STATE SENATOR JESSE JAMES 23RD DISTRICT

October 4th, 2023

Senate Cabral-Guevara, Chair
Members of the Senate Committee on Health

Testimony on 2023 Senate Bill 447

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

Thank you, Chairwoman Cabral-Guevara and other members of the committee, for hearing my testimony on Senate Bill 447 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 boosts 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.

SB 447 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. 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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Senate Bill 447

Public Testimony

Senate Committee on Health

Wednesday, October 4

Thank you Chair Cabral-Guevara and members of the committee for holding this hearing on Senate Bill (SB) 447.

SB 447 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. Prohibiting schools from access glucagon prevents 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, critical damage, seizures, irreversible brain damage and heart problems. If undesignated ready-to-use (RTU) glucagon is allowed at the school, a teacher or nurse can provide the student with glucagon right away and prevent 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. SB 447 allows schools to maintain a supply of glucagon for students who could have a diabetic episode.

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

I appreciate your support for Senate Bill 447.

WISCONSIN DEPARTMENT OF
Public Instruction

Jill K. Underly, PhD, State Superintendent

October 4, 2023

Senate Committee on Health

Department of Public Instruction Testimony
2023 Senate Bill 447

I want to thank Chair Cabral-Guevara and members of the committee for the opportunity to provide testimony in support of Senate Bill 447 (SB 447). My name is Louise Wilson, and I am the School Nursing and Health Services Consultant for the Department of Public Instruction.

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.

SB 447 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). SB 447 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, SB 447 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 not medication specific. DPI interprets Wis. Stat. § 118.29(6) as requiring DPI approved training for those authorized to administer glucagon under SB 447. 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. SB 447 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 SB 447. 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.

Wisconsin Association of School Nurses
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Testimony to the Senate Committee on Health requesting changes to Senate Bill 447, relating to ready-to-use glucagon rescue therapies in schools

October 4, 2023

The Wisconsin Association of School Nurses (WASN) represents school nurses working in school settings across Wisconsin. WASN appreciates and shares the goal of the authors of SB 447 of making glucagon as available as possible in our schools. However, SB 447, as drafted, needs to be amended to ensure the best possible language is put into statute and that it is consistent with other provisions relating to school health that already exist in our statutes.

Specifically, WASN requests the following language changes to the bill:

- Ensure that the bill's language is linked to the medication training for school employees currently required in state statute. This training is vital to the health and safety of our schools.

- Add "school district" to the list of entities that can receive prescriptions under the bill. The current language in the bill refers only to "schools." It is important that school districts also have the specific authority to receive prescriptions.

WASN stands ready to collaborate with the bill's authors on specific language to fulfill these requests. The proposed modifications will ensure better and safer health care delivery within the school environment, thereby increasing safety and efficacy while also providing greater clarity for those responsible for implementing state laws daily.

Thank you for considering the views of the state's school nurses.

American Diabetes Association®
Connected for Life®

Senate Bill 447
Interested Party Testimony

Gary Dougherty
Director, State Government Affairs
American Diabetes Association®
Senate Health Committee
October 4, 2023

Chair Cabral-Guevara and Members of the Senate Health 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 comprised 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, on behalf of the more than 2.1 million Wisconsinites with or at risk for diabetes,[1] I want to thank you for the opportunity to provide ADA's perspective on SB 447 as well as some recommended improvements to the current language.

SB 447 proposes to allow certain health care providers to prescribe glucagon in the name of a school, rather than a specific student, and for the school to maintain a supply of the glucagon for use when a student with diabetes experiences potentially severe hypoglycemia (low blood sugar).

ADA was actively engaged when Illinois passed the first state law to allow what has become known as undesignated glucagon – glucagon prescribed in the name of a school. Ohio has since passed similar legislation and several other states are considering it.

A 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 in providing diabetes care to their child. However, some cases arise where the parent or guardian is unable to provide the glucagon for their child. The ADA believes a child with diabetes should not be denied immediate emergency care, simply because their prescribed glucagon is not available on-site or has expired.

Whereas ADA supports the spirit of SB 447, we do have some recommended changes that we have provided to the sponsor and would like to briefly outline here.

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Connected for Life.

1) ADA does not want to limit the choices of schools; therefore, all references to "ready-to-use" undesignated glucagon should be eliminated. Whereas some schools may choose ready-to-use products, others may choose to stock the older style kits where the glucagon needs to be mixed.
2) Replace any reference to glucagon "that does not require reconstitution" for the reason noted above.
3) For the protection of the student as well as the school, a Diabetes Medical Management Plan (DMMP) or medical order must be in place before glucagon may be given to a student.
4) It is unnecessary to have a standing order for glucagon (unlike epi-pens that are sometimes used to treat children who haven't yet been diagnosed with an allergy); therefore, all such references should be eliminated.

For your convenience, I am attaching ADA's marked up version of SB 447 that I have provided to the sponsor and that contains our full recommendations for improving the legislation.

I urge the committee to adopt these changes and recommend SB 447 for passage.

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.

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The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1	**SECTION 1.** 118.294 of the statutes is created to read:
2	**118.294** ~~Ready-to-use~~ **gGlucagon** ~~rescue therapies~~**. (1)** DEFINITIONS. In
3	this section:
4	(a) "Advanced practice nurse prescriber" means an advanced practice nurse
5	who is certified under s. 441.16.
6	(b) "Diabetes care plan" means a document that specifies the diabetes-related
7	services needed by a pupil at school and at school-sponsored activities and identifies
8	the appropriate staff to provide and supervise these services.
9	(c) "Physician" means a person licensed to practice medicine and surgery under
10	ch. 448.
11	(d) "Physician assistant" means a person licensed under s. 448.974.
12	(e) "~~Ready-to-use u~~Undesignated glucagon~~ rescue therapy~~" means ~~a~~ glucagon
13	~~rescue therapy~~ approved by the federal food and drug administration ~~that does not~~
14	~~require reconstitution~~ for the treatment of severe hypoglycemia in a dosage form that
15	can be rapidly administered to a patient with diabetes in a~~n~~ hypoglycemic emergency~~, including prefilled~~
16	~~injectable or nasally administered glucagon,~~ prescribed in the name of a school or
17	school district.
18	(f) "School" means a public, private, charter, or tribal school.
19	(g) "School personnel" means a person who is employed by a school or school
20	district, a person who is employed by a local health department and assigned to a

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1	school, or a person who contracts with a school or school district to perform services
2	in connection with a pupil's diabetes care plan.
3	**(2)** PRESCRIPTIONS FOR SCHOOLS. A physician, an advanced practice nurse
4	prescriber, or a physician assistant may prescribe ~~a ready-to-use~~ undesignated
5	glucagon ~~rescue therapy~~ in the name of a school to be maintained by the school for
6	use under sub. (3). ~~Ready-to-use u~~Undesignated glucagon ~~rescue therapy~~
7	prescriptions ~~shall~~ may be administered to a pupil with diabetes with a Diabetes Medical Management Plan or diabetes provider's order authorizing the use of ~~accompanied by a standing order for the administration of~~
8	~~school-supplied, ready-to-use undesignated~~ glucagon ~~rescue therapy~~ for
9	~~potentially~~ severe hypoglycemia~~c reactions~~.
10	**(3)** ~~READY-TO-USE~~ UNDESIGNATED GLUCAGON ~~RESCUE THERAPIES~~ IN SCHOOLS. (a)
11	The governing body of a school may obtain a ~~standing order~~ prescription for ~~a ready-to-use~~
12	undesignated glucagon under sub. (2) ~~rescue therapy~~ and maintain a supply of the ~~ready-to-use~~
13	undesignated glucagon ~~rescue therapy~~ in any secure location that is immediately
14	accessible to school personnel. The governing body of a school shall maintain any
15	supply of ~~ready-to-use~~ undesignated glucagon ~~rescue therapy~~ in accordance with
16	the manufacturer's instructions.
17	(b) The governing body of a school may authorize school personnel to
18	administer, on school premises or at a school-sponsored activity, ~~a ready-to-use~~
19	undesignated glucagon ~~rescue therapy~~ to a pupil in accordance with a pupil's Diabetes Medical Management Plan or diabetes provider's order for glucagon ~~standing order~~
20	~~from a physician, an advanced practice nurse practitioner, or a physician assistant~~
21	if the pupil's prescribed glucagon is not available on-site or has expired.
22	(c) As soon as practicable after the administration of ~~a ready-to-use~~
23	undesignated glucagon ~~rescue therapy~~, school personnel shall report the
24	administration by dialing the telephone number "911" or, in an area in which the
25	telephone number "911" is not available, the telephone number for an emergency

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1	medical service provider and notify all of the following of the administration of
2	undesignated glucagon to the pupil:
3	1. The school nurse, if an individual other than the school nurse administered
4	the glucagon.
5	2. The pupil's parent, guardian, or emergency contact, if known.
6	3. The pupil's health care provider, if known.
7	**(4)** IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF MEDICINE. A
8	school and its school personnel, and a physician, an advanced practice nurse
9	prescriber, or a physician assistant who provides a prescription ~~or standing order~~ for
10	~~a ready-to-use~~ undesignated glucagon ~~rescue therapy~~ are not liable for any injury
11	that results from the administration of ~~a ready-to-use~~ undesignated glucagon
12	~~rescue therapy~~ under this section, regardless of whether authorization was given by
13	the pupil's parent or guardian or by the pupil's diabetes provider ~~physician, advanced practice nurse~~
14	~~prescriber, or physician assistant,~~ unless the injury is the result of an act or omission
15	that constitutes gross negligence or willful or wanton misconduct. The immunity
16	from liability provided under this subsection is in addition to and not in lieu of that
17	provided under s. 895.48.
18	**(5)** HEALTH CARE PROFESSIONALS. Nothing in this section prohibits a health care
19	professional, as defined in s. 118.29 (1) (c), from acting within the scope of practice
20	of the health care professional's license, certificate, permit, or registration.
21	**SECTION 2.** 448.03 (2) (qm) of the statutes is created to read:
22	448.03 **(2)** (qm) The administration of ~~a ready-to-use~~ undesignated glucagon
23	~~rescue therapy~~ in accordance with s. 118.294.
24	**SECTION 3.** 450.11 (1) of the statutes is amended to read:

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1	450.11 **(1)** DISPENSING. Except as provided in sub. (1i) (b) 2., no person may
2	dispense any prescribed drug or device except upon the prescription order of a
3	practitioner. All prescription orders shall, except as provided in sub. (1a), specify the
4	date of issue, the name and address of the practitioner, the name and quantity of the
5	drug product or device prescribed, directions for the use of the drug product or device,
6	the symptom or purpose for which the drug is being prescribed if required under sub.
7	(4) (a) 8., and, if the order is written by the practitioner, the signature of the
8	practitioner. Except as provided in ss. 118.2925 (3), 118.294 (2), 255.07 (2), 441.18
9	(2) (a) 1., 448.035 (2), 448.037 (2) (a) 1., 448.9725 (2), and 448.9727 (2) (a) 1. and
10	except for standing orders issued under s. 441.18 (2) (a) 2., 448.037 (2) (a) 2., or
11	448.9727 (2) (a) 2., all prescription orders shall also specify the name and address of
12	the patient. A prescription order issued under s. 118.2925 (3) or 118.294 (2) shall
13	specify the name and address of the school. A prescription order issued under s.
14	255.07 (2) shall specify the name and address of the authorized entity or authorized
15	individual. Any oral prescription order shall be immediately reduced to writing by
16	the pharmacist and filed according to sub. (2).
17	**(END)**

[1] https://diabetes.org/sites/default/files/2023-09/ADV_2023_State_Fact_sheets_all_rev_Wisconsin.pdf

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