculum in these areas. It is simply a requirement

that the State Board of Ed make these resources available. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Okay. I guess I'm just having a hard time deciphering between what "shall" and yet it's then required was the testimony. In my understanding "shall" and "required" is a mandate. It's mandatory. Again, it says, "available appropriations utilizing available resource material shall assist and encourage. "Shall" is mandatory. But if the testimony is that it's not mandatory, then who's make this decision? Is it the State Board of Education or the local board of education? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Just for legislative intent, there is no mandate on the school district, and any decision to utilize the materials or to offer or conduct training would be

entirely a decision of the local board of education.

Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

Through you, Mr. Speaker, what's the purpose of having this language in here, then, and having the word "shall."

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

That's existing law and the amendment provides no change to that language. It is simply to ensure that the State Department of Ed is prepared to assist and encourage boards of ed in the following areas.

Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

And thank you for that clarification. I think what I'll probably do is just follow that up and make

sure that I'm clear then. So this language that's before us, the current law, as well as the addition of number (7) there that I had previously already out loud and for the record, and the State Board of Education must have this information available. But no local board of education anywhere in the state of Connecticut has to actually teach or utilize any of this information; is that correct? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Yes, that's correct and that's why the fiscal note references the elimination of any fiscal impact of municipalities. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

Through you, Mr. Speaker, what's the fiscal impact on the State of Board of Education having this materials? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

This can be fulfilled within available resources. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

I understand the language says, "within available resources," but what would be the cost to have these addition materials for this particular item? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds, do you care to respond.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I'm aware of no cost. Existing staff would simply collect resources available free of charge through various different medical associations: The American Heart Association, and other similar heart associations. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

And in order to make the sure that the State Board of Education is in compliance, seeing that this is CPR training, how often would they have to update those materials? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The amendment's silent on that issue. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Rebimbas.

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

I want to make sure that the State Board of Education knows their obligation under this. Is it -- it is mandatory that the State Board of Education has the materials. We want to make sure that they are fully in compliance and understand the mandate that they have before them. So in order for us to provide the resources, we need to make sure that they are updated. So I just want to make sure that they

understand what their responsibilities on here. So it's unfortunate if it silent.

I do stand, Mr. Speaker, in opposition to this amendment and, actually, in strong opposition, for the mere fact that earlier I did highlight that a parent or guardian does not have the right to actually choose the qualified trained person who is in charge of either supervising or administering this medication to their young child. I don't understand that.

When do parents of guardians completely waive their right as to who's going to touch their child for any reason, even for health care reasons. So I do oppose this amendment and ask my colleagues to do the same.

Thank you, Mr. Speaker, and thank you, to the proponent of the amendment for answering my questions.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban of the 135th, you have the floor sir.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

Couple of questions on the amendment, if I may?

Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds, please prepare yourself, get a drink of water, whatever you need to do sir.

Representative Shaban, please proceed.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

Working my through new section (e)(1), obviously, lines 19, through 39.

If the proponent could assist me, starting on 27, "No qualified school employee shall administer medication under this subsection, unless (A) such qualified school employee annually completes any training required by the school nurse and school medical advisor."

My question, through you, Mr. Speaker, is, what limits, if any, are there on the term "any"? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Through you, there are no limits described in the amendment. Again, the school employee has to agree to assume the responsibility and agree to be trained, and if that school employee deems the training

requirements excessive or unreasonable, they can decline to fulfill this obligation. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

Really my concern is not so much for the school employee but for the anticipated patient here. If these folks are going to be chosen as folks that can administer medicine, I want to know -- I'm trying to figure out what kind of training they are going to get. So would the term, "completes any training required by the school nurse and school medical advisor."

Through you, Mr. Speaker, is that training to be set -- is it any training by the school nurse, or is it set by the school nurse and school medical advisor, i.e., a training regimen set by those two individuals? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The amendment says "and" referring to both individuals. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban

REP. SHABAN (135th):

Thank you, Mr. Speaker.

So the "any" works with the "and" in the conjunctive and not in the disjunctive? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Yes, through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you.

Is there any other provision in our law that has some kind of delineation on what type of training school employees can -- should or should not conduct, visa vie when administering medicine, i.e., EpiPens or something like that? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I can only speak to what is proposed in the amendment, and this amendment calls for training that would follow guidelines established by the State Department of Education, follow requirement of the student's individualized health care plan developed by the doctor, as well as any other requirements proposed by the nurse. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

Actually, the gentlemen added something there. It's possible I'm missing it because it is getting late. He said, any training set by the nurse and the school medical advisor, and the State Department of Education.

Through you, Mr. Speaker, where does the State Board of Education get pulled into the mix in connection the training discussed on line 29? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The State Department of Ed provides guidelines, but ultimately, it is the decision of the school nurse and school medical advisor and the doctor of that student on the scope and nature of the training itself. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th)

Thank you, Mr. Speaker.

So, in theory -- and I'm not saying this would actually happen -- but hypothetically, of course. If a school district had a bad school nurse, or a lazy one, and a lazy school medical advisor.

Through you, Mr. Speaker, at least in theory, isn't it possible that those two employees come up with the training schedule that was, let's say, under par, i.e., read this pamphlet and you are good to go? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I imagine the school medical advisor is typically a physician and the school nurse would be in violation of their oath and every other ethical standard that they are obligated to meet. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban

REP. SHABAN (135th):

Thank you, Mr. Speaker.

All right. Well, the school medical advisor, is that a defined term in the amendment or the underlying bill? I'm trying to figure that out. Through you Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (135th):

Thank you, Mr. Speaker

No. it is defined elsewhere in existing statute. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

And through you, if I may, since it is used in the amendment. What, if the gentlemen knows, what is

a school -- who or what is a school medical advisor? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The school medical advisor is a licensed medical professional in the State of Connecticut, and the duties and obligations are defined, not in this amendment, but in the underlying bill. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

Could that licensed -- or that school medical advisor include a chiropractor or a faith healer? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

No, Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker

Through you, why not? I guess is my question. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The requirements of the school medical advisor are in existing statute outside the scope of the amendment or the underlying bill. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

When we get to the bill and we have some questions on that I'll check Title 10, I guess, and get some -- flesh out that description, but I appreciate the answer.

Moving on to section (B), line 32, "the school nurse and school medical advisor have attested, in writing, that such qualified school employee has completed such training." Now, we have just talked about what the training could or could not be. What

is anything is that attestation supposed to look like? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban, I've only been on the dais for about half the debate and it's becoming repetitive so I just -- I'll caution you. I will allow Representative Reynolds to answer the question. I would just caution the Chamber on the repetitiveness of the questions.

Representative Reynolds, please proceed.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Happy to respond. It could be a written letter, but often what is the case is a form, unique to the district could be developed that they would complete and sign. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker, and I apologize.

Actually, now, once I got the gentlemen's answer I went, a-ha, I did hear that before.

What penalty, if any, through you, Mr. Speaker, if the attestation -- let's say they falsely attest to

the fact that the training was done. What penalty, if any, would the school nurse and/or school medical advisor be subject to? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I Can only imagine there would be disciplinary action by the school district and possibly action by the licensing board of the state. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

Well, through you, was, A, either that possibility discussed in committee or, B, the possibility of a penalty of perjury discussed in committee_in connection with the attestation. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

No, it was not, through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Alrighty. Let's look at the item (C), if I could. "Such qualified school employee voluntarily agrees." The word "voluntarily" -- and we'll talk about who a qualified school employee is in a second. Again, I think I heard some of these answers before so I won't repeat them. But "voluntarily agrees," does that mean that they're not compensated extra for volunteering for this? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

That's correct.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Through you, so the school -- and I don't know how this works, frankly. I mean, I understand how the school nurse gets paid but school medical advisor -- do school medical advisors typically get a flat a fee

for the services they provide the school district?

Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Could he please repeat the question, through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Gladly. And I'm trying to just figure out this voluntary language in here. I'm saying that the school voluntary agrees, and I understand that because school nurses get a salary under the school board. But the school medical advisor, through you, Mr. Speaker, does the gentlemen know how school medical advisors typically get compensated, i.e., is it a flat fee? Is it a hourly fee? How does that work? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

The amendment doesn't speak to that issue, but I imagine that school districts sign contracts with the school medical advisor of their choice and negotiate an appropriate compensation. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

Well, that's sort of my concern because if the school medical advisor, i.e., a doctor has a contract with the school district that says I will bill the school at the end of the month based on visits, based on hours, based on cases solved, I fear that such a contract could potentially remove that school medical advisor out from under the voluntary strictures structures of line 35. And I raise that for the reasons I just stated but I appreciate the gentlemen's response.

Moving down, line 38, injectable equipment -- going administer the medicine in an appropriate dose.

Through you, please confirm my assumption is -- I don't want to assume anything. Who determines the appropriate dose? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you Mr. Speaker.

The physician, through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban

REP. SHABAN (135th):

Thank you, Mr. Speaker.

If the school nurse or, actually, if the school employee -- school employee who administers this, administers an inappropriate dose, what, if any, recourse would the parent or the student have in connection with this amendment and/or that dosage? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. speaker.

It's my understanding that this type of medication, giving to little or too much, has no risk to the student. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

And the direction I'm, kind of, wandering toward is whether or not the gentlemen has an understanding of whether or not school -- school board liability insurance covers such a contingency, i.e. -- I expect that the school nurse is covered because they are employed by the school district, but the qualified school employee, through you, Mr. Speaker, was a discussion ever had about whether and how school employee -- I'm sorry -- school liability insurance might cover the dosage administered in this amendment, or called for here? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Yes. The qualified school employee would be immune from liability in the fulfilling of any aspects of this amendment. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

And if the gentlemen could direct -- the immunity to liability is that contained in the underlying larger bill? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd)

Thank you, Mr. Speaker.

No, it is in the amendment. It's difficult to interpret so it's very easy to miss. In line 13, you will see reference to after (d) insert an (e). What that means is elsewhere in statute are various references to providing immunity from liability for nonmedical school employees who administer medication. And so that change in this amendment, simply adds our section (e) to long list of statutes in existing law where immunity is provided for these employees. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

I appreciate that response. I'll take a look at that when I put the microphone down.

Moving on and moving toward conclusion, the discussion -- we've just been discussing what a qualified school employee is. In the amendment it has a short list here, "principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach, or school paraprofessional."

Through you, Mr. Speaker, I'm a little concerned or -- my question regards the word "coach." If the coach is not actually employed by the school district, would that coach still be considered a qualified employee under this amendment? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Through you, no.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

So the coach has to be a school board employee? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Through you, yes.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

If an assistant coach or a graduate assistant or any other of the number coaches you typically have in an athletic program administer the medicine, they would fall outside the immunity shield we just spoke about? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

In that hypothetical, I'm not sure how said employee would have access to the injectable medication if they were not an authorized and qualified school employee. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you Mr. Speaker.

Well, it's funny. This is almost not even that much of a hypothetical. Being a coach and having sons who are being coach at the high school and for what it's worth. My sons have to carry EpiPens, similar, not the same, but similar. And all of the coaches have, apparently, been trained to some degree, all right, if my son, or one of my other -- some of the other kids there who have allergies, bee stings, food, whatever, have an episode, these gentlemen have been trained how to administer an EpiPen.

So my question, through you, Mr. Speaker, is if the same situation happens with a student athlete, they are having a diabetic attack. An assistant coach or a graduate assistant or the junior coach administers the medicine. In that scenario, they would be outside the immunity shield we just spoke about? That's my question, through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Yes, that is correct. If they were not a, quote, qualified school employee and did not meet all of the previous conditions and were not approved by the

school nurse and principal, but yet, somehow, had access to the medication and administered it. That is correct they would not be protected by the immunity provision in this statute. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

I thank the gentlemen for his responses. I have a little concern about the vagueness the training regimen that's being called for. Especially, with the word "any" as opposed to a word like "appropriate" or training regimen as set by regulation or something like that. But, with that, I thank the gentlemen for his responses and the Chamber for its time.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Thank you very much for you questions and comments, sir.

Representative Miner of the 66th, you have the floor, sir.

REP. MINER (66th):

Thank you, Mr. Speaker.

I, too would like a clarification, if I could, please, on the amendment. And it has to do with whether this is intended to be for emergency applications or whether it is for the administration of maintenance drugs.

So if I could through you, in section (e)(1) when they talk -- when it's spoken of -- of trying to educate and authorize an individual to perform this work. Is that for emergency services? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Excellent question and very important distinction, the amendment speaks solely to emergency situations to protect this -- in which the student must be protected against serious harm or death. This does not authorize this nonmedical person to be responsible for the routine management of the student's diabetes condition. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

And so once this training has been provided, I guess my concern is that when I look at the language I think about older children, rather than younger children. And so if the gentlemen can tell me is there any requirement in this in which a school system could be forced to employ someone that they may not currently have on their staff? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

No. The amendment makes very clear that the qualified school employee must agree to assume the responsibility and must agree to all required training. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

I apologize, Mr. Speaker. I didn't get exactly what he described to me. If he could repeat it please.

DEPUTY SPEAKER ARESIMOWICZ:

Absolutely, sir.

Representative Reynolds, would your repeat your answer, sir.

REP. REYNOLDS (42nd):

Sure, happy to. Since the amendment requires that the qualified school employee must voluntarily agree to assume the responsibility and must agree to the training, therefore, the district cannot force any employee to do it, and therefore, would not be obligated to hired an employee should no one present volunteer. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

So with all this effort being put into anticipation that any employee within the state of Connecticut in any public school setting would have some modicum of coverage, if I understand the gentlemen correctly, it is understood that this is not an obligation for a municipality to provide this kind of coverage. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd)):

Thank you, Mr. Speaker.

That's correct.

First of all, it's not any employee. The amendment makes clear which classification of employees could be trained, but there is no mandate and no requirement that the district have someone beyond the nurse to fulfill this obligation. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. speaker.

And so in the event that a student wants to push the issue to another level, is there an appeals process here by which they can force a school board to activate some service that they don't normally have. Such as might occur through a special education situation? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

As it relates to the emergency administration of injectable glucagon, no. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

And earlier there was a brief discussion about dosage and is it the gentleman's understanding that this medication would come in some form that was predosed? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

No. There is a vial of powder and vial of liquid that cannot be premixed. And that's why we are making this amendment so narrow and making the training so important, because it's not as simple as the administration of an EpiPen. It's a more complicated preparation of the injectable, and so that's why the training is so important. But the dosage is determined by the physician and the employee, in question, would be trained solely in the preparation of the injectable for that student only and for that dosage only. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker

I, you know, like other issues I have limited understanding of this, as well. But I thought I understood the gentleman to say earlier that there was no possibility of either over or under dosage. If he could share with the Chamber how he comes to that understanding given the fact that you get a vial of powder and liquid and someone has to measure those. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

I should have been more clear, and I wasn't. It's my understanding that if they were to use more than the required dosage, it would not cause physical harm to the student suffering the attack. However, I imagine if the dosage was inadequate, it would not have the same efficacy as would be required to help them recover from their hypoglycemic attack. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

And so is this intended to be in conjunction with the activation of some kind of emergency services, a dispatch. Because it does not appear to say that here anywhere and it almost seems, in my reading of it, that it's intended to be dealt with on school grounds when the student -- I mean, I have witnessed people who have been in shock as a result of not having enough, I guess, it's sugar or glucose or whatever. And so it is anticipated that this would be separate and apart from, let's say, activation of 9-1-1, or would those be in conjunction with each other? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Another excellent question, according to the testimony we received, the training always makes very clear that the administration of an injectable glucagon is always followed by the calling of 9-1-1. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

And so that training, then, would also include I assume an understanding and evaluation of what shock might look like for this student. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Yes, another excellent point. The training, as the testimony indicated, has heavy emphasis on the recognition of signs and symptoms of an attack and when the administration of the medication is appropriate and necessary. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

And so, if at the point that person who were trained was called, let's say, to the playground and the student was not coherent, let's say, passed out, what would the procedure be then, would there be an administration of the medication? Would there be a testing process that would occur prior to the

administering of the medication? Through, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

It would, first, be important to determine the availability of the school nurse. If the school nurse is present or can be quickly secured, then she would immediately begin implementation of the emergency care plan that had been prepared by the doctor, and the nurse would make a judgment call as to the symptoms and condition observed and implement that emergency care plan. And if the nurse is absent and the qualified school employee was, indeed, in force and authorized and happen to be present, they, too, would do the same thing. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

And again, when I look at this language, I think about the school setting and the differences between -- at least in the district I represent. We have many

vary small grammar schools that more often than not don't have a nurse on premises. And so in the those cases, it's anticipated that, perhaps, a regional nurse would do that training and then if they were off premises, it wouldn't matter. One of the other individuals listed here would serve as the individual who could administer and evaluate the student for that administration of medication? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Yes, through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

And thank you.

Just the last section, I think goes back to the liability. It seems -- I know that we have taken certain steps with regard to defibrillators and how important they are in terms of bringing people back to life and how minutes are critical. And for those reasons, I think the legislature -- many legislatures

across the country have afforded all sorts of immunity to liability to garbage men in some states where they have defibrillator machines on garbage trucks because there were so many, and it just seemed like the quickest way to get people the kind of response they needed.

How did we arrive at that kind of immunity for this situation, where -- was there testimony about very serious health problems that arose out of someone not being able to administer these drugs in a timely fashion that led the committee to include an immunity in this process? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

Actually, throughout the statutes there are -- there is a section in existing law that makes references to every section in statute, where a nonmedical school employee is authorized to administer medication on -- in a school environment. And so the amendment simply adds this glucagon section to that list of sections that are included in immunity from liability. And I imagine it was indeed the result of,

as you've suggested, instances in which a trained and well-intentioned individual simply made a human error and was negligent but, clearly, had no intent to cause harm. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

And the -- the other circumstances which are listed in that other statute. I think you said you, we add (e) here. Are they similar? Do they involve a mixture of difference substances, or is it the administration of a aspirin, let's say, or splinting something, or something that might be far more simple? Through you, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

It is a wide variety. Some are basic prescription medications; some are EpiPens for allergic reactions. It is a great variety. I would say, though, that that an injectable glucagon is, I guess you could say, a higher skill level required for the administration, and that's why we've gone to such

great lengths to put strict conditions on how and when a nonmedical employee could administer this particular medication. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

And if the gentleman knows, I'm not sure if he does, is that injection an injection into a muscle similar to what an EpiPen would be, or is that a injection into a vein, I guess? Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Reynolds.

REP. REYNOLDS (42nd):

Thank you, Mr. Speaker.

It is my understanding it is shot in the arm, similar to like a flu shot. Through you.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

At this time, I don't have any more questions. I think my understanding has been satisfied, and I appreciate the answers from the gentleman.

DEPUTY SPEAKER ARESIMOWICZ:

I thank the gentleman for his questions.

Will you remark further. Will you remark further on the amendment before us?

If not, I'll try your minds.

Those in favor please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ARESIMOWICZ:

Those opposed, nay.

The amendment is adopted.

Will you remark further as the bill as amended?

Representative Becker of the 19th District, you have the floor, sir.

REP. BECKER (19th):

Good morning, Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Good morning, sir.

REP. BECKER (19th):

Mr. Speaker, the Clerk has amendment LCO Number 4604. I would ask the Clerk to please call the amendment and that I be granted leave of the Chamber to summarize.

Mr. Speaker.

DEPUTY SPEAKER ARESIMOWICZ:

Representative Becker.

REP. BECKER (19th):

Yes, I may have misspoken. It's LCO 4608.

Deputy Speaker Ryan in the Chair.

DEPUTY SPEAKER RYAN:

Will the Clerk please call LCO 4608, which has been designated House Amendment Schedule "B."

THE CLERK:

LCO 4608, House "B" offered by Representatives Fleischmann, Senator Gerratana and Stillman, Representatives Cook and Becker.

REP. BECKER (19th):

Mr. Speaker.

DEPUTY SPEAKER RYAN:

The Representative seeks leave of the Chamber to summarize the amendment.

Is there objection to summarization? Is there objection?

Hearing none, Representative Becker, you may proceed with summarization.

REP. BECKER (19th):

Thank you, Mr. Speaker.

Mr. Speaker, this amendment is an amendment to section 10-212c of our General Statutes. And that statute currently addresses life-threatening food allergies and establishes guidelines and district plans to address those for students in school It requires the Department of Education in conjunction with the Department of Public Health to develop and make available to each local and regional board of education guidelines for the management of students with those life-threatening food allergies. What this amendment is designed to do is to make corresponding changes to the statute which mirror the provisions for life-threatening food allergies and apply them to glycogen storage disease.

Glycogen storage disease is a very rare disease that afflicts approximately one in 100,000 children, one of whom is a six-year-old constituent of mine.

DEPUTY SPEAKER RYAN:

Representative, would like you to move adoption before you continue explaining the amendment?

REP. BECKER (19th):

I move adoption, Mr. Speaker.

DEPUTY SPEAKER RYAN:

The question before the Chamber is adoption of House Amendment Schedule "A."

Would you remark on the amendment?

Representative Becker.

REP. BECKER (19th):

Yes, Mr. Speaker.

As I was saying this is a six-year-old constituent of mine whose condition is such that she requires tube feeding. She has a tube in her stomach and requires -- has the need to be fed at least every 90 minutes, if not, more frequently. And within the amendment, Mr. Speaker, is a provision which requires the guidelines to include a process for the development of an individualized healthcare plan for glycogen storage disease for each student with it and requires the nurse and any school employee approved by the nurse to feed that student. But the plan also shall not prohibit a parent or guardian or a person designated by such parent or guardian to provide food or dietary supplements to that student with glycogen storage disease on school grounds during the school day.

Now, should that parents choose to follow that latter course and do it themselves or appoint someone

else to do that -- designate someone else to do that, the family would be unable to make a claim for damages against the town, local or regional board of education, or school employee for any injury or damage resulting from that parent, guardian, or designee providing the food or supplement to the student. So it would give a limitation of liability to the town and the school district.

DEPUTY SPEAKER RYAN:

Will you remark further on the amendment before us? Will you remark further on the amendment before us?

Anyone wishing to remark further on the amendment before us?

If not, I will try your minds --

Representative Greene of the 105th.

REP. GREENE (105th)

Thank you, Mr. Speaker.

Mr. Speaker, through you, I have a few questions on the amendment to the proponent, please.

DEPUTY SPEAKER RYAN:

Please proceed.

REP. GREENE (105th):

Thank you, Mr. Speaker.

Mr. Speaker, this disease -- I know that the good representative just described is a very rare disease. I believe he mentioned it affects one in 100,000 people or thereabouts. I was curious if he had a good -- a number as to how many people are affected by this disease here in the State of Connecticut.

DEPUTY SPEAKER RYAN:

Representative Becker.

REP. BECKER (19th):

Mr. Speaker, through you, I have a letter from my constituent's doctor, who tracks this disease across the country and follows approximately 90 percent of the people in our country that have it. And he -- actually, it's not in the letter, but he informed me in conversation that I had with him that there are currently six students in the state of Connecticut suffering from glycogen storage disease.

DEPUTY SPEAKER RYAN:

Representative Greene.

REP. GREENE (105th):

Thank you, Mr. Speaker.

And of those six students here in the state of Connecticut, how many actually require assistance to actually control -- or I should say, I guess, feed

themselves, through this process? Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Becker.

REP. BECKER (19th):

Through you, Mr. Speaker, again, based on this doctors information that he gave to me, the other five students suffering from this disease are much older and do not require the intervention that would be required under this amendment. Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Greene.

REP. GREENE (105th):

Thank you, for that answer.

So, in the state of Connecticut, it seems that there is only one individual, this unfortunate little girl, who has this disease who would require assistance at this time.

As I'm reading the amendment, it seems to me -- and correct me if I misread this -- that each school district in the state in addition to developing plans and education requirements for their personnel for life-threatening food allergies, glycogen storage

disease would also be required to be planned for in each school district in the state; is that correct? Through you, Mr. Speaker

DEPUTY SPEAKER RYAN:

Representative Becker.

REP. BECKER (19th):

Mr. Speaker, I thank the good Representative for his question. And again, under the amendment, it's the Department of Education in conjunction with the Department of Public Health who shall make available to each local and regional board of education guidelines for the management of not only life-threatening food allergies but also glycogen storage disease. Through you, Mr. Speaker.

DEPUTY SPEAKER RYAN:

Representative Greene.

REP. GREENE (105th):

Thank you, Mr. Speaker.

And I appreciate the answer there to clarify the question.

One last question on section 502, lines 44, through 52 deals with liability issues. Does this section apply to the procedures that deal with life-threatening allergies? Through you, Mr. Speaker.

Speaker Donovan in the Chair.

SPEAKER DONOVAN:

Representative Becker.

REP. BECKER (19th):

Through you, Mr. Speaker, no, it does not. It is specific to only the provision of food or dietary supplements because that is the additional -- the addition to this statute. So in conjunction with making that addition, we added this limitation of liability. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Greene.

REP. GREENE (105th):

And I thank you, Mr. Speaker.

I appreciate the clarification on the bill -- or I should say on the amendment. I rise in support of the amendment. I really think that this is a great thing, particularly, for this little girl and anybody else who may be afflicted by this horrible disease, and I urge my colleagues support.

Thank you very much.

SPEAKER DONOVAN:

Thank you, sir.

Would you care to remark further on the amendment? Care to remark further on the amendment?

If -- Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you very much, Mr. Speaker, good evening.

SPEAKER DONOVAN:

Good evening, madam.

REP. LAVIELLE (143rd):

Just a couple of questions for the proponent, if I may.

SPEAKER DONOVAN:

Please proceed.

REP. LAVIELLE (143rd):

Okay, thank you.

Very quickly in lines 18 through approximately 20, it tells us that the guidelines provided by the Department of Public Health provide for action plans for every single student who has the disease. And I just wondered, who is actually responsible for producing those plans? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Becker.

REP. BECKER (19th):

Through you, Mr. Speaker, I'd like to thank the gentlelady from Wilton for her question. And the guidelines need to include a process for the development of individualized healthcare and glycogen storage disease action plans. So the answer would be found within the guidelines that would be established by the Department of Public Health in conjunction with the Department of Education. Through you Mr. Speaker.

SPEAKER DONOVAN:

Representative Lavielle.

REP. LAVIELLE (143rd):

Okay. I thank the good Representative for his answer.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Would you care to remark further on the amendment? Care to remark further on the amendment?

If not, let me try your minds.

All those in favor of the amendment please indicate by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

All those opposed, nay.

The ayes have it.

The amendment is adopted.

Will you remark further on the bill as amended?

Representative Mushinsky.

REP. MUSHINSKY (85th):

Thank you, Mr. Speaker.

In 2004, the Select Committee on Children promoted a major bill to combat obesity and nutrition-related disorders among children. At the time we included new standards for nutritious meals sold in schools and requirement for at least 20 minutes of physical activity for grades K through five. At the very last minute as sometimes happens around here, the Senate stripped out the 10 minutes but left the rest of the bill intact. And the bill passed and school food changed for the better.

Physical activity for children has been the unfinished half of this reform for the past eight years. The Children's Committee found that there was a huge difference between suburban and urban schools in terms of physical activity. An urban child might have only 28 minutes per week, while a suburban child had at least 125 minutes over the same period. And in

2004, 75 percent of the school districts in the state met the 20 minutes per day minimum activity, but -- and 25 percent of the schools -- and this was mostly the urban districts -- the activity was reduced or eliminated to accommodate reading or other instruction.

So I want to thank Representative Tom Reynolds and the rest of the Education Committee members for not forgetting these urban children and providing at least 20 minutes of physical activity in the school day for these children in section 5 of this bill.

Research shows that physical activity, whether in a recess period or scattered throughout the day, improves student learning as well as student health. I'm glad it's in here, and I urge your support for this bill.

SPEAKER DONOVAN:

Thank you, Representative.

Would you care to remark further on the bill? Would you care to remark further on the bill as amended?

If not, staff and guests please come to the well of House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is taking a roll call vote. Members to the chamber please.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted?

Please check the roll call board to make your vote has been properly cast.

If all the members have voted, the machine -- the machine will be locked.

The Clerk --

If all the members have voted, the machine will be locked. The Clerk will please take a tally.

The Clerk please announce the tally.

THE CLERK:

House Bill 5348 as amended by House "A" and "B."

Total number voting	126
Necessary for passage	64
Those voting Yea	124
Those voting Nay	2
Those absent and not voting	25

SPEAKER DONOVAN:

The bill as amended is passed.

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special education. It requires, also, that the school district provide -- hang on one moment -- an opportunity for the parents to have the chance to sit down with one person within the school.

The bill also includes language on -- sorry, Madam -- I got the files mixed up. I apologize for that.

THE CHAIR:

No problem.

SENATOR STILLMAN:

It -- it also -- it also has language in there to make sure that we have nexus with the school district. And I urge passage.

Thank you.

THE CHAIR:

Will you remark? Will you remark?

If not --

SENATOR STILLMAN:

If there isn't any objection, I ask that we place this on the consent calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

Mr. Clerk.

THE CLERK:

On page 16, Calendar 470, Substitute for House Bill Number 5348, AN ACT CONCERNING THE ADMINISTRATION OF MEDICINE TO STUDENTS WITH DIABETES, THE DUTIES OF SCHOOL MEDICAL ADVISERS, THE AVAILABILITY OF CPR AND AED TRAINING MATERIALS FOR BOARDS OF EDUCATION AND PHYSICAL EXERCISE DURING THE SCHOOL DAY. It's amended by House Amendment Schedule "A" and "B" and favorable report of the Committees on Education, Public Health and Appropriations.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

I move the joint committee's favorable report in concurrence with the House including amendments "A" and "B."

THE CHAIR:

The motion is on adoption and passage in concurrence with the House.

Senator Stillman, will you remark?

SENATOR STILLMAN:

Yes. Thank you, Madam President.

The bill pretty much does what the title says. It provides an opportunity for children to be able to test their blood glucose level. As we know, some children -- sadly today many more children are experiencing diabetes and they are in our schools.

It also -- the bill also includes inclusion of CPR and AED trading in the public school curriculum within the health agenda of the school. And I urge passage.

THE CHAIR:

Will you remark? Will you remark?

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

Through you, to Senator Stillman.

Could you explain to me exactly under what circumstances

and how this bill would take effect?

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you. I'd be happy to.

Through you, to Senator Kelly.

What this bill does is if a child has been -- actually, if I may, I would like to ask Senator Kelly if -- the bill has several parts to it. I would like to know exactly if there's a specific section.

Through you, Madam President.

THE CHAIR:

Senator Kelly, could you please answer the question?

Thank you.

SENATOR KELLY:

Thank you, Madam President. And that's a fair, fair question.

And what I'm looking at is that section that deals with school nurses and the school employees administering an insulin shot.

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Yes. Thank you, Madam President.

I understand your question now and I appreciate it. I will tell you that when the House amended the bill with House Amendment "A," it was my -- it's my understanding that in

terms of self-testing of -- by a child and authorization for an employee of the school to administer to that child, if necessary, that Amendment A, as my understanding, address some of the concerns that have been raised by nurses.

Through you, Madam President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

What type of -- of training is the school employee going to be provided?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Madam President, through you, to Senator Kelly.

Currently, law allows a principal or teacher or any other school personnel to give student medication in the absence of the school nurse as long as there's written authority by the parents or the legal guardian.

And so this bill will extend those required educational guidelines for school districts in how to manage if a student is with a life-threatening allergy, and also they'll be instructed on the new guidelines that will be out July 1st, 2012, and then school districts can develop an individualized health care plan for the child.

The plans must allow the parents or guardians of students with the disease to administer food or dietary supplements to their children. In terms of the diabetes, the injectable, the school, with the approval of the parents, can identify a school employee who can step in if a nurse is not present.

Through you.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Through you to Senator Stillman.

What I'm hearing is that this isn't just limited to insulin, but could also be other areas of medical procedures such as tube feeding.

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Through you, Madam President.

That's correct. Amendment "B" added provisions relating to students with glycogen storage disease, which sadly affects probably a handful of children at this point in the state -- in this state.

What's -- what happens is that a child will come to school with a personal care assistant who is trained to take care of the child through a feeding tube, if necessary. But under current state law, that individual is not allowed to provide for the child within a school building. So that individual who currently assists the child and actually stays with the child during the entire school day will have that opportunity to provide that dietary supplement.

Through you.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

Is this individual a board of education employee?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Through you, Madam President.

No, this is an employee of the parent of the child.

THE CHAIR:

Thank you, Madam President.

But in the bill, it talks about allowing a school board employee -- and that's really what I want to get at here -- is what type of training is the school board employee going to go through to enable them to provide these medications and procedures?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

If it turns out that there -- that a school employee that's approved by the nurse, if the nurse is approving that individual, then the nurse should be -- will be training that individual if the personal care attendant is not available.

Through you.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

So the board of ed employee is going to be trained by a nurse. Are we going to provide the school nurses with the requisite training to allow them to provide training?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

Through you, it's my understanding they do have the training as a school nurse. You know, in today's school world, nurses have to be trained in a variety of areas that they may not have years ago because of the mainstreaming of children into our schools. And so many of them do have this training.

I know that there are nurses who are not -- there are some nurses who aren't happy with this bill, quite frankly. I believe that the amendment that has been -- that is before us in this bill addresses some of their concerns because the individual will have training by a nurse. I think this is somewhat reflective of the fact that we don't have a school nurse in every school anymore due to budgetary issues.

And I also believe that, as time goes on, our schools are going to be impacted with more health issues, and that is -- that is something that we need to talk about in this General Assembly moving forward. How does the Public Health Committee, along with the Education Committee, work to develop better policy when it comes to health care for our children that are coming to our schools with a variety of chronic illnesses that need attention during the day?

So I think this is a good first step. I do know that the -- I know that the House chair, and I would hope, I'm assuming the Senate chair of the Public Health Committee,

I know that Representative Ritter was involved in some of these discussions on this amendment, the bill that's in front of us right now.

Through you.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President. And thank you, Senator Stillman for that nice background.

My wife is also a school nurse, so I can appreciate what school nurses do on a day-to-day basis. And that, in today's school nursing field, that -- that job is a daunting job, that we do have mainstreamed students. We have a lot more allergies and issues that come to the classroom. And because of that, we have situations that were not contemplated even 10, 15 years ago in the classroom, like the tube feeding is for one, but -- but also, with regards to anaphylaxis and to be able to be skilled and understand what's going on.

And I think there is a very important purpose for nurses in the classroom. I think it's something that -- that benefits not only the state of Connecticut and it's public health but the students that are -- are learning in those classrooms. And that's why we require board of educations to have school nurses because we place a value on public health and a value on making sure that Connecticut's children, when they go to school, not only are they in good and proper learning environment, but that they are learning not only healthful -- healthful lessons, but that they have the ability to remain healthy.

Where I'm concerned here is that school nurses have an RN degree. They're professional. And they have to go through a series of education tests to achieve that certification and then to maintain the license which, you know, hopefully they are insured on.

Here, albeit a school nurse training someone, if they're not an educator -- I mean, I look at myself sometimes and say, you know, I'm, by -- by profession an attorney. I

might not be as good a kindergarten teacher as I might be a skilled attorney. The same thing goes here. A nurse could be a really good nurse, but that doesn't mean that they're going to be a really good teacher.

How are we going to guarantee that the children in Connecticut's schools are going to be protected when a school nurse trains the third party? What type of certification does the school nurse have to authorize them to give that teaching?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Through you, Madam President, to Senator Kelly.

You know, one reason why we're in this General Assembly endorsing the idea and funding school-based health clinics is so that we can see more nurses in the schools. And I think that will make a difference as time goes by.

You know, the -- the nurses right now -- a nurse isn't in every school all day long, and that's one of the problems. When I went to school, too many decades ago, there was a nurse in every school and the issues a nurse dealt with are not as complicated as they are today. And so I certainly -- excuse me -- understand the concern.

But there are times when there is a school nurse -- school nurses traveled from school to school, and if there is an emergency, then that school nurse has to give some authority to someone else in the school to address that emergency.

So in this bill, the school nurse or the principal can select a qualified school employee, which is either the principal themself or a teacher or a licensed physical or occupational therapist employed by the school or a school paraprofessional, to administer when needed.

And, you know, that is -- that is one of the overarching issues as our schools become more diverse. And I think it's become more apparent over the last few years that this is something that can't wait any longer and we have to address it. And in the interim, I think this is a good resolution. That's not to say we can't change it when we have more professional medical employees in our schools.

Through you, Madam President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

You mentioned that there are times when, you know, nurses are pulled out of the building to go to some other, either activity or school, but that also works in the converse here, in the sense that -- I know that in my wife's situation, she leaves her building to go to another building to administer a tube feeding.

And that in those circumstances, you know, we're creating a law here, but this would allow the nurse -- can presently go to another building and I don't think we need a law to enable that, because it's already been done in practice.

And so my question here is, what is the necessity today to require this?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Through you, Madam President.

I believe the necessity is the fact that we don't have a nurse available all the time in every building. Now the employee that the nurse will approve or that the principal may select, I mean, has to complete annual training in how

to administer to a child, if -- if it's needed because the school nurse is not there.

And I think this is a reflection of how our school budgets are stretched and a reason why the education committee this year was asked to raise a bill about school nurses. And it's my intention to do that in the next -- in the next long session we have and why I think it's important for the Education Committee to work along with the Public Health Committee to come up with better public policy than when we have now.

Through you, Madam President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

What it sounds like to me is that, as the education budgets get stretched thinner and thinner -- and obviously it's not just limited to education. I think -- it's one thing we learned here is that it's pretty much everywhere we go we have to engage in this balancing act of looking at, you know, one program, one department, one agency over another.

But in this case, you know, what we're looking at is, as the board of education budgets get stretched thinner and thinner, it seems that we start to cut back on nursing, which is a very important and necessary activity, particularly when we look at the fact that what we're charged with is the responsibility of the health and welfare of children.

And it would seem that if we were going to go down this -- this concern that we don't want to have our children put in a position where they're not taken very well -- taken care of, that maybe what we ought to be looking at is, instead of enacting this, and I'm going to say bringing down the quality of healthcare in our schools, but look at increasing the -- the level of nursing that's in our school system so that every school has a nurse, and that there are well-compensated nurses in the pool, so that

when one takes a day off there somebody there to fill in. Have we looked at any of those initiatives?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Through you, Madam President, to Senator Kelly.

I can't disagree with you. I agree with you this is a problem. And this is a problem that has become so apparent that we have to prepare ourselves as to how to handle it.

I would be more than happy to yield to Senator Gerratana, the chair of the Public Health Committee, who I know -- I serve on the public health committee and I know it's an issue that we have talked about.

And so, Senator Gerratana, if I may, Madam President, I'd like to yield to Senator Gerratana.

THE CHAIR:

Senator Gerratana, will you accept to yield, ma'am?

SENATOR GERRATANA:

Thank you, Madam President. I shall.

I have been monitoring the discussion on this piece of legislation. It did come through the Public Health Committee, Senator Kelly. In fact, parts or one part of it is related to a bill that has come up a number of times in our committee, and that is on the glycogen storage disease in particular. And I know you're asking questions about tube feedings and why a school nurse could be able to do this.

Well, in usual situations, tube feedings can be given regularly because they are a source of nutrition. But in this bill, we are talking about individuals who have a

particular storage disease, glycogen storage disease. Glycogen is a component of starch or -- that is converted into glucose.

And with some individuals -- it is very rare, but with some individuals they actually have an inability to store that necessary component. And I also know that if the -- in this case it is a child -- if the child is not monitored and closely observed for levels of stress, activity, and other conditions, this could set her -- in this case it's a her -- it could set the child's metabolism off-balance as well as even resulting in death.

Glycogen has to be administered usually within an hour or two of certain activity. And in this case, I know from the testimony that was given in the Public Health Committee, that it is appropriate because sometimes school nurses cannot be there administering this kind of, if you will, dietary supplement to keep this child whole. And therefore, it is appropriate that those individuals' parents, or in this case, caretaker, and it could even be in some cases a paraprofessional who are trained to observe and know what is going on with the particular child who may have this disease, this problem, this condition.

So I hope that answers your question. I want to also say that I closely scrutinized the bill when it came through public health. I might have stated that because I had concerns, too. And I went and read in our education statutes how the relationship is built between a medical adviser, a school nurse, and how the policy is carried forth, if you will, regarding our children in the school system.

I did find it had some concerns about how those policies are enacted, carried forth, and the fact that more and more there are children in our school system that have either special-needs or special conditions, medical conditions. And that -- I am concerned too because I feel that it is appropriate that the school nurse or the medical adviser oversee, which in this bill they do, but not just oversee, but also administer or do what was -- what is in -- within their practice, their scope of practice. I think that is absolutely appropriate.

But understanding and knowing the situation, and also knowing about the resources of our local boards of

education, the reality is that, in this case, it is totally appropriate for someone who's trained to observe this child and has to respond very, very quickly.

This is not a feeding tube that supplements the diet. This is a medication and it's a condition that is life threatening. So in this case, I think it's quite appropriate and I certainly think defensible in this legislation.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

I'm sorry.

Senator Stillman yielded to Senator Gerratana. Senator Gerratana just yielded back to Senator Stillman.

SENATOR GERRATANA:

I'm sorry, Madam President.

Yes, I will yield the floor back.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

And thank you, Senator Gerratana, for not just your wonderful explanation of the issue that's in front of us and the problems that we're facing, that our children are facing, but I appreciate your support as well for this legislation that's in front of us.

And so with that, I have a feeling Senator Kelly have some more questions.

So through you.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

And thank you, Senator Gerratana.

That was a very good description as to what the underlying purpose here. And I don't dispute that. I agree with, not only the life-threatening glycogen storage, but also the life-threatening food allergies. We have peanut allergies and the like.

So I'm not disputing the merit of the students and their need for quality health care. I'm not disputing that at all. My issue with the bill goes more towards whether it's the proper public policy to say that we don't want a nurse in certain circumstances. We'd rather have a school employee administer these life-saving procedures.

And the thing about it is many times it's done, and called on the field, if you will. I mean, I -- I know that as a professional myself, I had to go to law school, I had to pass a bar, and I take my responsibilities as a professional seriously. I have a license that I have to maintain and uphold. And that's something that you take seriously and it makes you think twice every time you go and practice, whatever your profession may happen to be.

We heard a lot during the education reform how much teachers valued, not only their tenure, but their certification. That that was what was important, the certification issue, because that's their profession. And the same thing goes here. A registered nurse has a license and, as such, they worked hard in pursuit of that license.

They earned the license and then they maintained that license, and oftentimes, not only just by renewal with the Department of Public Health, but also with continuing education.

So all those -- those things are necessary when you go and

confront a scenario, and it goes through your mind, is this the right procedure to go through? Is this the right mechanism to undertake?

Now, I'll tell you a story that I think is -- is germane here. I was at -- during the Christmas, New Year break, my grandson was at Yale New Haven. And he went into renal failure on Christmas Eve and spent the next four weeks in the hospital. During the stay, while things got better on one front, he did get a blood allergy -- or not allergy, blood infection from cross-contamination from all the blood tests that were taken.

There was one day when I was there when they were going to take a blood sample, and the nurse came in and she went through the procedure to take the blood sample. Her phone rang from somewhere else in the hospital. She picked it up. She answered it. She spoke on the phone, put the phone back into her pocket, and then went go back to do what she was doing.

And I just asked her, are you going to change your gloves? And at first she was, like, well, no. And then she thought well, okay, I have to because I touched the phone, which was touched outside the room and now there's an opportunity to bring bacteria or germs in to this environment. But she had the professional training to stop and to say, wait a minute, I'm going to make a difference here. I'm going to do something different. I'm going to adhere to the protocol that a skilled nurse knows.

The same thing goes. I can't tell you how many days my wife will come home, there will be -- and she -- and let me explain. She works in a peanut-free school. No nuts are allowed in. I don't know how I get through the doors when I show up to see her at work, but I do get through the -- the threshold. But the fact is, that many times, despite the fact that it's a nut-free school, parents will send in various things. A child will have a birthday. They will make a cake, but the cake products will have been made in a facility that processes tree -- tree nuts and the other kind of nuts.

So the fact is they're not skilled and trained in medicine. And I think with teachers delegating it to another -- and it doesn't even say that it's limited to teachers. It could be a school employee -- because -- that could even

be a secretary -- and I think what we're doing here is reducing the standard, not improving it, not increasing the quality of health care for our children.

So my question once again is, where in the bill doesn't require nurses or -- no -- strike that.

Where in the bill does it require that the school board employee receives training?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

If you look on -- starting in -- on line 234, Section A, it discusses, on 239, education and training for school personnel on the management of students with life-threatening food allergies and glycogen storage disease, including training related to the administration of medication with a cartridge -- it goes on -- and procedures for responding to -- which is existing law -- life-threatening allergic reactions to food, et cetera, a process for the development of individualized healthcare and glycogen storage disease.

It can go -- it states -- it says that the -- it does say any school employee approved by the school nurse, on line 252. And that is someone that is -- obviously had the training, because it reflects that it previous language. I believe that was what was in House Amendment "A" that was added to the original bill.

And so there is training necessary. I mean, if the nurse is going to identify the person that the nurse feels can administer to a child properly, then -- I mean, under current law, they can already do that. And if the nurses going to train that employee then -- and that employee is selected by the principal, the teacher -- it's a teacher. It could be a licensed physical or occupational therapist employed by the school board. If they're going to bring that individual, then I'm sure they're going to train them

appropriately.

Sadly, I agree with you that it does appear as though we're -- we're reducing the quality of school life for -- for some children. But in this case, I think we're making it easier for the child to be able to go to school and become part of the school community. And I believe that this is the best way to handle the situation for now.

But it certainly does beg more attention -- and I'd be more than happy to work with you on this, Senator Kelly, in the next session, so that we can come up with a proper public policy that has a greater understanding of the need for medical personnel in our schools today.

Now not every school has a child that needs to be administered because of emergency glycogen injection. There are very few children, thank goodness, that are in our schools that need that kind of medical care. And so I think that that -- this addresses an immediate need, but I will also say that it's not the only answer, and I certainly would like to see us do more in this regard.

Through you, Madam President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

Is there any language in this bill that would limit this practice? Because what I could see is a slippery slope, where the board of education is going to under-employ the use of nurses to set up scenarios where now you're going to have employees administer these -- these medications and -- and procedures, and thereby reduce the number of nurses available for the health of our children.

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

Through you.

I believe that the reason that this is here now is because the law doesn't allow it. And so to say that we could be going down a slippery slope would mean we might entertain more and more health issues that children have in school. And when I say, entertaining, I mean, we might address them in a way that is sort of -- that is more temporary rather than permanent.

And as I've said before, I think this is a reflection of the problems that are going to continue to occur in our schools. You know, and if parents are uncomfortable or angry that their children aren't -- that a school nurse or medical professional is not available in their schools, then I think parents have to -- have to speak up to their local boards of education and express to them that there needs to be a nurse in the schools on a more regular basis.

Through you, Madam President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

But as you just indicated, this is something that as we -- I'm going to say progress, we're finding more and more issues, due in large part to what you had mentioned before, is that this is going to allow this individual to go to school and to be enriched, and that maybe they wouldn't have been able to do this years past. But now, with technology and the advancements in medicine, now the -- the procedures are more portable, more sanitary, so that you can bring them into the classroom and give them the opportunity for a mainstream education, which is a laudable goal, which I don't once again disagree with.

But my -- my concern here is, as these developments occur, we seem to be creating a policy or an environment that's going to allow that we keep adding -- this is the first, then there's going to be a second. Then there will be a

third. And is that a wise decision to start to look at some other personnel, other than a medical licensed professional, to be making medical decisions on behalf of our children.

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Through you, Madam President.

You know, I think that's -- that's why we have a bill in front of us, because it is prohibited unless we create the public policy that allows it.

There are many times -- I think you know this -- as we sit in meetings and -- and debate legislation, that we make issue -- make decisions around issues that have been brought to our attention and we decide we don't want to do it because we don't think it's good public policy.

In this particular case, I think it's appropriate public policy. The Public Health Committee also believes that -- that this is appropriate policy. I won't say it's the best. But it is helping us work with what we have, but that doesn't mean we can't work to improve it.

And I understand your consternation. I've received many e-mails myself. But I do think that, since this is an issue that really needs, let's just say, a temporary solution, I think this is a temporary solution until we can sit down together and write that public policy that addresses these issues.

And the -- the information you have, as you stated, your -- your wife is a school nurse, I think would be very valuable to have you as part of those discussions as we move forward.

Through you, Madam President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

And I certainly appreciate the offer and -- and would be willing to work with you in regards to that to make sure that Connecticut's children are taken care of.

You know, I -- I do have significant reservations on this bill because I believe this is a bill that, while the goal is important, that we might be creating an environment that does more harm by reducing the qualifications for healthcare professionals in our schools than we want to. And that the pressure that's put on our school boards for financial reasons would trump those interests that are there to protect the children.

I agree with the underlying purpose, as you stated. And Senator Gerratana stated an eloquent reason as to why we need the bill. But my concerns remain. And I would be more than willing to work with you in the future on this bill, and I thank you for the opportunity.

I have no further questions at this time, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Suzio.

SENATOR SUZIO:

Thank you, Madam President.

I happen to have a wife who's been trained as a physician's assistant and I have a father who suffered from diabetes over many years. I can remember growing up in a household where my father in the morning would be injecting himself with insulin. And so I can relate to the issue -- one of the issues raised in this bill anyways.

I do have some questions for the proponent, if I may, through you, Madam President?

THE CHAIR:

Please proceed, sir.

SENATOR SUZIO:

Thank you, Madam President.

Through you.

We're talking about -- was brought out I think in the dialogue with Senator Kelly -- training people who are not medical people to do specific medical applications. Can you elaborate on just the -- specifically what their training will be limited to and focused on?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Through you, Madam President, to Senator Suzio.

The bill is allowing a qualified school employee, selected by the school nurse or the principal, to administer emergency glycogen injection to a student with diabetes under certain circumstances. And those circumstances being if there's no one else around who's qualified to do it.

They have to have annual training so we are sure that they are up to date and that they aren't cutting corners. As Senator Kelly suggested, possibly they're not changing the gloves or they don't understand how germs can be transmitted.

So that -- the nurse can train someone, but again, it has to be with the approval of the parent or the legal guardian of the child. And -- and that employee has -- is selected, obviously, by the professional in the school

building.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you.

So through you, Madam President.

The training is going to be focused on one issue and one issue alone, a blood sugar issue.

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Through you, Madam President.

That's correct.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you.

And through you, Madam President.

One of the aspects of making a medical decision -- and that's what we're talking about here, requiring somebody who's not a medical person to make a medical decision -- is the ability to assess the situation, to evaluate it and recognize when it's appropriate to react and what to do.

How would you -- through you, Madam President -- how would you compare someone who's not a medical person to be prepared to do it on-the-spot medical assessment under what may be a pretty trying situation, a stressful situation with a child that is obviously undergoing some kind of medical complication?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Through you, Madam President.

You know, those situations unfortunately occur in schools today, whether it's someone -- a child who has glycogen disease or not. This is specific to this particular disease.

And the bill extends required educational guidelines for school districts in how to manage students with life-threatening allergies, to also cover students with glycogen storage disease. It requires the Department of Education to work along with the Department of Public Health to issue those new guidelines by July 1st of this year, so that they can be utilized in the coming school year.

And -- and that those action plans for students, if there is a student in the building -- now I will tell you there are not that many children, thank goodness, but with more and more children who are being mainstreamed into our schools, if there is a child in the school and the parent is comfortable with the training that's going to take place, knowing their child is in good hands, then this will allow them to go ahead with training an individual to make sure they know how to handle the situation.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you.

And, through you, Madam President, so it this -- through you, Madam President, in the situation where a child is exhibiting symptoms of a diabetic type of problem, what specific treatments will the nonmedical person be trained in to use?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

Are you speaking of the child with the glycogen disease or are you speaking of a diabetic child? Because they are two very different things.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Through you, Madam President.

I'm speaking of a diabetic child.

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Through you, Madam President.

You know, it's sort of interesting. We had testimony in committee that allows -- not allows -- that -- where a parent came and asked us to address this problem around diabetes. A little boy has -- eight or ten years old -- is in school and because, as you know, since you have family with diabetes -- I do as well -- we have to much diabetes, but that's for another discussion -- but in this particular case, you have a child and -- who might, all of a sudden, go into diabetic shock.

That child today knows how to test their blood glucose levels, to prick their finger. But under current law, they're not allowed to do it. They have to walk down the hall to the nurses office or the principal. And so if the child feels that, you know, they know whether they feel whether their blood sugar levels are up or down, if that child feels they need to test, they can't prick their own finger, go in to the back of the room without anyone around and prick the finger and test the blood. And I know how simple it is because, you know, because of my own familial knowledge of diabetes.
That child would have to walk down the hallway, and on the way to the nurse could collapse in the hallway.

And so what this is doing is saying that child can test, and then if there is a concern, then they can go to the nurse and be assisted.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Through you, Madam President.

I do understand that part of this bill allows a child to do some self testing. But my question pertains to what if a child who is diabetic goes into diabetic shock, what will this bill do in terms of authorizing a nonmedical person to administer treatment specifically?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Through you, Madam President.

In existing law, the teacher who's there can be allowed to administer to the child, if -- if that teacher is trained to do so, or the principal can be called or other professional within the school.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

And through you, Madam President.

And exactly what would the treatment be at that point in time?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

I think it depends on the child's blood sugar level. It might be an injectable or it could be something as simple as orange juice being given to the child. And certainly, a school is aware of the health needs of the children within that building and so they will no how to react if that something should happen.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Through you, Madam President.

Senator Stillman, you mentioned dependent on the blood sugar level of the child.

Through you, Madam President, how would the nonmedical person know what the blood sugar level of the child is?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Through you, Madam President.

They're -- obviously be testing their blood level and what their sugar level is.

Through you.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

So, through you, Madam President.

The bill itself authorizes a child or allows a child to do some testing on themselves. Does the bill authorize a nonmedical person to do a blood sugar test on a child who may be in diabetic shock?

Through you, Madam President.

THE CHAIR:

Senator Suzio -- I mean, Senator Stillman. Sorry.

SENATOR STILLMAN:

Thank you. That's okay. Thank you, Madam President.

You know, currently, a school, if it's given permission -- if the school was given permission by a parent to either administer or test the child -- administered to or test the child -- they, the school -- you know, principals today have -- have an awful lot of training in areas where they probably didn't expect to. But because of the limitations within the school building, they know how to react in the case of an emergency.

Certainly, if a child became, you know, violently ill, you can always, you know, they can certainly call for an ambulance or something of that nature, but we don't want it to get to that point. And that's why we're hoping that these interventions will help.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you.

And through you, Madam President.

One of the treatments that's allowed in the bill, as I understand it, is involves an injection.

Through you, Madam President.

Administering an injection does require some experience. And my question is, if a nonmedical person is trained in this but hasn't actually done anything -- had any experience injecting a child with the medication, the glycogen medication, do you believe that that might affect their ability to, even with proper training, to effectively administer it in a highly stressful situation?

Through you, Madam President.

THE CHAIR:

Oops. Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

You know, I think if a parent is going to give permission for their child to be administered to, through some kind of injectable medication, that they're going to make sure that that individual is comfortable with the situation, knows how to handle it and has been trained appropriately.

We're not taking away parental rights. If anything, we're assuring that those parental rights are respected. As parents, we send our children to school and knowing and hoping that they'll be safe. And so they're going to make sure that that individual is comfortable in administering to a sick child.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you.

Through you, Madam President.

I can only, I guess, inject myself into such a situation where you're dealing with a child who's got a medical problem being manifested and the solution is going to be to inject them with a medication. Not having ever done that myself, I know I would be pretty nervous and apprehensive about it. And even in if I were properly trained, the old saying is practice makes perfect. If you're not doing something on a fairly regular basis, this could be, I would think, a pretty challenging thing for a nonmedical person to administer, especially again under circumstances where a child's health or life are at risk.

And I wonder, would the training that's involved,

would -- I think the bill says it's once a year, but maybe you could elaborate a little bit more.

Is the training going to be more frequent than that to make certain that the person has not only the knowledge, but the experience to act coolly and calmly in a highly stressful, potentially dangerous situation?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you.

Through you, Madam President.

As I said before, you know, a parent has to be comfortable with a person that's caring for their child or the people that are caring for their child. As we talk about annual training, we want to make sure that they are -- their skills are up to date.

You know, there -- when you agree to take on these responsibilities, you understand, I would think -- I know I would and I'm sure you would, Senator Suzio -- understand that, hopefully, it won't be needed, that the child will not need that extra attention, that the child will not be in an emergency situation.

But if they are, I know -- and someone asked me and trained me to assist in case of an emergency, I would make sure that I was appropriately trained because I certainly don't want to put anyone at risk.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you.

Well, I would just respectfully suggest that training is something that is an ongoing thing, especially when you're dealing with medical care and you're dealing with highly stressful situations, where there's a lot of judgment involved and danger involved if you do things improperly.

And like the good Senator said a few minutes ago, we hope that this is extremely rare. But that's, kind of, a two-edged sword, because the more rare it is, it means the less experience the nonmedical person has in administering the medicine. And it would make me concerned about how they actually might perform under real-world conditions, where you really do have a child's health and safety at stake versus in a training class where you can go through the theory and everything, but you don't have to worry about making a mistake that might affect a child's life.

I liked to just address, if I can, the liability issue. I know that the bill does address that. Would you care to address that section of the bill and explain it?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

I believe, in Section 7 of the bill, the liability issue is addressed. That was Amendment "B" that was placed on this bill in the House. And it says, "No claim for damages shall be made against a town, local or regional board of education or school employee under our statute for any injury or damage resulting from the provision of food or dietary supplements by a parent or guardian or person designated by such parent or guardian on school grounds to a student with glycogen storage disease, on school grounds under an individualized healthcare and glycogen storage disease plan. Otherwise, there are existing immunities for school personnel in terms of other types of health situations that can occur in a school.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

Thank you.

And through you, Madam President.

In the event that a school person improperly administered medicine causing medical harm or damage to the child, what, if any, recourse would the parent have against that kind of incident happening?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Through you, Madam President.

I'm sorry. I like to ask if Senator Suzio would kindly repeat the question.

THE CHAIR:

Senator Suzio, please repeat your question.

SENATOR SUZIO:

Sure. No problem, Madam President.

In the event of a situation where a school personnel improperly administers a medication under this bill, what recourse would a parent have under the -- under the regular -- under the bill?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

I believe that the claims that are in Section 7, certainly, if it could be proven that egregious mistakes were made, then certainly a parent would have an opportunity, I would think, to speak to a lawyer.

Through you, Madam President.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO:

And again, through you, Madam President.

Though the bill, at least if I understand it properly, intends to provide immunity to the school and personnel who are involved in this treatment. So that's what I'm trying to understand exactly what legal rights or recourse would parents have under a situation where a nonmedical person, who is operating within the parameters in this bill to administer a medication to a child, improperly does so.

What happens? What recourse, if any, do the parents have under those -- that situation or does this bill actually make the school and school personnel immune from any kind of liability issue?

Through you, Madam President.

THE CHAIR:

Senator Stillman.

SENATOR STILLMAN:

Thank you, Madam President.

Senator Suzio, I truly appreciate your concerns for our children. I think we all share the concerns we have for our children in our schools.

I know that our schools are -- take very good care of our children. I know that our teachers and our principals and our school medical personnel are well-trained. I also know in this bill that the Department of Education, along with the Department of Public Health, will establish appropriate policy to assure that our children continue to receive the necessary medical attention, that parents obviously still have the overarching responsibility for their children to assure that school personnel that are asked to, in a sense, are asked to help in times of emergency, those parents will make sure that their children are well -- will be well cared for. That whoever is administering to their child has the appropriate education, the appropriate training. If a parent is uncomfortable, they can train somebody else or ask someone else to be trained.

We know that there are medical advisors within a school system that also can be brought in to assist if there are any concerns. But this is about creating a safe environment as we can for children in our schools that, many times, come to school with unusual health issues.

This is, especially the glycogen disease, is very rare. But as I said earlier, it's an opportunity for children to become part of a school community to receive the best education they can. Some of them come with a personal care attendant and the training for someone in a school may not be necessary at all.

But we have principals in our schools that are trained as to how to handle a medical situation that's of an emergency nature. This doesn't change that. This doesn't make it either any more difficult or any -- or reduce the quality, I think, of attention that a child will get.

Certainly, as been pointed out in previous discussions that I had with Senator Kelly, that we have issues within the school that need to be addressed. We have unusual public health -- unusual health issues that are now in our schools that were not there years ago.

We have children who come with diverse backgrounds. We have children who come with unusual health -- health backgrounds as well. And in order for a school board itself to be comfortable that the children that are

attending the schools in -- in their -- in their towns, in order for those school boards to make sure that they're not putting anyone at risk, they're also going to make sure that the principal is appropriately trained or that that principal is training someone else, and that we don't put anyone at risk unnecessarily.

You know, I have grandchildren that are now attending -- that now attend public school. We all have children or grandchildren. We worry about them every day because that's what we do. And we want to make sure that the children that we all make public policy about are also cared for in -- in the best -- in light of any -- any untoward health situations that arise.

So you know, this bill that's in front of us today does not at all change public policy in that regard. I think it builds upon it a little bit. But I think it also says to us, as public policy makers, that we have our work to do for us.

You know, we just passed an education reform bill. And I thank you for your support on that bill as well. We just passed an education reform bill that calls for more school-based health centers so -- or health clinics. So that will also help create a better health -- healthy environment within our schools.

We also have -- we also have an opportunity here to say to ourselves that this is -- this is one example of very difficult and unusual health problems that our children have and that we -- and that we need to create public policy so that the children that go to our schools have the best education, the best -- go to school in the best school atmosphere, and that we are prepared -- that school is prepared to be there in case of an emergency.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark?

Senator Suzio.

SENATOR SUZIO:

Thank you, Madam President.

I do not have any more questions from the proponent. I will just close by saying that I applaud the intention of the bill. I think it's been put forward with the best of intentions.

I do have concerns about, again, nonmedical people administering medical treatment, and I do have concerns about the liability issues, which I appreciate Senator Stillman's addressing. But I will not be voting for this bill because of those concerns.

And I thank you very much.

THE CHAIR:

Will you remark?

Senator Roraback. Senator Roraback.

SENATOR RORABACK:

Thank you, Madam President.

I'd like to speak briefly in support of the bill and, in particular, in support of House Amendment Schedule "B".

Madam President, glycogen storage disease is a challenging disease and its management requires regular intervention. And there's one particular family which has made it their business over the past two years to influence our public policy in the State of Connecticut.

Madam President, the Temkins have been here before the Public Health Committee. They've advocated for their daughter night and day. All this bill is going to enable that family and other families to do is to allow a young child to be cared for by a trusted and loved and trained individual who might happen not to be employed by the school system.

Madam President, I'm glad that this institution is responding to a family in need. It's the right thing to

do, and I urge support of the bill and the amendment.

Thank you, Madam President.

THE CHAIR:

Remark?

Senator Bye.

SENATOR BYE:

Thank you, Madam President.

I, too, just want to thank Senator Stillman, Senator Gerratana, Senator Roraback and Representative Becker for their advocacy on behalf of a constituent from West Hartford.

This bill will make a big difference for Alyssa Temkin and many -- well, not so many others like her because it's a very, very rare disease -- but being comfortable and make sure your with someone who recognizes the signs of distress is really important.

So I thank the Chamber, and I urge support.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

If not, Mr. Clerk will you call for a roll call vote and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Senator Kissel.

Have all members voted? Have all members voted?

The machine will be closed.

Mr. Clerk, will you call the tally.

THE CLERK:

House Bill 5348.

Total Number Voting	35
Necessary for Adoption	18
Those Voting Yea	32
Those Voting Nay	3
Those Absent and Not Voting	1

THE CHAIR:

The bill passes.

Senator McKinney, would you stand for a personal privilege?

SENATOR McKINNEY:

Thank you, Madam President.

I do rise for a point of personal privilege.

THE CHAIR:

Please proceed, sir.

SENATOR McKINNEY:

Madam President, the -- the flowers have been removed from Senator Prague's desk in the Senate. But as we all know, there are flowers at another desk and that is the desk of the Senator from the 30th District.

Earlier today, we were talking about whether Andrew was reconsidering his congressional bid so he could remain in the State Senate and not have to follow the tribute that Edith had. And -- and Vinnie Morrow said, it's kind of like nobody plays after Springsteen.

And I would argue that if Edith is Bruce Springsteen and the E. Street Band, Andrew Roraback is the Grateful Dead.