

Members

Rep. Jackie Walorski, Chairperson
Rep. Phil Hinkle
Rep. Gerald Torr
Rep. David Orentlicher
Rep. Greg Porter
Rep. Duane Cheney
Sen. Gary Dillon, Vice-Chairperson
Sen. Dennis Kruse
Sen. Ryan Mishler
Sen. Earline Rogers
Sen. Timothy Skinner
Sen. Karen Tallian



INTERIM STUDY COMMITTEE ON CHILDREN'S ISSUES

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Authority: Legislative Council Resolution 06-01

MEETING MINUTES¹

Meeting Date: September 11, 2006
Meeting Time: 10:00 A.M.
Meeting Place: Indiana State Library Building, 140 N.
Senate Ave., Rm 211
Meeting City: Indianapolis, Indiana
Meeting Number: 2

Members Present: Rep. Jackie Walorski, Chairwoman; Rep. Phil Hinkle; Rep. David Orentlicher; Rep. Greg Porter; Rep. Duane Cheney; Sen. Gary Dillon, Vice-Chairman; Sen. Earline Rogers; Sen. Timothy Skinner.

Members Absent: Rep. Gerald Torr; Sen. Dennis Kruse; Sen. Ryan Mishler; Sen. Karen Tallian.

Representative Jackie Walorski, Chair, called the meeting to order at 10:10 AM. A moment of silence was requested by the Chair to honor the victims of the September 11, 2001, attack on the United States.

Representative Walorski began with a brief recap of the testimony heard in the first meeting of the Committee. She summarized her comments by saying that there are many chronic student health conditions facing educators today, and there is a question on whether current law is doing enough to address these student health issues. Secondly, she asked whether something further needed to be done to change statutes to allow for individualized student health plans.

Representative Hinkle, Committee member, mentioned that from the previous meeting that Ft. Wayne schools had listed in their report (see page 8 of Exhibit B from 8/28/2006 meeting minutes) that asthma is the number one chronic health problem in the Ft. Wayne schools. He asked if there was going to be any additional hearings on asthma.

¹ Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.in.gov/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

Representative Walorski said there would probably not be any further hearings on asthma. She emphasized to Representative Hinkle that the idea would be to try to include all chronic conditions in a proposal. She continued that there would be nothing further discussed specifically on asthma only because there are so many other chronic conditions that would also deserve such individual scrutiny.

The Chair then opened the floor to public testimony.

Hunter Sego, 4th Grade Student, Madison, Indiana

Mr. Sego provided background information on his chronic Type 1 diabetes. He said his school did not have its own nurse, although there is a traveling nurse. He said that every time he needed to go for testing he had to go to the school where the nurse was stationed. He said his parents asked the school to begin testing his blood sugar at his school. He said that he had to wait for treatment from either his parents or grandparents if his blood sugar tested high. He said that leaving the classroom for a blood sugar test was disruptive to his studies, and that he often had to make up work at home after school.

He shared that his illness has progressed from insulin shots to use of a pump. Mr. Sego said that he tried to go a whole school day with an insulin shot in the morning without another shot with mixed results. When discussion began on use of a pump, Mr. Sego said his school recommended that he go to another school that had other diabetic children. He said that in order to stay at that school, a volunteer was needed to help him with the pump. He said that only one teacher volunteered, as others did not under concern of liability.

Mr. Sego testified further that his health suffered while deliberation continued with the school over use of a pump. He said that he experienced fear of death, bad dreams, and difficulty going to school.

He said that he supported the bill presented last year in the General Assembly. He opined that the best thing about the bill was being able to stay in class and not have to go to the school office for treatment. He concluded his testimony asking if his diabetes should take away from his right to learn.

Representative Hinkle asked Mr. Sego if he said that he believed in the use of trained non-medical health care providers in school.

Mr. Sego responded that he agreed and the school does not need to have nurses in the building, but only care providers that know how to treat diabetes.

Representative Hinkle asked Mr. Sego if he gave himself insulin shots.

Mr. Sego replied yes, but that staff sometimes oversees the shot process.

Representative Hinkle asked why does the school not want you to use a pump?

Mr. Sego replied that he thought the school may not think him to be trustworthy enough or too young to operate and maintain a pump. Additionally, he said that with the needles involved, if other students were to get a hold of them, they might attempt to poke other people.

Senator Rogers, Committee member, asked why the corporation wanted him to go to a different school?

Mr. Sego replied that they thought that the other school would be better for him because they had a full-time nurse. He also said that other diabetic students had been placed in this school and that association with them could help his well-being in school.

Senator Rogers said that in effect the corporation was steering children with diabetes to another school.

Senator Skinner, Committee member, asked how many staff members would need to be trained ideally.

Mr. Sego responded at least 3-5 should be trained to provide backups for volunteers absent due to sickness or vacation.

Senator Skinner asked who trained the personnel.

Mr. Sego replied that they were trained by parents of diabetic children and they also attended training at Riley Hospital.

Kathy Sego, Parent of Hunter Sego-

Ms. Sego reiterated her son's comment that there is one school nurse available for nine elementary schools. She said they were told by the school that his illness would need to be checked by the nurse. Ms. Sego pointed out that her husband and Hunter Sego's grandparents would have to give him any medications.

Ms. Sego read a letter from the Madison Teachers Association. She read from the letter that under Indiana law, school personnel are not required to treat students for medical conditions and they are not covered by school liability insurance. She stated that the letter said if a teacher were asked to participate in a child's care, to notify the author of the letter. She read further that in an emergency situation a teacher should get the nurse and allow the administration to do what they should.

Representative Hinkle asked Ms. Sego who sent the letter.

Ms. Sego replied the letter was sent by Sharon Frasier, President of the Madison Teachers Association.

Representative Hinkle also said that there is immunity language in statute already. He indicated that the LSA could provide the statute language of the immunity clause.

Ms. Sego said that she understood and further explained that she did point out the statute to the school. She said, however, the only way for her son to remain in his current school was for him to take a shot in the morning to last the day. She continued that they tried morning shots while her son's body continued to produce some insulin. She said as his diabetes progressed and his body stopped making insulin, the morning shots became less effective. She stated that as a result, her husband began going to the school to give their son his shot of insulin.

She pointed out that her family, including her son's grandparents, was capable to administer shots; however, the school would not attempt to do so.

Ms. Sego said that in third grade, her son's teacher believed his diabetes had become a distraction to other students, said he squirmed a lot during class, and as a result gave him low marks that prevented him from achieving honor roll. Ms. Sego said she spoke with her son's

teacher and explained that he was squirming because he needed treatment and if he were allowed to treat his diabetes in school, he would not be distracted.

Ms. Sego said that support for her son's condition by the school administration began to fade away. She said that only one teacher offered to help, but that teacher was told by the school administration that she would be liable if she provided treatment.

Ms. Sego concluded her testimony by reading a school nurse memo concerning moving diabetic students to the school with the full-time nurse. She said that they were being discriminated against by the school. She stated that she could not understand why educators can't stand up to give assistance and help her son. She said the school has not signed off on a 504 plan. (Ms. Sego demonstrated how the plan works in the classroom.) She said the response from the school is that it's their district and they will do what they want to do.

Senator Sue Landske, Author SB-336 (2006)-

Senator Landske discussed and listed the large network of persons involved in getting SB 336 introduced to the General Assembly. The persons she listed were professionals in the field and also parents.

She described the drafting and action history of the bill. She indicated the Senate-passed language of SB 336 was later placed in a House bill that passed the Senate by a vote of 48-1. She continued that the SB 336 language was, however, removed during conference committee.

Senator Landske indicated that the bill would allow delegation but not lower the standards of professional care. She said that not every building has a school nurse and rural schools in particular can take 20 to 30 minutes time for emergency medical personnel to respond.

She said that the bill was meant to start as a pilot program to be followed by a statewide plan.

Senator Rogers asked in regard to the number of diabetes children, why does diabetes need to be separate? She asked further if it was the Senator's understanding that the reason is that no other disease requires the daily management that diabetes does.

Senator Landske replied in the affirmative and indicated as evidence a memo she passed out from Michael K. M^cCarthy of Clarion Health Network. (See Exhibit A.)

Representative Hinkle asked Senator Dillon, Vice-Chairman, what age is a student able to maintain constant daily care of diabetes, pricking themselves, and testing their blood sugar. He asked if 6th grade or 7th grade were the appropriate age.

Senator Dillon replied that kids vary in their capacities to manage diabetes. He said that he would hate to say an age, thereby drawing a line that a kid under that age cannot manage their condition. He said that schools should look to have a broader system in place to deal with varying illnesses such as asthma and bee stings.

Representative Hinkle followed his first question by asking if the state should require schools to provide these services or just require school boards to develop policies, while reminding them of their obligation to serve their students.

Representative Orentlicher, Committee member, stated that moving forward with a specific plan for diabetes now would not hurt moving forward on the other chronic diseases later. He

said to start a separate policy to deal with diabetes might be the way to go, given the level of fear involving the liability issue.

Representative Cheney, Committee member, said that the liability issue clearly needs to be dealt with. He said from his experience there is no such thing as a volunteer. He proposed the establishment of a stipend to encourage teachers to volunteer to be care givers.

Senator Skinner, Committee member, said that the Committee was dealing primarily with fear and ignorance. He said that most school officials are not intentionally mean, but are not helping students more in this area because they are afraid of being sued for doing something wrong. He suggested using education to combat ignorance. He said that teachers don't necessarily get legal briefings every year. He said, as a result, fear becomes a powerful enemy. He said that if he had a student pass out in class his first reaction would be to get the school nurse.

Chairwoman Walorski stated that she had again spoken with her husband about the issue. She said that he as an educator said that diabetes treatment would add another thing to a list of so many things that teachers do already.

Senator Rogers said that we should be helping students to succeed. She made reference to *Helping Students with Diabetes Succeed* (Exhibit E from 8/28/2006 meeting minutes). She said after reading the report she felt more comfortable about the use of non-medical personnel to assist students with diabetes.

She continued that there is no need to stand in the way of this (i.e., use of non-medical personnel) happening in schools and, if necessary, they would be remiss to not put it into law.

Representative Orentlicher said that the liability issue could be solved. He said that he couldn't imagine a family suing properly trained non-medical care givers. He said that he could imagine a family suing if a school did not cooperate and did not participate in the training of non-medical care givers.

Representative Hinkle asked Phyllis Lewis for comment about the report entitled *Helping Students with Diabetes Succeed*. He inquired of her why a school board, even after studying the law, would not want to take on a care giver program?

Ms. Lewis responded that many corporations have checked with their attorneys, who have commented that there are certain things that schools cannot do. She suggested that attorneys may not be well versed on that area of law. She said that there are other illnesses such as epipens, allergies, and asthma that concern school officials. She said that when asked, the Department has provided copy of the liability clause in law to schools. She said that the safety of children is a very complex issue and sometimes legislation is not specific enough.

Representative Walorski asked what happens when a nurse is not available.

Ms. Lewis responded that often the call goes to the front desk secretary, but that nurses often work with them.

Gerald Mohr, Indiana Association of School Principals-

Mr. Mohr asked the Committee to broaden the scope of training non-medical care givers beyond diabetes. He said that chronic conditions in students have increased tenfold, while schools continue staff reductions. He said schools with declining enrollments are losing

funding. He continued that reduced funding leads to staff cuts that lead to a reduction in school nurses. He said the problem goes beyond simply the schools. He pointed out that there is a crisis in state health care. He explained that schools don't want students on their hands who are ill. He said a lot of ill children come to school who should be in a hospital, but families send their sick kids to school. He said the schools need more support from the state and do not need any more 504 meetings, since nurses know what their responsibilities are.

He closed his comments by saying that there needs to be more broad-based involvement with the focus not solely on diabetes.

Chairwoman Walorski asked what would be the difference if the General Assembly simply mandated what is currently in statute with regard to volunteer care givers. She asked if that simply would require secretaries to do what they already are doing?

Mr. Mohr responded that secretaries generally handle health issues when nurses are not available.

Chairwoman Walorski then said that basically what would be done then is that the state of Indiana would just be granting a title to a secretary.

Mr. Mohr answered that that would be correct unless there was funding attached, as declining schools are losing funding.

Mr. Mohr then stated that the level of parent volunteers has fallen dramatically in the last few years. There are no longer parents volunteering in the library who could be available to be care givers. He said persons who might have volunteered in the past are now working.

Representative Orentlicher said that there is much fear and ignorance with the issue. He said that although we cannot do the ultimate, which would be to have nurses in every school, it would be good to do something better than what we currently have. A better result would be to begin a program now. He said that when he returns to the Ways and Means Committee next year, he would see if some money could be found for a care-giver program.

Nancy Yoder, Parkview Hospital/Ft. Wayne Community Schools-

Ms. Yoder provided some statistics on the diabetic students in her school corporation. She stated that there are 32,000 total students, 25 nurses, and 54 buildings in the corporation. She indicated that 3 students receive insulin at lunch and an additional 12 are not able to self-administer their own insulin.

She said it is not school policy to delegate the giving of insulin. Some students do give themselves shots but are not able to do a carb count. She said secretaries sometimes monitor diabetic students, depending on the circumstances.

Ms. Yoder said that Ft. Wayne schools have a poverty rate greater than 50%; therefore, more diabetic students attend school breakfast, which then leads to additional blood sugar checks.

She testified that she believed that staff can be taught to be care givers. She listed staff that would need to be taught to treat students under a plan. Beyond teachers, she listed coaches and band directors. She said each child's needs are unique and it would be more ideal to have additional nurses. She said that diabetes is an ongoing condition unique to other illnesses. She said that it used to be managed at home but is now managed at school with pumps. She urged the Committee for funding for training.

Chairwoman Walorski asked what happens if a nurse is not available. What is plan B?

Ms. Yoder replied that generally the nurse plans ahead if there is a problem or that she will call in.

Chairwoman Walorski asked how often does the unforeseen happen.

Ms. Yoder said they have problems such as getting stuck in traffic planned out where the school can hold lunches until they arrive.

Ms. Yoder also responded to a question from Senator Rogers about administering insulin shots. Ms. Yoder replied that her school district is not ready to delegate shots. She continued that it is too dangerous for unlicensed persons to administer. However, they do provide training to administer glucocon.

At the conclusion of her testimony, Ms. Yoder referenced a letter from Lindsey Minchella, a fellow registered nurse (see Exhibit B).

Senator Rogers then asked Senator Landske what the specific "can" and "can't do's" are in her bill and if her bill allowed for administration of insulin by non-medical care givers.

Senator Landske replied that her bill did not allow for the administration of insulin by non-medical staff.

Ben Graber, JDRK, Parent-

Mr. Graber described the diabetic history of his immediate family, including his wife and children. He said his son's school did not have a nurse on duty, but the school did have trained personnel to help with his diabetes. He said that testing and treatment can be done in a quick and efficient manner with the improvements in testing and administering technology. He said that many persons dealing with this disease have no medical knowledge.

He ended his testimony by stating that he could not have a problem with his son's school if he saw effort from the school to help his son. However, Mr. Graber said that he would have a problem with a school that stood back and did nothing.

George Huntley, American Diabetes Association, Type 1 Diabetic-

Mr. Huntley clarified to the Committee that the issue is the training of non-medical school staff in the treatment of students with diabetes and not an issue of non-school personnel or volunteer training.

Mr. Huntley concluded his testimony by testing his blood sugar level before the Committee members. He indicated from the test result that his blood sugar level was normal.

Nancy Pappas, Indiana State Teachers Association-

Ms. Pappas echoed prior comments that the school diabetes issue has a lot of fear and ignorance to overcome. She stated to the Seago family that she would address Mr. Seago's situation with Madison Schools. She said that special education legislation had been passed 30 years ago, but had never been fully funded. She continued that today there are more chronic problems. She emphasized the trouble that can occur when persons operate different makes of diabetes testing equipment. She said it can take time to figure out unfamiliar testing

equipment.

She closed her testimony by saying that it is hard to consider that RN's are often placed in judgment-call situations like a physician. She said she would like to see continued high medical standards apply to training.

Phyllis Lewis, Indiana Department of Education-

Ms. Lewis provided information on school nurses. She said there are about 1,000 RNs and 25 LPNs serving state public schools. She said that every school corporation has at least one nurse. She said the number of nurses translates to about one nurse for every 900 students. She said it is recommended that the ratio should be closer to 1:750. She said that a nurse must be an RN to be considered a school nurse.

Senator Sue Landske, Author SB-336 (2006)-

Senator Landske briefly recapped the action history of SB 336 during the 2006 session of the General Assembly.

The Chair then closed testimony on student diabetes. She called on Dr. Judith Ganser from the Indiana Department of Health to testify on the Child Birth Problems Registry (BPR).

Dr. Ganser's discussion referenced a handout entitled "Indiana Birth Defects and Problems Registry, Legislative Update" (see Exhibit C). Dr. Ganser described BPR uses and its history of use, mentioned that it was first unfunded, and that the program has been able to receive funding grants and fees. She said that the BPR tabulates statistics on 44 conditions that have been requested to be reported (see Table 1 of Exhibit C).

Kathy Williams, March of Dimes-

Ms. Williams testified that the importance of the BPR is such that it should be continued. She said that much effort went into the development of the BPR. She said the BPR is cost effective as it has saved much expense by discovering and documenting child diseases earlier. She concluded by urging the Committee to delete the BPR sunset provision in law.

With no further testimony offered, Chairwoman Walorski set the next Committee meeting for Wednesday, September 27, 2006, at 10:30 AM. The Chair asked for further Committee comment. Hearing none, the Chair adjourned the meeting at 12:01 PM.