1 SB57
2 159771-7
3 By Senators Waggoner and Bussman
4 RFD: Health
5 First Read: 14-JAN-14
6 PFD: 12/18/2013
SB57

ENROLLED, An Act,

Relating to health; to provide for the delegation of specific medical procedures related to diabetes to certain school personnel for students in public schools based on a student's Individual Health Plan; to provide for the training of certain school personnel relating to the diabetic needs of students, pursuant to guidelines developed by the State Department of Education in consultation with the Alabama Board of Nursing; to limit the liability of public schools and certain school personnel under this act; and further to provide immunity from civil lawsuit for physicians, certified registered nurse practitioners, and physician assistants acting pursuant to this act.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. This act shall be known as the Alabama Safe at Schools Act.

Section 2. For purposes of this act, the following words have the following meanings:

(1) DELEGATION. The act of authorizing a competent individual to perform selected nursing activities supportive to registered nurses or licensed practical nurses in selected school situations as provided under this act, while retaining
the accountability for the outcome if the delegation is to an unlicensed individual.

(2) INDIVIDUAL HEALTH PLAN. A document that outlines health care to be provided to a student in the school setting, developed by the school nurse in conjunction with the student's parents or guardians and may contain the orders from the physician, certified registered nurse practitioner operating under a valid collaborative agreement, or physician assistant operating with a valid supervisory agreement.

(3) SCHOOL. Any primary or secondary public school located in the state.

(4) SCHOOL EMPLOYEE. Any person employed by a public school system located in the state.

(5) UNLICENSED MEDICATION ASSISTANT. A school employee who is trained in accordance with this act, but who is not required to be a health care professional.

Section 3. (a) No later than the beginning of the 2015-2016 school year, the State Department of Education, in consultation with the Alabama Board of Nursing, shall develop guidelines for the training of school employees in the care needed for students with diabetic medical needs according to the student's Individual Health Plan, the medical authorizations of which are limited to permitting the administration of injectable medications specific to his or her diabetes. No other delegation of injectable medications
shall be allowed under this act. These guidelines shall be developed in consideration of the recommendations of the American Academy of Pediatrics, the National Diabetes Education Program, and any other appropriate published medical guidelines. Each local board of education shall ensure that diabetes training programs are provided for all school nurses and unlicensed medication assistants at schools under its jurisdiction.

(b) Each local school system shall ensure that the training outlined in subsection (a) is provided to unlicensed medication assistants. In consultation with the local school superintendent and in consideration of a student's Individual Health Plan related to his or her diabetic condition, the lead nurse of the school system may recommend the placement of a school nurse based on the overall health needs of that student.

(c) School employees shall not be required to serve as unlicensed medication assistants, nor be subject to any penalty or disciplinary action for refusing to serve as an unlicensed medication assistant. It shall be unlawful to consider a school employee's decision to serve or not to serve as an unlicensed medication assistant in any employment decision, including, but not limited to, termination, non-renewal of contract, reduction-in-force, or transfer. Furthermore, no school administrator or supervisor shall
threaten, harass, or otherwise coerce a school employee into
serving as an unlicensed medication assistant.

(d) The medical authorization allowed under this act
shall be limited to permitting the use of injectable
medications specific to diabetes.

Section 4. The parent or guardian of each student
with an identified diabetic medical condition who seeks care
while at school shall submit the order from a physician,
certified registered nurse practitioner operating under a
valid collaborative agreement, or physician assistant
operating under a valid supervisory agreement according to the
timeline established by the local education agency to be
considered in the development of the student's Individual
Health Plan.

Section 5. (a) The local board of education shall
ensure that each student in the school or system with a
diabetic condition receives appropriate care as specified in
his or her Individual Health Plan.

(b) The school nurse or a trained unlicensed
medication assistant, to the extent required by the student's
Individual Health Plan, shall be on site and available to
provide care to each student with diabetes during regular
school hours and school-sponsored before school and after
school care programs, during field trips, extended off-site
excursions, extracurricular activities in which the student is
a direct participant, and on buses when the bus driver is not
a trained unlicensed medication assistant.

Section 6. Notwithstanding any other provision of
law, a licensed health care professional may provide training
and supervise school employees becoming unlicensed medication
assistants who may also be providing care and performing tasks
pursuant to this act in the activities set forth in Section 5.

Section 7. A student with diabetes in public school
may attend the school the student would otherwise attend if
the student did not have diabetes, and the diabetes care
specified in Section 5 shall be provided at the school. A
school system may not restrict a student who has diabetes from
attending any school on the basis that the student has
diabetes, that the school does not have a full-time school
nurse, or that the school does not have trained unlicensed
medication assistants. A student with diabetes may participate
in extracurricular and co-curricular activities to the same
extent as a student without diabetes. In addition, a school
shall not require or pressure parents or guardians to provide
care for a student with diabetes at school or at
school-sponsored activities in which the student is a direct
participant as set forth in Section 5. However, if the parent
or guardian of a student with diabetes does not supply the
medication, the order from a physician, certified registered
nurse practitioner operating under a valid collaborative
agreement, or physician assistant operating under a valid
supervisory agreement, supplies, or a signed parental and
prescriber authorization, the parent or guardian shall be
responsible for providing diabetic medical care to the student
at school or at school-sponsored activities in which the
student is a direct participant.

Section 8. Notwithstanding any other provision of
this act, a student with a medical condition, other than or in
addition to diabetes, requiring supervision or other
specialized services may be assigned to a school in accordance
with the student's Individual Health Plan.

Section 9. A school employee shall be immune from
suit and not liable for any civil damages as a result of his
or her acts or omissions in the supervision or rendering of
services, care, or assistance to a student under this act, nor
shall he or she be liable for any civil damages as a result of
any act, or failure to act, to provide or arrange for further
treatment, care, or assistance.

Section 10. A physician has no supervisory authority
over the school's execution of the Individual Health Plan, and
therefore shall be immune from civil liability for any orders,
acts or omissions directly related to this act, including any
vicarious liability for the acts and omissions of school
employees and officials in carrying out the Individual Health
Plan.
Section 11. A private school may provide training and diabetes care for its students in accordance with the provisions set forth in this act.

Section 12. This act shall become effective July 1, 2014, following its passage and approval by the Governor, or its otherwise becoming law.
SB57

Kay Ivey
President and Presiding Officer of the Senate

Speaker of the House of Representatives

SB57
Senate 18-MAR-14
I hereby certify that the within Act originated in and passed
the Senate, as amended.

Patrick Harris
Secretary

House of Representatives
Passed: 03-APR-14

By: Senator Waggoner

APPROVED April 10, 2014

TIME 1:10 p.m.

Robert Bentley
GOVERNOR

Alabama Secretary Of State
Act Num....: 2014-437
Bill Num....: S-57
Recv'd 04/10/14  03:23pmSLF
I hereby certify that the Resolution as required in Section C of Act No. 81-889 was adopted and is attached to the Bill, SB 54.

YEAS 29  NAYS 0  ABSTAIN 0

PATRICK HARRIS,
Secretary

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I hereby certify that the notice & proof is attached to the Bill, SB ______ as required in the General Acts of Alabama, 1975 Act No. 919.

PATRICK HARRIS,
Secretary

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REPORT OF STANDING COMMITTEE
This bill having been referred by the House to its standing committee on Health, was acted upon by such committee in session, and returned therefrom to the House with the recommendation that it be Passed, w/amend(s) w/sub. This 20th day of March, 2014.

_____________________, Chairperson

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CONFERENCE COMMITTEE
Senate Conferees ________________

______________________, ________________________

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I hereby certify that the Resolution as required in Section C of Act No. 81-889 was adopted and is attached to the Bill, SB 51.

YEAS 72  NAYS 7  ABSTAIN 0

JEFF WOODARD,
Chairman

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FURTHER HOUSE ACTION (OVER)