1 AN ACT relating to undesignated glucagon.

2 Be it enacted by the General Assembly of the Commonwealth of Kentucky:

- 3 → Section 1. KRS 158.832 is amended to read as follows:
- 4 As used in KRS 158.830 to 158.838:
- 5 (1) "Anaphylaxis" means an allergic reaction resulting from sensitization following
- 6 prior contact with an antigen which can be a life-threatening emergency.
- Anaphylaxis may be triggered by, among other agents, foods, drugs, injections,
- 8 insect stings, and physical activity;
- 9 (2) "Bronchodilator rescue inhaler" means medication used to relieve asthma
- symptoms or respiratory distress along with devices and device components needed
- 11 to appropriately administer the medication, including but not limited to disposable
- spacers;
- 13 (3) "Medications" means all medicines individually prescribed by a health care
- practitioner for the student that pertain to his or her asthma or are used to treat
- anaphylaxis, including but not limited to injectable epinephrine devices or
- bronchodilator rescue inhalers;
- 17 (4) "Health care practitioner" means a physician or other health care provider who has
- prescriptive authority;
- 19 (5) "Self-administration" means the student's use of his or her prescribed asthma or
- anaphylaxis medications, pursuant to prescription or written direction from the
- 21 health care practitioner; [and]
- 22 (6) "Seizure action plan" means a written, individualized health plan designed to
- acknowledge and prepare for the health care needs of a student diagnosed with a
- seizure disorder that is prepared by the student's treating physician; *and*
- 25 (7) "Undesignated glucagon" means glucagon, either as an injectable solution or as
- a nasal powder, prescribed in the name of a school.
- → Section 2. KRS 158.838 is amended to read as follows:

1	(1) $(a$	ı) [Beginning July 15, 2014,]The board of each local public school district and
2		tl	ne governing body of each private and parochial school or school district
3		s	hall have at least one (1) school employee at each school who has met the
4		re	equirements of KRS 156.502 on duty during the entire school day to
5		a	dminister or assist with the self-administration of the following medication:
6		1	. Glucagon subcutaneously to students with diabetes who are
7			experiencing hypoglycemia or other conditions noted in the health care
8			practitioner's written statement under subsection (2)(a)2. of this section;
9		2	. Insulin subcutaneously, through the insulin delivery method used by the
10			student and at the times and under the conditions noted in the health care
11			practitioner's written statement under subsection (2)(a)2. of this section;
12			and
13		3	. A seizure rescue medication or medication prescribed to treat seizure
14			disorder symptoms approved by the United States Food and Drug
15			Administration and any successor agency.
16	(ł) F	For those assigned the duties under paragraph (a) of this subsection, the
17		tı	raining provided under KRS 156.502 shall include instruction in
18		a	dministering:
19		1	. Insulin and glucagon, as well as recognition of the signs and symptoms
20			of hypoglycemia and hyperglycemia and the appropriate steps to be
21			taken to respond to these symptoms; and
22		2	. Seizure medications, as well as the recognition of the signs and
23			symptoms of seizures and the appropriate steps to be taken to respond to
24			these symptoms.
25	(0	c) A	Any training program or guidelines adopted by any state agency for training

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of school personnel in the diabetes care tasks covered by this section shall be

fully consistent with training programs and guidelines developed by the

1			American Diabetes Association. Notwithstanding any state agency
2			requirement or other law to the contrary, for purposes of this training a local
3			school district shall be permitted to use any adequate and appropriate training
4			program or guidelines for training of school personnel in the diabetes care
5			tasks covered under this section.
6		(d)	Any training program or guidelines adopted by any state agency for training
7			of school personnel in the health care needs of students diagnosed with a
8			seizure disorder shall be fully consistent with best practice guidelines from
9			medical professionals with expertise in seizure treatment.
10	(2)	(a)	Prior to administering any of the medications listed under subsection (1)(a) of
11			this section to a student, the student's parent or guardian shall:
12			1. Provide the school with a written authorization to administer the
13			medication at school;
14			2. Provide a written statement from the student's health care practitioner,
15			which shall contain the following information:
16			a. Student's name;
17			b. The name and purpose of the medication;
18			c. The prescribed dosage;
19			d. The route of administration;
20			e. The frequency that the medication may be administered; and
21			f. The circumstances under which the medication may be
22			administered; and
23			3. Provide the prescribed medication to the school in its unopened, sealed
24			package with the label affixed by the dispensing pharmacy intact.
25		(b)	In addition to the statements required in paragraph (a) of this subsection, the
26			parent or guardian of each student diagnosed with a seizure disorder shall

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collaborate with school personnel to implement the seizure action plan. The

1 Kentucky Board of Education shall promulgate administrative regulations 2 establishing procedures for the implementation of seizure action plans.

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(4)

- (3) (a) The statements and seizure action plan required in subsection (2) of this section shall be kept on file in the office of the school nurse or school administrator.
 - (b) Any school personnel or volunteers responsible for the supervision or care of a student diagnosed with a seizure disorder shall be given notice of the seizure action plan, the identity of the school employee or employees trained in accordance with subsection (1)[(a)] of this section, and the method by which the trained school employee or employees may be contacted in the event of an emergency.
 - The school district or the governing body of each private and parochial school or school district shall inform the parent or guardian of the student that the school and its employees and agents shall not incur any liability as a result of any injury sustained by the student from any reaction to any medication listed under subsection (1)(a) of this section that a parent or guardian has authorized the school district to administer to a student to treat a hypoglycemic or hyperglycemic episode or a seizure or its administration, unless the injury is the result of negligence or misconduct on behalf of the school or its employees. The parent or guardian of the student shall sign a written statement acknowledging that the school shall incur no liability except as provided in this subsection, and the parent or guardian shall hold harmless the school and its employees against any claims made for any reaction to any medication listed under subsection (1)(a) of this section that a parent or guardian has authorized the school district to administer to a student to treat a hypoglycemic or hyperglycemic episode or a seizure or its administration if the reaction is not due to negligence or misconduct on behalf of the school or its employees.

(5) The permission for the administration of any of the medications listed under subsection (1)(a) of this section shall be effective for the school year in which it is granted and shall be renewed each following school year upon fulfilling the requirements of subsections (2) to (4) of this section.

(8)

- (6) The school nurse or school administrator shall check the expiration date monthly for each medication listed under subsection (1)(a) of this section that is in the possession of the school. At least one (1) month prior to the expiration date of each medication, the school nurse or school administrator shall inform the parent or guardian of the expiration date.
- (7) Upon the written request of the parent or guardian of the student and written authorization by the student's health care practitioner, a student with diabetes shall be permitted to perform blood glucose checks, administer insulin through the insulin delivery system the student uses, treat hypoglycemia and hyperglycemia, and otherwise attend to the care and management of his or her diabetes in the school setting and at school-related activities. A student shall be permitted to possess on his or her person at all times necessary supplies and equipment to perform these monitoring and treatment functions. Upon request by the parent or student, the student shall have access to a private area for performing diabetes care tasks.
 - (a) [Beginning July 15, 2014,]A school district shall permit a student who has diabetes or a seizure disorder to attend the same school the student would attend if the student did not have diabetes or a seizure disorder. Such a student may only be transferred to a different school based on health care needs if the individualized education program team, the Section 504 team, or, if appropriate, the student's health services team, makes the determination that the student's health condition requires that the student's care be provided by a licensed health care professional at a different school. For the purpose of this

determination, the teams shall include the parent or guardian. The parent or guardian may invite the student's treating physician to the team meeting and the team shall consider the physician's input, whether in person or in written form, when making this determination. This determination shall be based on individualized factors related to the student's health conditions. A school district shall not prohibit a student who has diabetes or a seizure disorder from attending any school on the sole basis that:

1. The student has diabetes or a seizure disorder;

- 2. The school does not have a full-time school nurse; or
- The school does not have school employees who are trained in accordance with KRS 156.502 and assigned to provide care under this section.
- (b) Parents or guardians of students who have diabetes or a seizure disorder shall not be required or pressured by school personnel to provide care for a student with diabetes or a seizure disorder during regular school hours or during school-related activities in which the student is a participant. For the purposes of this paragraph, a participant is not a student who merely observes the activity.
- (9) (a) A school may maintain a supply of glucagon in any secure location that is immediately accessible to a school nurse or a school employee trained in accordance with subsection (1) of this section. A health care practitioner may prescribe undesignated glucagon in the name of the school to be maintained for use when necessary. Any supply of undesignated glucagon shall be maintained in accordance with the manufacturer's instructions.
 - (b) A school nurse or a school employee trained in accordance with subsection

 (1) of this section may administer undesignated glucagon if he or she is

 authorized to administer undesignated glucagon by a student's seizure

1		action plan and if the student's prescribed glucagon is not available on-site
2		or has expired. Immediately after the administration of the undesignated
3		glucagon, a school shall provide notice of its use to the school nurse, unless
4		the school nurse was the person who administered the undesignated
5		glucagon, and to the student's parent or guardian or emergency contact, if
6		known, and the student's health care practitioner.
7	<u>(c)</u>	This subsection shall apply to the extent that the undesignated glucagon is
8		donated to a school or a school has sufficient funding to purchase the
9		undesignated glucagon.
10	<u>(10)</u> The	requirements of subsections (1) to $(9)[(8)]$ of this section shall apply only to
11	scho	ols that have a student enrolled who:
12	(a)	Has a seizure disorder and has a seizure rescue medication or medication
13		prescribed to treat seizure disorder symptoms approved by the United States
14		Food and Drug Administration and any successor agency prescribed by the
15		student's health care provider; or
16	(b)	Has diabetes mellitus and has any of the medications listed under subsection
17		(1)(a) of this section prescribed by the student's health care provider.
18	<u>(11)</u> [(10)]	Nothing in this section shall be construed to require a school employee to
19	conse	ent to administer medications listed under subsection (1)(a) of this section to a
20	stude	ent if the employee does not otherwise consent to provide the health service
21	unde	r KRS 156.502.
22	<u>(12)</u> [(11)]	Notwithstanding any other provision of the law to the contrary:
23	(a)	The administration of the medications listed under subsection (1)(a) of this
24		section by school employees shall not constitute the practice of nursing and
25		shall be exempt from all applicable statutory and regulatory provisions that
26		restrict the activities that may be delegated to or performed by a person who is
27		not a licensed health care professional; and

1	(b)	A licensed health care professional may provide training to or supervise
2		school employees in the administration of the medications listed under
3		subsection (1)(a) of this section.