



January 4th, 2024

Representative Kitchens, Chair
Members of the Assembly Committee on Education

Testimony on 2023 Assembly Bill 450

Relating to: ready-to-use glucagon rescue therapies in schools.

Thank you, Chairman Kitchens, and other members of the committee, for hearing my testimony on Assembly Bill 450 today. The health and safety of our kids has always been a priority of mine. The number of kids diagnosed with both Type 1 and Type 2 diabetes has been on the rise over the last few decades. The Wisconsin Department of Health Services estimated in their Diabetes Action Report in 2022 that 5,980 youth currently have diagnosed diabetes, with the majority having type 1. Diagnosed cases of type 1 and type 2 diabetes are surging among youth in the United States, according to the CDC. From 2001 to 2017, the number of people under 20 years old living with type 1 diabetes increased by 45% and by 95% for those with type 2 diabetes. For children with diabetes, there is a high risk for hypoglycemia, or low blood sugar levels. During minor hypoglycemic episodes, kids can simply eat a snack high in sugar to help boost levels, but for more serious and severe episodes, kids need a stronger type of intervention.

Glucagon is a hormone that is naturally produced in the pancreas. For people without diabetes, the pancreas will produce proper levels of glucagon and insulin naturally, but for those suffering from diabetes, the production levels of insulin are irregular, and this can impact the levels of glucagon produced as well. While insulin helps keep HIGH blood sugar levels in check, glucagon helps during times of LOW levels of blood sugar. When there is a drop in blood sugar, kids can experience dizziness, confusion, weaknesses, mood swings, shakiness, and can even pass out. Since kids spend a good portion of their days in our schools, they should be equipped to handle these potential health issues.

AB 450 gives schools this option. This bill allows schools to maintain a supply of glucagon for students and establishes the ability to establish a standing prescription for the school, meaning the prescription is made out to the school and not a specific student, so the school can administer to anyone having an episode. It also establishes civil liability protections for school nurses to administer the hormone. This was modeled after the epinephrine statute that was passed by the legislature in 2013. Four states- Ohio, Georgia, Illinois, and Maine- have all passed similar legislation, with 6 other states and Washington D.C introducing legislation as well. Although most students with diabetes will have their own prescription for glucagon, this allows schools to have it for instances where a student might have forgotten their prescription or if one dose isn't enough to raise blood sugar levels. After the Senate hearing and follow-up conversations with the American Diabetes Association and Wisconsin Association of School Boards, an amendment to fix technical changes is forthcoming.

Chronic conditions require ongoing management and surveillance. Allowing schools to have access to obtain and store this type of medicine is an additional way to help ensure the health of our students. Thank you, and I will take any questions at this time.

Respectfully,

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Assembly Bill 450

Public Testimony

Assembly Committee on Education

Thursday, January 4th

Thank you Chair Kitchens and members of the Assembly Committee on Education for holding this hearing on Assembly Bill (AB) 450.

AB 450 will allow schools to have glucagon on hand in case of a hypoglycemia emergency. Currently, only students with a Diabetic Medical Management Plan can bring their prescribed amount to school. Allowing schools to have glucagon on hand at schools is allowing access to life-saving therapy for diabetic students.

Let's take a simple scenario a diabetic student may experience at school. The student may experience abnormally low blood sugar levels. In most cases the student has their insulin and gets his/her blood sugar back to normal. Unfortunately, the student realizes he/she forgot their insulin at home. Failure to treat severe hypoglycemia can lead to unconsciousness, seizures, irreversible brain damage and heart problems. If extra glucagon is allowed to be stored at the school, a teacher or nurse can provide the student with glucagon right away and prevent the high costs of hypoglycemia-related medical treatment. Both injectable and nasally administered glucagon can be used by non-trained personnel in an emergency.

Diabetes is the third most common health condition that impacts approximately one in 433 adolescents in the United States. Severe hypoglycemia is the most immediate danger to children with diabetes. AB 450 allows schools to maintain a supply of glucagon for students who could have a diabetic episode.

The majority of states allow stocking of rescue therapies like EpiPens and Albuterol in schools. In 2013, Wisconsin Act 239 allowed the use of epinephrine auto-injector on school premises. Four states have passed bills to allow undesignated glucagon in schools, and seven more states have introduced similar legislation. It makes common sense to add Wisconsin to the list of states allowing glucagon at schools.

My office is working with the American Diabetes Association and Wisconsin Association of School Boards on an amendment as both groups brought forth technical changes that will make the bill better for our students and staff. The following items will be in the amendment we plan to introduce soon:

- Remove the words “ready-to-use”, as there are other style kits where glucagon needs can be met. Technology and health care advancements are rapidly changing our world. This allows school to have the different forms of glucagon besides just the “ready-to-use” glucagon.
- On page 2, line 19, the definition for school personnel does not include designated volunteers (i.e. volunteer coach) and school bus drivers. They will be included to the definition for school personnel.
- On page 3, line 17 states, "The governing body of a school may authorize school personnel to administer..." “Governing body” is different based on the type of school – public, private, charter and tribal. This would make it so the school board would have to authorize the individual staff who may administer this particular drug. We are changing it, so the administrator will have the key authority to authorize the individual just like for epinephrine.

Chair Kitchens and committee members, I ask you to support Assembly Bill 450 and thank you once again for your time to consider this piece of legislation.



January 4, 2024

Assembly Committee on Education

**Department of Public Instruction Testimony
2024 Assembly Bill 450**

Thank you to Chair Kitchens and members of the committee for the opportunity to submit testimony in support of Assembly Bill 450 (AB 450).

Individuals with diabetes are at risk for low and high blood sugars, which if left untreated, can lead to insulin shock or diabetic ketoacidosis. When a person's blood sugar is severely low their brain is at risk of not getting the glucose or energy it needs. This is why someone with severe hypoglycemia may have a seizure. Low blood sugar or hypoglycemia is treated with a fast-acting glucose or sugar source given orally. Glucagon is a medication used in emergency situations when the person is unresponsive or unable to swallow because of very low blood sugar levels. Glucagon raises blood sugar by causing the body to release glycogen or sugar stored in the liver. Glucagon is currently available as a nasal spray and ready-to-use autoinjector.

Most students with a diagnosis of diabetes are under the care of a healthcare practitioner. Glucagon is often prescribed as part of the treatment plan for severe hypoglycemia. There are times when a student with diabetes might not have their prescribed glucagon at school, or the dose provided to the school is expired.

AB 450 allows physicians, advanced practice nurse prescribers, and physician assistants to provide prescriptions and standing orders for glucagon to public, private, and tribal schools. It also allows a pharmacist to fill a prescription for glucagon written in the name of a school.

Under the bill, the governing body of a school may maintain a supply of a glucagon. The governing body of a school may authorize school personnel to administer the glucagon to a pupil on school premises or at a school-sponsored activity if the pupil's prescribed glucagon is not available on-site or has expired. In addition, a school and its school personnel, and a physician, an advanced practice nurse prescriber, or a physician assistant who provides a prescription or standing order to a school for a glucagon are not liable for any injury that results from the administration of the glucagon unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton

misconduct.

Wis. Stats. section 118.29 governs the administration of drugs and emergency care to students by school personnel. The section lays out who and under what circumstances drugs may be administered to a student, including the administration of epinephrine, opioid antagonists, and glucagon. The statute goes on to provide protection from civil liability, requires that the governing body have written policies, and provides for training. The statutes have additional requirements for the use of inhalers (section 118.291) and epinephrine (sections 118.292 and 118.2925). AB 450 would create yet another statute, section 118.294, to govern the administration of glucagon. The current structure is becoming increasingly difficult to understand at the implementation level.

To promote consistency, limit confusion at the local level, and improve care for students, DPI recommends aligning the statutes across the various medical interventions. For example, AB 450 is silent as to training requirements for those authorized to administer glucagon. Wis. Stats. section 118.29(6) requires DPI approved training before a person may administer medications to a student, by injection, inhaled, rectally, or via a gastrostomy or jejunostomy tube. The statute is route specific not medication specific. DPI interprets Wis. Stat. § 118.29(6) as requiring DPI approved training for those authorized to administer glucagon under AB 450. On its face, Wis. Stat. § 118.29(6) is not limited to the administration of drug products that are administered under Wis. Stat. § 118.29. However, Wis. Stat. § 118.2925 (use of epinephrine) specifically indicates training is required. AB 450 would be clearer if it explicitly stated that training is required for school personnel to be authorized to administer the undesignated glucagon.

We appreciate efforts to provide schools with resources to address student health needs. DPI continues to support legislation to remove barriers to stocking albuterol inhalers and opioid antagonists. The ability to stock and administer, either or both medications, would impact many students across the state. We recommend adding and aligning albuterol inhalers and opioid antagonists to the statutory list of substances schools are authorized to stock and administer.

For the reasons stated above, DPI supports AB 450 with modifications. If you have questions or would like additional information, please contact Kevyn Radcliffe, Legislative Liaison, at Kevyn.radcliffe@dpi.wi.gov or call (608) 264-6716.



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all school-sponsored activities.” These tasks might include checking a student’s blood glucose, estimating the number of carbohydrates in their lunch or snack, administering insulin, and, in the case of a hypoglycemic emergency, administering life-saving prescription medication called glucagon.

The parent or guardian of a student with diabetes is expected to ensure that all necessary diabetes supplies, including glucagon, are provided to the school for use by the school nurse or trained volunteer school personnel to provide diabetes care to their child.

However, some cases arise in which glucagon may not be readily available for a student with diabetes. The ADA does not believe a student with diabetes should be denied immediate emergency care, simply because their prescribed glucagon is not available on-site or has expired.

The ADA is currently working with the sponsor to amend the bill to make modest changes such as:

- Clarifying the list of potential prescribers of undesignated glucagon,
- Substitute “undesignated glucagon” for “ready-to-use undesignated glucagon rescue therapy (therapies)” to acknowledge there are different kinds of glucagon available from which schools may choose to maintain a supply,
- Clarify that glucagon should be used in a hypoglycemic (low blood sugar) emergency, and
- Retain language to ensure that the governing body of a school shall maintain any supply of undesignated glucagon in accordance with the manufacturer’s instructions.

Whereas we would prefer the recommended amendment for clarity, consistency, and more seamless implementation, the American Diabetes Association® supports Assembly Bill 450 and urges your favorable consideration as well.

Thank you very much for your attention. If you have any questions, please direct them to me at gdougherty@diabetes.org and I will do my best to answer them for you.

¹ Illinois Public Act 101-0428 (HB 822)

² Wisconsin Diabetes Prevention and Control Program, *Students with Diabetes: A Resource Guide for Wisconsin Schools and Families*, March 2010

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**Assembly Bill 450
Proponent Testimony**

Gary Dougherty
Director, State Government Affairs
American Diabetes Association®
Assembly Education Committee
January 4, 2024

Chairman Kitchens, Vice Chair Dittrich, and Members of the Assembly Education Committee:

My name is Gary Dougherty and I am the Director of State Government Affairs for the American Diabetes Association® (ADA), the nation's leading voluntary health organization fighting to bend the curve on the diabetes epidemic. Founded in 1940, the ADA is made up of people with diabetes, healthcare professionals, research scientists, and other concerned individuals. The ADA's mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

I regret that I am unable to join you today; however, I want to thank Representative Moses for sponsoring Assembly Bill 450 and considering constructive feedback to improve the bill even further. This legislation would allow a physician or certain other medical professionals to prescribe glucagon in the name of a school rather than an individual student and to allow the school to maintain a supply of the undesignated glucagon for use when necessary.

Glucagon is used to raise blood glucose quickly in someone with diabetes who is unconscious or unresponsive due to a hypoglycemic, or low blood sugar, emergency.

Undesignated glucagon legislation was first enacted in 2019 in Illinois¹ after a school nurse had to use one student's glucagon when another student with diabetes experienced a dangerous hypoglycemic emergency at school and did not have their own glucagon on hand. The action she took, which she acknowledged could have cost her job, may have saved the life of the young student.

The nurse contacted me as well as her State Representative to encourage the introduction of a bill to allow a physician or other medical professional with prescribing authority to prescribe undesignated glucagon in the name of a school to be maintained for use when necessary.

Wisconsin state policy, as outlined in *Students with Diabetes: A Resource Guide for Wisconsin Schools and Families*,² has benefitted countless students by requiring that "(s)chools must ensure school personnel are trained to provide routine and emergency diabetes care during school and