

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON EDUCATION**

**Seventy-Seventh Session
June 2, 2013**

The Committee on Education was called to order by Chairman Elliot T. Anderson at 1:12 p.m. on Sunday, June 2, 2013, in Room 3142 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at nelis.leg.state.nv.us/77th2013. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblyman Elliot T. Anderson, Chairman
Assemblywoman Marilyn Dondero Loop, Vice Chairwoman
Assemblyman Paul Aizley
Assemblywoman Lesley E. Cohen
Assemblyman Wesley Duncan
Assemblyman Andy Eisen
Assemblywoman Michele Fiore
Assemblyman Randy Kirner
Assemblyman Harvey J. Munford
Assemblywoman Dina Neal
Assemblyman Lynn D. Stewart
Assemblywoman Heidi Swank

COMMITTEE MEMBERS ABSENT:

Assemblywoman Olivia Diaz (excused)
Assemblywoman Melissa Woodbury (excused)

GUEST LEGISLATORS PRESENT:

Senator Joseph (Joe) P. Hardy, M.D., Clark County Senatorial District
No. 12

Minutes ID: 1357



STAFF MEMBERS PRESENT:

Julie Waller, Senior Program Analyst, Fiscal Analysis Division
Todd Butterworth, Committee Policy Analyst
Andrew Diss, Committee Manager
Sharon McCallen, Committee Secretary
Ashlynd Baker, Committee Assistant

OTHERS PRESENT:

Chelsea Capurro, representing American Diabetes Association
Lindsay Anderson, representing Washoe County School District
Nicole Rourke, representing Clark County School District
Irene Corral Smith, Chair, Nevada Chapter, American Diabetes Association
Karen Clyne, Private Citizen, Las Vegas, Nevada
Jeanie Richardson, Private Citizen, Las Vegas, Nevada
Samantha Richardson, Student, Centennial High School, Las Vegas, Nevada
Craig Stevens, representing Nevada State Education Association
Jaculin Kehl, Private Citizen, Las Vegas, Nevada
Charlene Melton, Private Citizen, Las Vegas, Nevada
Kathleen Vokits, Private Citizen, Las Vegas, Nevada
Anne Diaz, Private Citizen, Las Vegas, Nevada
Loraine Hines, Private Citizen, Las Vegas, Nevada
Deborah Cunningham, Deputy Superintendent for Administrative and Fiscal Services, Department of Education
Joyce Haldeman, representing Clark County School District
Mary Pierczynski, representing Nevada Association of School Superintendents
Dotty Merrill, representing Nevada Association of School Boards
Sara Partida, representing Wynn Las Vegas

Chairman Elliot Anderson:

We will begin with the work session.

**Senate Bill 328 (2nd Reprint): Makes various changes relating to education.
(BDR 34-937)**

Todd Butterworth, Committee Policy Analyst:

Senate Bill 328 (2nd Reprint) was heard in Committee yesterday, June 1, 2013.
The bill requires the appointment of a person to oversee career and

technical education programs in the state. [Read from work session document ([Exhibit C](#)).] No amendments have been proposed. There was no opposition.

Chairman Elliot Anderson:

Everyone had 24 hours to think about this. I would take a motion for do pass. It is just do pass from our Committee. We have no amendments. It was amended in the Senate.

ASSEMBLYWOMAN FIORE MOVED TO DO PASS
SENATE BILL 328 (2ND REPRINT).

ASSEMBLYMAN DUNCAN SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMEN DIAZ, STEWART, AND
WOODBURY WERE ABSENT FOR THE VOTE.)

The floor statement will go to Ms. Fiore. I will ask our Committee staff to prepare that report immediately and get it down to the floor.

We will begin the hearing on Senate Bill 320 (2nd Reprint). Ms. Capurro is pinch-hitting for Senator Denis and Senator Hardy, who are in floor session.

Senate Bill 320 (2nd Reprint): Revises provisions governing medical care in schools. (BDR 34-831)

Chelsea Capurro, representing American Diabetes Association:

As the Chairman said, Senators Hardy and Denis were called to floor session, so I am here in their place. [Read from prepared testimony ([Exhibit D](#)).]

Chairman Elliot Anderson:

I would like you to briefly run through the bill section by section. I realize that half the bill pertains to public schools; the other half pertains to private schools. Those sections are identical. Is that correct?

Chelsea Capurro:

Yes, it is.

Chairman Elliot Anderson:

Please work through the first half dealing with public schools. If anyone has questions regarding how it applies to private schools, they can ask.

Chelsea Capurro:

Sections 3 through 7.5 are definitions that are referenced throughout the bill. Section 8 is the portion I referenced earlier that states the school cannot bar anyone from enrolling in school. We have had instances where students have had to be homeschooled because of their diabetes. We are trying to make sure that if a normal student can enroll in the school, someone with diabetes can as well.

The main points of the bill are in sections 9 and 10. Section 9 provides the training and states that if a school nurse is not comfortable delegating this care, they do not have to. They have to deem that the volunteer is competent and able to provide this care. If the nurse feels they are not, they do not have to delegate this care. Section 9, subsection 2, goes into the training the school nurse would provide.

Section 10 is where the parent can ask for this help. They have to provide the supplies necessary. Also, note the point in subsection 2, paragraph (b), where no retaliatory or disciplinary action can be taken against someone who chooses not to volunteer. If they do not have any volunteers, they notify the parent that they do not have volunteers at this time.

Section 11.5 addresses the individualized health plan.

Section 17 states that they are not subject to civil liability as long as they are acting like a prudent person. Neither the volunteer nor the school nurse is subject to civil liability.

The bill then goes into the next section regarding private schools.

Assemblywoman Dondero Loop:

When we spoke, you talked about an article that had to do with a case in California. Is there any follow-up on that case? I believe the Supreme Court was looking into it.

Chelsea Capurro:

That is something I do not have information on. I could get back to you.

Assemblywoman Dondero Loop:

I will wait until Mr. Stevens comes up.

Chelsea Capurro:

There are representatives from the American Diabetes Association down south.

Assemblyman Kirner:

In your testimony, you mentioned that some students have been barred from enrolling. Is this a rural issue or a metropolitan issue, or neither one?

Chelsea Capurro:

There have been issues around the state with students having trouble getting the care they need. Parents have been asked to come in throughout the school day, even though they work full-time, because there is no school nurse on site. This would allow volunteers who are competent and willing to provide this care, so parents do not have to leave work or the student does not have to be homeschooled or not allowed to go on field trips or play after-school sports.

Assemblyman Kirner:

It sounds as though it is a logistical issue.

Chelsea Capurro:

Yes.

Assemblywoman Cohen:

In section 15, subsection 4, there is a provision about revocation of the authorization. What would be reasons to revoke?

Chelsea Capurro:

That has to do with the section of allowing a student to self-manage, then giving the principal the right to revoke. We put that in because kids will be kids, and the point of this is to allow, if they can manage, instead of going to the nurse's office, for the student to be able to do this in the back of the classroom. We, however, do not want this to become an issue where students are acting up in class or making a big deal of this. We wanted to give the schools the opportunity to say, if self-medicating in class is not working, maybe they should continue to go to the nurse's office so they are not disrupting the classroom.

Assemblyman Duncan:

Can you take us through the practical side of this? What does giving insulin injections look like? With regard to the waiver portion of this bill, if a nurse delegates their ability to an assistant whom they have signed off on, and a wrong dosage was given and a child was harmed, what protections are there for the nurses?

Chelsea Capurro:

There are some representatives in the south who can walk you through it. School nurses can delegate most of this care. The only thing they currently

cannot do is actually push the button that would administer the insulin. They can delegate up to and including measuring out how much insulin they would give to the students. They just cannot actually administer the final step.

You will find that students around 10 to 12 years old can self-manage their own diabetes. This is more for the younger students who need the additional help to measure their insulin and to track their levels.

In section 17, you will see that school nurses, unlicensed assistive personnel and other school personnel, the board of trustees of a school district, the governing body of a charter school, and local health officers are not subject to civil liability. School nurses, unlicensed assistive personnel, and others are not subject to any disciplinary action for any act performed by any person in carrying out any duty or authorized activity set forth in sections 3 to 17, inclusive, of this act or any regulation adopted, if the act is performed in such a manner as an ordinarily prudent person would reasonably perform the act under similar circumstances.

The bill has protections should something happen.

Chairman Elliot Anderson:

To be clear, the last sentence opens it up a little bit: if the act is performed in such a manner as an ordinarily prudent person would reasonably perform Any extreme negligence would still be subject to civil liability, is that correct?

Chelsea Capurro:

Yes.

Assemblyman Eisen:

Currently, school nurses can delegate nearly all of these actions already. If I heard you correctly, the only piece of the process that they are not permitted to delegate is the actual injection of the medication. Up to that point, everything else is delegable.

Chelsea Capurro:

That is what I have been told by the school nurses I have worked with. They are already delegating most of this when there is no school nurse, except for the actual injection of insulin. They are not allowed to delegate that.

Assemblywoman Neal:

Section 25 talks about the parent or legal guardian of the pupil submitting something to the school nurse of a private school. My largest concern is with liability. Earlier you talked to me about the Good Samaritan language in the

Nevada Revised Statutes (NRS). In this particular scenario, in the daily use of an insulin injection as part of your consistent medical care, is this classified as an emergency? If it is not classified as an emergency, then how does it fit? Maybe it fits under gratuitous care under the Good Samaritan statute. Talk to me about those two issues together. If you are in a private school with no nurse, then give notice, I do not see how, under NRS, the liability is reduced.

Chelsea Capurro:

Of course, there can be emergency situations with diabetes. That is when it would be incumbent upon them to call 911. Maybe the doctor here could shed some light on this better than I could. Yes, there are situations where emergency care may be needed. It is not within their normal care, which is why we want something like this so we can help manage the student's care so they are not getting to the point where emergency care is necessary.

Everything that is in the section for public schools is also in there for private schools. They would still be immune from civil liability as long as they were acting as a normal, prudent person would in similar circumstances.

Assemblywoman Neal:

In NRS 41.500, the state's Good Samaritan law, there are presumptions related to emergency care rendered on public school grounds. That is why my question was, is this classified as an emergency when we know that it is part of the day-to-day maintenance of the medical care of the child? Does it classify it as an emergency and does presumption apply, which reduces the liability and puts them in the caveat of a Good Samaritan?

Chelsea Capurro:

I think we had to put in that section on civil liability, because this type of care is not considered an emergency as it is under the Good Samaritan language. It is similar to what is under the Good Samaritan language, but my understanding is since this does not follow under Good Samaritan, that is why we put in section 17 for the public schools; then it repeats, again, for the private schools.

Assemblywoman Neal:

Okay. As an amendment to the statute, does that leave us in a situation where we now have a larger scope that is not associated with diabetes, that some other type of care can now fall under this because you created an exception for this type of situation? The way it is articulated, it is not necessarily narrowed to diabetes.

Chelsea Capurro:

Our intent is for this to be narrowed to just this situation with diabetes care. If there is something missing or something that needs to be added to make sure it does not go beyond that, it is fine with us. Our intent is not that civil liability, with regard to the Good Samaritan law, falls under these sections. I believe that is why it says if any act is performed as related to sections 3 through 17, they would be immune from civil liability.

Most of the acts set out in here, such as performing blood glucose tests, and treating hypoglycemia and hyperglycemia, are all situations that relate to diabetes.

Assemblywoman Neal:

In section 17, line 43, the sentence reads, "if the act is performed in such a manner as an ordinarily prudent person would reasonably perform the act under similar circumstances." Does that threshold or duty of care apply to that individual after or before they receive the training?

Chelsea Capurro:

In order to perform these acts, they have to be trained. As soon as they volunteer, they have to receive training. It is my understanding it is after they receive the training.

Chairman Elliot Anderson:

Are there any further questions for Ms. Capurro? I was wondering about the school bus provisions. How does it work for a school bus driver? What would the driver be doing with insulin on a moving school bus? It seems odd to me.

Chelsea Capurro:

They are not included in giving insulin. As with most school staff, when there is a student with diabetes, they have to be notified so they can recognize some of the symptoms if the student begins to act differently. A school bus driver would not be administering insulin.

Chairman Elliot Anderson:

Would they fall under the category of unlicensed assistive personnel?

Chelsea Capurro:

We put that in there to be able to give it a name when it was on the Senate side, but that created problems. When we refer to the unlicensed assistive personnel here, we are referring to the school staff who says they have a child with diabetes and would love to help provide care and they are volunteering and would like to be trained. It is only for those individuals who have been trained.

Chairman Elliot Anderson:

We see the school bus driver mentioned multiple times. Does that notice go out to the school bus driver? If they were trained under the category of unlicensed assistive personnel, they would potentially be under the provisions of the bill. How does the school bus driver get involved through this process?

Chelsea Capurro:

Besides just the school bus driver, it also states that any school staff who has direct responsibility of a student has to be able to recognize some of the symptoms of diabetes so they can call 911 or notify the school, the parent, the volunteer, or the school nurse. It would not be possible for a school bus driver to stop the bus and provide this type of care.

Chairman Elliot Anderson:

I am seeing the written notice would not actually go out to the school bus drivers. It would only go to the school the student is attending.

Assemblywoman Swank:

As I was reading the bill, I was wondering, why diabetes? There are other medical conditions for which students have to receive daily injections. Why are we writing legislation so specific to this one disease instead of more broadly?

Chelsea Capurro:

This is for diabetes because, as I stated earlier, each school district has some kind of backup for when a school nurse is not available. It is staff that a school hires when there is only one nurse to cover multiple schools. As the school nurse is moving to different schools, there are aides that provide care for students but cannot administer insulin. This was an area where we needed help providing that care when there was no school nurse available. I am not able to talk about other diseases.

Assemblywoman Neal:

Where would a student self-administer? Do they leave the classroom, then go to the nurse's office where they self-administer, or do they go to the bathroom?

Chelsea Capurro:

Different schools are doing different things. Some schools have said because it does not specifically state in statute that students can excuse themselves to the back of the classroom, they have to go to the school nurse's office. Sometimes a student needs to inject three times a day. If it takes 15 minutes each time they have to go to the nurse's office, it is an issue of missing out on class time when it would only take a couple of minutes to do in the back of the classroom.

Assemblywoman Neal:

My only concern is with the younger ages. The bill is being brought for assistive care to help those younger children do this, correct? If they are doing this in the back of a classroom or in the bathroom, where is the privacy associated with that care or self-administration? What are the limitations regarding other students who may be in there playing around?

For me, the standard of care is slightly different for a student who is under nine years old in a school environment. The responsibility to me is greater when you have a child who does not understand consequences, or action, and sometimes does not know which way the bathroom is because they just started school.

Chelsea Capurro:

Those young students are not able to self-manage. They would be in the school nurse's office with a school nurse. If there were no school nurse, the parent would come in or, if this bill passes, they would have a volunteer to help them. The back of the classroom or the bathroom would be for someone who is able to self-manage.

Chairman Elliot Anderson:

Are there any other questions for Ms. Capurro? Seeing none, we will open it up for those in support of Senate Bill 320 (2nd Reprint).

Lindsay Anderson, representing Washoe County School District:

We are in support of S.B. 320 (R2). We appreciate the bill's sponsor working with us. They came to us with this bill and spent many hours with our chief nurse addressing concerns she had. We got to a place where we could support it, especially given the fact it is permissive language.

The care of children with diabetes in our school district is of critical importance, and we are addressing that to the best of our ability. We would love to have a school nurse in each of our school sites, but that is not the reality. In the absence of that and with the permissive language, we are in support.

Nicole Rourke, representing Clark County School District:

We would also like to thank the sponsor and Ms. Capurro for all of the work that was done during this session to modify the language to address the numerous concerns we had with the original version of the bill.

For the record, the safety of our students is of utmost importance to us. We want to ensure they have the proper care while under our supervision.

Assemblyman Aizley:

Do either of you have numbers of how many students you have in either Washoe or Clark Counties who have diabetes? Do you go so far to know if it is type 1 or type 2?

Lindsay Anderson:

I do not know. I am sure we have that information. I just do not have it with me. I would be happy to follow up and get that information to you.

Nicole Rourke:

I do not have those numbers. We can look into how many of our students currently have a 504 plan and gather the information that way. [A 504 plan refers to Section 504 of the federal Rehabilitation Act of 1973, which allows for reasonable accommodations for students with disabilities.]

Irene Corral Smith, Chair, Nevada Chapter, American Diabetes Association:

I have served as a national volunteer advocate with both houses of Congress for over eight years. [Read from prepared testimony ([Exhibit E](#)).]

Karen Clyne, Private Citizen, Las Vegas, Nevada:

I am a registered nurse with a Ph.D. in health care administration. I am also a member of the Leadership Board of the American Diabetes Association of Nevada. I have been in the home care business for almost 30 years. I began one of the first pediatric home programs in southern Nevada. My staff and I have taught thousands of people, including 95-year-old ladies who take care of their 96-year-old husbands, on all types of medications. I have never had any ill effects. People do really well.

I would like your support of this bill to protect our children.

Irene Corral Smith:

Since I am the representative of the American Diabetes Association (ADA), I can help with the questions.

Chairman Elliot Anderson:

Is there a particular question you wanted to address?

Irene Corral Smith:

Ninety percent of the children who have diabetes are on pumps. Some children still get injections, but it is not as it used to be. It involves identifying the numbers the pump says, with the guidance of someone who has been trained by the school nurse. For children with diabetes, you have to follow strict

doctor's orders, the child's health plan, and then an emergency plan. Everyone has to follow that plan, including family members.

The Rehabilitation Act of 1973, Section 504, protects all students. If a child has diabetes and has a 504 plan in the school, this plan is followed automatically.

All school bus drivers are given notification from the school if there is a child with diabetes. There is a basic plan of what to do in an emergency.

Chairman Elliot Anderson:

For my edification, is a pump something that automatically administers injections?

Irene Corral Smith:

Yes, it is. A trained person will actually stand by—especially if a child cannot self-manage—watch the numbers, and say yes or no.

Chairman Elliot Anderson:

Before we proceed with more support in Las Vegas, I am going to invite Senator Hardy to give his testimony, as he is the sponsor of the bill.

Senator Joseph (Joe) P. Hardy, M.D., Clark County Senatorial District No. 12:

I wholly endorse everything that has been said that has been true. It is good to be in your Committee. Do you have any questions?

Assemblywoman Dondero Loop:

When you train the layperson to give the injections, is it difficult? Is it standard training and not highly technical? Can you give us some background on that?

Senator Hardy:

For subcutaneous injections for insulin, you pinch the skin, and using a tiny 25-gauge needle, give the injection. The trained person can do this because that person is just as good as the parent or even a six-year-old child who has been trained to take care of his own diabetes.

The opportunity this bill presents is not to solve the problem of diabetes as much as to monitor that child and allow someone to give an injection, and more importantly, to notice the symptoms of hypoglycemia, meaning low blood sugar, or have the ability to test for high blood sugar.

Everybody who has diabetes today knows how to test their own blood and knows how to give their own injection if they are insulin dependent.

The comment was made that about 90 percent of the children are on a pump. The pump technology measures blood sugar on an ongoing basis, and then it administers a given portion of medication according to the level of sugar in the blood. That is a technology that gives a tighter control of what the blood sugar is.

A student on a field trip who is exercising is using muscle to metabolize sugar and may experience hypoglycemia and need more sugar in their diet. You would determine that by a blood test.

It is not as difficult regarding how to give an injection as it is on how to recognize the symptoms and act within the plan that has already been provided.

Assemblywoman Dondero Loop:

At what age would it be appropriate for a child to be responsible for himself or herself?

Senator Hardy:

That is a multifaceted question. In my church, for baptisms, it would be eight years old. Going to school, it would be five or six years old. You are going to have children six to eight years old who are going to be able to give their own shots and act within those parameters.

Assemblyman Eisen:

I will echo Senator Hardy's comments that it is a multifactorial question. It depends on the age of the child, their cognitive development, and their psychomotor skills. It also depends on when they were diagnosed. A child who is 6 years old and diagnosed at age 4 may be good at this, whereas a child who is 12 years old and diagnosed two weeks ago is not yet going to have those skills. That is going to have to be affirmed on an individual basis as it is now.

Chairman Elliot Anderson:

Senator, I do not want to hold you up, so my plan will be to give the members a little time and to consider this behind the bar after floor session.

We will open up in Las Vegas for further support for Senate Bill 320 (R2).

Jeanie Richardson, Private Citizen, Las Vegas, Nevada:

People have been asking what giving insulin injections entails, so I would like to give you an idea. My daughter, Samantha, was diagnosed with type 1 diabetes earlier this year. After the worst day of my life in the hospital, at 11:30 at night, the doctor hands me a pen and tells me to do the math problem and give

my daughter the insulin. When it is time for insulin, the needle goes on the end of the pen and you click off a couple of air shots. There is a dial on the pen for the correct dosage. You clean the skin with alcohol, then gently squeeze the tissue and administer the injection by depressing the button with your thumb and count to five. At school, my daughter will administer insulin in her abdomen. Occasionally she prefers to go into the bathroom, but the school nurse does not like that, as the nurse wants to watch her give the insulin. Her nurse is there two days a week.

In Samantha's 504 plan, it is stated there could be times when her rights in that 504 plan would be retracted, possibly if she were not disposing of her sharps [needles] properly or if someone were threatening to misuse their supplies.

Samantha does test her blood sugar in class. She prefers not to give insulin in class but to go to the nurse's office.

The final and most important thing for every diabetic is the glucagon kit. Glucagon is a hormone that raises blood glucose levels, the opposite effect of insulin. We keep one on her at all times. There is also another one in the nurse's office. At Samantha's school, three personnel besides the school nurse are trained to know what to do with this. They know it is in her bag.

With diabetes, a person can go one meal without insulin. However, within a matter of a few hours or minutes, depending on what they eat, they can be in a state of emergency if that sugar builds in their system.

When we had our 504 plan meeting at the school, two of her teachers showed up in the nurse's office begging to be trained, to know how to use that glucagon, to recognize the signs of hypoglycemia or hyperglycemia. I have received multiple phone calls from her teachers this year letting me know they had sent Samantha to the office because she was not writing normally or acting normally. I thank the teachers for helping me look out for my child.

Samantha deserves an education and needs people around her to be educated on how to keep her safe and healthy. With proper maintenance, she can live a full healthy life, go to college, and have a family.

School personnel are extremely willing to help and to be trained on diabetes. The only degree I have is a "Mrs." I am not a registered nurse (RN) or have any other degree, but I give most of the injections.

I am not going to read my prepared statement ([Exhibit F](#)). I read it at the last meeting. In the end, the child's health is the most important thing to me. I will do anything to ensure Samantha's safety.

Diabetes is a contextual disease. A person's situation can fluctuate in a matter of minutes, up or down. You have to think about if they have exercised. Before her physical education class, Samantha needs to have a little more glucose in her system.

Samantha Richardson, Student, Centennial High School, Las Vegas, Nevada:

I was diagnosed with type 1 diabetes on January 28 of this year. I am not just speaking today for my own safety, but for that of millions of children in America. [Read from prepared testimony ([Exhibit G](#)).]

Chairman Elliot Anderson:

Thank you very much, Samantha, for your compelling testimony. I know it was not easy for you, but we really needed to hear that information. You did a very good job.

We are going to give our members some time to consider this. Just because we do not take action right now does not necessarily mean we will not or we will. We just got the bill yesterday.

We will open the tables here in Carson City for those who are opposed to Senate Bill 320 (2nd Reprint).

Craig Stevens, representing Nevada State Education Association:

It is always difficult to come forward in opposition on bills such as these when we have such riveting testimony before us. We completely understand and appreciate everything that has been said.

Our opposition to the bill is regarding nurses who are qualified to perform this care. We have several nurses in the audience in Las Vegas who can speak on this issue as well.

The Nevada State Education Association (NSEA) believes that if S.B. 320 (R2) is passed, already overburdened and short-staffed schools will need to find workers to administer insulin. Insulin is considered a high-risk medication, and the wrong dose can be fatal. In hospitals and other institutional settings, another nurse must confirm an insulin dosage before it is given. It would be seen as outrageous if hospitals were abandoning these rules because of budget cuts. It would be equally as outrageous for Nevadans to do that in our schools.

Cost is no reason to lower standards of care, particularly for young and vulnerable patients.

It is true that more nurses are currently needed in our schools, but as a result of policy decisions, not a lack of available nurses. Licensed nurses have consistent education protocols, standards, and experience. They are competent and legally qualified to manage a child's treatment plan and initiate emergency procedures if the child's condition requires it. Unlicensed school personnel, such as secretaries, teachers, and others, simply do not have the training and competencies to provide nursing care.

The Nevada State Education Association supports our school nurses. I want this Committee to know that asking overworked educators and support staff to shoulder a new life-and-death responsibility is irresponsible and dangerous. A University of Iowa survey of school nurses revealed that medication errors are three times more likely to occur when unlicensed personnel administer medicine.

We hope the Legislature will consider my testimony and the testimony of our nurses and work toward staffing more nurses within our schools as opposed to putting forward our educators who are not trained. For those who deal with this every day, they can do this. They have experience. However, if an educator volunteers with no experience other than the training she receives, and then six months later is expected to perform this service, it puts her in a very difficult spot.

Assemblyman Eisen:

I appreciate the background to your position. I will say, very clearly for the record, that I think the ideal would be for us to have an RN in every school in the state. That is not the reality, as we know.

Recognizing that this does not get us to perfect, in what way does this make the situation worse than the current situation? To me it seems to be an opportunity. You mentioned someone having to do this who is not trained, and the whole point of this is to train people. We have experts who train laypeople all of the time to do this. There are certified diabetes educators who specifically do this. Nurses do this every day as well. Samantha was not trained before January. I could not agree more that it would be good to have a nurse everywhere. I also agree with you entirely that the training is important, but to get at the question regarding this bill, in terms of the bill's opposition, what harm does this do? I see potential benefit here and I need to understand that there is some harm which we need to balance.

Craig Stevens:

The NSEA's position is that those who are going to be volunteers are trained in mathematics and history. They are not trained in understanding and following the repercussions of insulin and diabetes and the high-risk nature of what that is. We feel the schools should be providing that care. It is irresponsible not to. Putting in an untrained person, whose job is to improve a student's test scores, in that position is not appropriate.

Assemblyman Eisen:

You mentioned you would not want an untrained person to administer this care. The whole point of this bill is to train people to perform this on a voluntary basis. I am going to press you on this because I think it is important. Again, I understand the concern that this does not get us to where we would like to be with an RN or a licensed nurse in every school. It seems to me the core of this bill is really about unanticipated situations. We are not talking about this being used for routine management. Most children who are diagnosed and regimented diabetics do not require an insulin injection routinely during school hours. They either have that scheduled outside of school hours or have a pump. This bill is about having to respond to an unanticipated spike or drop in blood sugar and someone being able to recognize that and do what is necessary.

Again, in what way does this bill cause harm that is not outweighed by the benefits of having someone there who could at least respond in that situation?

Craig Stevens:

The harm is partly on the role of the nurse in the school as well. To give something that is as important as an insulin injection to a volunteer waters down the role of a nurse and the education and training they have had. I am hoping the nurses we have testifying in the south can answer your question better than I can. I have no experience with insulin or diabetes, but my conversations with the nurses have indicated it is the role the nurse plays and how they interact with the school, the child, and their health program.

Assemblywoman Neal:

We have to be careful when we take a principled position on a greater need in the overall framework of schools. We need to balance it in context with the legislation that is offering a solution to a problem that is occurring within that need. We know that we do not have more school nurses. We also know we are in a deficit. There are children who are functioning in schools without a solution to providing assistive care to deal with their diabetes. Do we leave the vacuum of no care? Or, do we ask assistance for the nurse to train or delegate additional duties to someone else to assist in that particular environment? We have to deal with the care of the child.

We have brought a lot of legislation into this building where there was a temporary situation we addressed, knowing we had a greater good we wanted to achieve, but recognized it did not exist the day we asked for it. We need to examine that in a real-life context. That is the reality of much of the legislation we deliver—what we want, what we need, and how we achieve something in the middle.

I understand the principled position you are coming from. I also understand the testimony of Samantha Richardson, the little girl who cried at the table, and her fear she could be in a situation where no one could help her and she could not articulate her needs, because what she was going through with low blood sugar is real. Do we leave her passed out on the floor, or do we offer assistance?

I asked the question on liability. That is a big issue for me. I am looking at all of the factors.

Craig Stevens:

I appreciate and understand your question. First and foremost, I am speaking at a very principled level, but it is irresponsible for the State to be putting these children at harm. I am here to say those children need help. It is the State that is putting them at risk.

I understand the reality of the situation. However, the reality is that unlicensed professionals make more mistakes than a registered nurse. We are talking about the health of the children here. Because we do not have as many nurses as we need, children will suffer. Studies show volunteers make more mistakes than nurses. We understand why this bill is being brought forward and mean no disrespect to Dr. Hardy and those who are fighting for this bill, but this is an easy solution to the problem. The real problem is that we have nurses available and the school districts are not putting them in the schools because they do not have the money.

This legislature does not appropriate enough, the tax base does not give enough, nor do all the other mechanisms for how we fund our schools. This is why I am here talking to the policy committee about this when it should really be a matter of tax policy, in my opinion. We cannot do the easy solutions because we cannot accomplish the harder solutions. That is why I am here opposing a bill I honestly hated opposing.

Assemblywoman Fiore:

There are many times you and I see eye to eye. On this particular issue, I definitely do not. I am looking at a child in school where there is an opportunity to assist her. As a legislator, it is for the people and not for union

positions for your job. I want you to take into consideration, as you fight and argue for this bill, the need to fight for the child and the student and not for a union position.

Craig Stevens:

I appreciate that comment. However, this is not about a union position. In our opinion, it is about the health and safety of the children in our schools and making sure we have nurses who are qualified to perform all of these things in our schools.

Assemblyman Aizley:

Do you really believe a person who is trained to teach mathematics cannot be trained to do anything else?

Craig Stevens:

I am not saying they cannot be trained. I believe when you may be in an at-risk school, you need to have a professional there who can keep his head, is trained, and is able to do what he needs to do to save that child.

Chairman Elliot Anderson:

Are there any further questions for Mr. Stevens? Seeing none, is there any further opposition in Carson City? [There was none.] Those in Las Vegas who are opposed to S.B. 320 (R2), please state your name and affiliation for the record.

Jaculin Kehl, Private Citizen, Las Vegas, Nevada:

I have been a school nurse for the past 19 years in the Clark County School District (CCSD). I have been a registered nurse for 31 years. I am here in opposition to Senate Bill 320 (2nd Reprint).

Given the complexities of diabetes, this bill will negate the Nurse Practice Act and put children at risk. If that were to happen, schools would rely on secretaries, cafeteria workers, teachers, and other unlicensed personnel to administer insulin—a dangerous drug—to the youngest and most vulnerable students who are unable to manage their own health conditions.

My daughter, Lindsay Kehl, is a substitute teacher for the CCSD. She feels strongly that with her myriad responsibilities in the classroom, it would be a potentially lethal outcome for a diabetic student if she, as the classroom teacher, would be responsible for the student's diabetic care and insulin administration.

School nurses want every child to have quality of care when attending school. We do not believe that cost or convenience is a reason to lower a standard of care, particularly regarding the care of vulnerable students like the young or the disabled. Students in CCSD are not denied the right to attend school during the nine-month school year or summer school. They are not denied the right to participate in school curriculum such as physical education, or to participate in school athletics or extracurricular school activities such as local or out-of-state field trips. I have accompanied my diabetic students on multiple field trips and have done it gladly. I have two to three schools and travel between them to administer insulin to my dependent children. For five years, a fellow school nurse has traveled to Ely, Nevada, to accompany diabetic students without financial compensation. She has done it on her own. It is a 24-hour responsibility for three days and she has done it for five years.

If S.B. 320 (R2) passes and becomes law, we school nurses will be responsible for any adverse outcomes as well, even though we are not the ones administering the insulin. Delegation is defined by the American Nurses Association as the ability of the nurse to transfer the responsibility of a nursing task to an unlicensed person while the nurse continues to be accountable for the outcome.

Charlene Melton, Private Citizen, Las Vegas, Nevada:

I am a Clark County School District registered nurse as well. I have been in the school district for 15 years. Our role has definitely changed over the years. It was not until my third year that I even had a diabetic student. Now I have multiple diabetic students every year at the two schools for which I am responsible. There are four diabetic students at the middle school and seven diabetic students at the high school.

It seems there are separate issues. We have heard about the dependent diabetics who need insulin administered by licensed personnel, versus independent students who are capable of administering their own insulin. We still educate our staff and our students. We are still there for our students who are independent. In this bill, we are talking about our dependent students. That means they have their insulin administered by another person.

I have had a three-year-old in early childhood that had to have administration by medically licensed personnel. I have a medically fragile student in a high school class that is incapable of self-administering her own diabetic care. I have been on field trips with even my independent students to ensure there were no problems. I have been there for my newly diagnosed students who are still in the learning process.

My role as a school nurse is to ensure health and safety for every student. That entails educating the students as well as the staff and many times the parents. We also help the student's progress in becoming, if capable, more independent with their care. That is our ultimate goal.

Kudos to parents like Mrs. Richardson, who does everything possible to care for her daughter's health and safety.

I have students arriving at school with prefilled syringes, regardless of what the student was planning to eat, because the parent told them to eat breakfast at school and here is your syringe. If you have a student taking too much insulin, they are going to have an overdose or underdose of medication depending on what they have to eat. It is a daily issue in the school setting with students coming without taking care of their diabetes at home in the morning. We are their first care providers at school. They come in and say they forgot to take their insulin, or they ate an hour ago, but forgot to take their insulin.

Yes, I am educated and I have gone on multiple in-services on how to take care of diabetic students. There is a difference between parents and school staff. Parents are vested in their children and want the absolute best for them. As a nurse, that is what I do, I take care of children. It is my chosen profession to ensure these children taken care of.

The people we are expecting to be trained in this are going to be those office people. They are going to be our medical backup people, aides in classrooms, and they are going to come from wherever we can get them. Teachers are teaching 45 other students they need to take care of and not the 1 diabetic in the classroom. Even our first aid safety assistants in our health offices only have a requirement for a general education diploma, first aid, and CPR.

Assemblyman Eisen:

I would love to scrape the money out of the budget to have an RN at every school. The value of a school nurse is not simply about this issue of diabetic students. It is about completely unpredictable things that happen on a campus, as well as participation in the education of those children with regard to health.

I want to get back to this bill specifically and in striking that balance between benefit and harm. You said you have two schools. What happens now if a diabetic student has a spike or drop in blood sugar and you are on the other campus? Who is there to support that? I would not imagine the schools are close enough that you could be there in a couple of minutes. We know that there are school nurses around the state who cover schools that are miles apart.

I think we are talking about something to back up the nurse when they cannot be there.

Charlene Melton:

If there is a drop in blood sugar, of course, that is not a time to administer insulin. Insulin is only for higher blood sugars or routine due to eating. If a student is having a crisis due to low blood sugar, we have plans in place. We have protocol to take where we give them juice or a snack. We repeat depending on what their blood sugars are. That is not really a part of this bill, because we are talking about insulin administration. As for high blood sugar, I am within a mile of each of my schools and I have beaten the ambulance to either one of my schools. As for high blood sugar, typically, they are a bit more stable. We have a little more time to get there.

Once again, we are looking at two different things. The student is independent in being able to provide their own insulin. We are there for the critical thinking as to how long it has been since the last time you took insulin, or how high are your ketones? All of that plays into it, and our health aides and unlicensed personnel are not going to bring all of that together.

As for a dependent student, we, as licensed personnel, have to give that injection. We have a little time, but in that time, we have unlicensed personnel checking their blood sugars. We are giving them direction. They are checking the student's ketones, giving them extra water, and they are monitoring these students until we get there.

In 15 years, I have not had one student that I was not able to take care of as an RN, to inject insulin.

Kathleen Vokits, Private Citizen, Las Vegas, Nevada:

I have been a school nurse in Clark County School District for 13 years. Before that, I was a pediatric intensive care nurse for 20 years. I am well aware of the effects of diabetes on a juvenile, and I am concerned about this bill.

I need to clarify that we do give routine insulin every single day to 95 percent of our students. The diabetic doctors in town have what is called carbohydrate coverage for lunches and for snacks. That is done every day no matter what they eat.

We are not concerned about the pen that was shown earlier by Mrs. Richardson. We are concerned about drawing up insulin into a syringe from a vial. Especially with small babies, if you give a couple of units more, insulin can kill. That is our concern at this point.

Anne Diaz, Private Citizen, Las Vegas, Nevada:

I have been a nurse for 37 years and a school nurse for 15 years. I have a doctorate and a masters in nursing.

I am not sure where the statistics came from regarding 90 percent of our students having pumps. I quickly surveyed the few nurses in the room. We have 27 diabetics without pumps and 10 with pumps. I have eight diabetic students myself, and none of them has a pump.

I also want to bring up coverage. We have teams of nurses. For instance, when Ms. Nelson was speaking and said she could get to her schools, if for some reason she could not, the first aid safety assistants know to call the next person. In this situation, it would be me. We triage over the phone. We have a team of eight nurses and one of them would get there. If I take a day off, another nurse covers for me. We also have special-procedures nurses who do nothing but give insulin and gastrointestinal feeds on students when a nurse has to be gone or is at a different school.

The idea that someone other than a nurse needs to give insulin because there is no one else in the school to do it does not make sense to me. I think it is great that the teachers are so involved with the students and want to help. If they want to learn how to give glucagon, I will teach them. It is not a problem. I just wonder what is going on with our other 115 students when the teacher is trying to give glucagon to a student. There are people on campus who are trained.

Loraine Hines, Private Citizen, Las Vegas, Nevada:

I have been a school nurse in the Clark County School District for 19 years. There are ten diabetics at my high school. I am opposed to S.B. 320 (R2).

I provided the Committee with a copy of the standard orders the CCSD uses ([Exhibit H](#)). They are complicated and very individualized. Part of the problem is that we are talking about administering insulin, but there is no standard amount that is given. It is variable for each child. When a child comes into the nurse's office, you have to calculate the carbohydrates, the blood sugar, you may need to look at ketones: is she dehydrated, is she going to be drinking more water, or is she going to the physical education class? These are all things that are incredibly important. You also need to know when her last injection was given because there is a time limit. You also need to know when she last ate. These are complicated things for someone to work out. They are exactly what the school nurse is trained for.

Many of the staff available for us to train, unfortunately, do not have formal education beyond high school. We are looking at people who speak English as a second language. This is very difficult. I do not support delegating insulin administration.

I would like to read something from the NRS that refers to my problem. It is the legislative declaration in NRS 632.005. It states, "The Legislature hereby declares that the practice of nursing is a learned profession affecting the safety, health and welfare of the public and is subject to regulation to protect the public from the practice of nursing by unqualified and unlicensed persons" This law is already in place. If you pass this new law, you are preventing diabetic children from having the same protections as every other person in this state. This bill is unfair and unsafe and puts children at risk. Our biggest concern is the safety of children. Nurses are advocates. That is what we do. Please do not pass this bill.

Chairman Elliot Anderson:

Are there any questions? [There were none.] Is there anyone else in opposition? [There was no one.] We will open the table for those who are neutral on Senate Bill 320 (2nd Reprint).

We need to clear up something on the fiscal ramifications. My understanding is that the fiscal committees have it worked out that if it has gone through one fiscal committee, it is not going through a second. As time is short, we need to clarify that. Ms. Cunningham, if you could comment on the status of the Department of Education's fiscal note on this bill. We need to find out what is going to happen with this bill and if it has to go to the Assembly Committee on Ways and Means.

Deborah Cunningham, Deputy Superintendent for Administrative and Fiscal Services, Department of Education:

My understanding is this fiscal note was going to be relieved as long as we could do it within our regular process for updating standards.

Senator Hardy:

This went to the Senate Committee on Finance. Because of the permissive nature of this and the school nurses doing the training, the fiscal note was removed. Obviously, it comes to you rather late.

Chairman Elliot Anderson:

I will stick with the original plan and give people time to think about it. We will meet behind the bar after the floor session today to consider whether people want to vote for it or not.

Is there anyone who wishes to testify as neutral on S.B. 320 (R2)? [There was no one.] Senator Hardy, do you have any concluding remarks?

Senator Hardy:

There is no question that nurses care. I would never argue with the dedication nurses have for children. This bill is not, in any way, construed to minimize their caring of the children in our schools. The reality is that every child with diabetes has the right to attend school—private, public, and charter. There has to be a 504 plan in place for them. This is a voluntary thing. It is permissive. The staff who would provide this care would have to volunteer without repercussions if they chose not to. There are fewer nurses in schools and we have schools where the liability for nurses is exempt. That is on page 9, section 17. It is very common for children and adults to have poor compliance and we are grateful for the nurses and first aid assistants.

The statement was made that insulin can kill and that is the problem with diabetes. Diabetes is a major illness and when you have it as a child, it is usually insulin-dependent diabetes. As to the quote that 90 percent have pumps, I do not know that statistic to be accurate.

One of the most valuable things the first aid assistant has is a phone. That is what the nurses do with each other and what the unlicensed assistive personnel can do as well.

The plan in place has to be by the pupil's provider of health care, as noted on the top of page 7 in the bill. The "Mrs." degree does indeed show that anyone without any other education can give insulin.

Chairman Elliot Anderson:

We will close the hearing on Senate Bill 320 (2nd Reprint) and open the hearing on Senate Bill 500 (1st Reprint).

Senate Bill 500 (1st Reprint): Creates the task force on K-12 Public Education Funding. (BDR S-1100)

Julie Waller, Senior Program Analyst, Fiscal Analysis Division:

For the record, as your nonpartisan staff, we neither support nor oppose this legislation. Due to Senator Woodhouse's absence, we are here to provide an explanation of Senate Bill 500 (1st Reprint). [Ms. Waller paraphrased the text of S.B. 500 (R1).]

Chairman Elliot Anderson:

How many times have we studied this? I remember in 2007 that we had the Legislative Commission's Committee to Study School Financing Adequacy report. I am getting personally frustrated with studying things repeatedly and not doing anything about it. Could you comment on what other studies we have done?

Julie Waller:

While the Nevada Plan for School Finance was established and adopted in 1967, prior to the 2007 study, it had not been significantly modified or updated. The study that occurred during the 2011-2012 Interim, due to the constraints of funding and the time frame, was a good start. However, there was not enough time to complete, in a methodical way, the update to the Nevada Plan formula.

This task force would continue the work in delving into making recommendations for weighting the formula and recognizing those individual student needs and characteristics should be accounted for in the State's funding formula.

To my knowledge, the 2007 study and the January 2013 bulletin *New Method for Funding Public Schools*, which was directed by 2011's Senate Bill No. 11 of the 76th Session, were the only significant studies since the inception of the Nevada Plan.

Assemblyman Kirner:

I have not seen this as a study. This is not a study. This is a task force designed to come up with recommendations, much as we did with the higher education formula. Am I interpreting this correctly?

Julie Waller:

That would be correct. This is the continuation of the work of the study that was completed by the consultants, the American Institutes for Research. In their report, they surveyed other school finance formulas in the 50 states and identified modifications that could and should be made to Nevada's funding formula. One of those recommendations was that individual student needs and characteristics should be weighted in the funding formula. This task force would meet to determine how to best implement those funding formula changes.

Chairman Elliot Anderson:

Are there any questions for Ms. Waller? [There were none.] We will open the table in support of S.B. 500 (R1).

Joyce Haldeman, representing Clark County School District:

I appreciate Mr. Kirner's clarification that this is not just another study. In fact, for the Clark County School District, this is an essential step in a plan we launched when we came before the Legislature in 2011 with Senate Bill No. 11 of the 76th Session, which called for the study of the K-12 funding system at that time.

The result of the study is that we need to devise a new funding formula. This task force is tasked with the notion they will get together, take the results of this study, and actually develop a new funding formula that will be implemented in the 2015 Legislative Session. That is the plan we have been working on for a couple of years.

I have one concern regarding the makeup of the task force as it is in the bill. It does not anticipate the involvement of the business community. One of the reasons that is troublesome to me is because when we needed to raise the funding to do the study conducted during the interim, members of the business community were the people who came forward and paid for that study. They recognized this was a matter of economic development for southern Nevada as well as for the rest of the state. They felt very strongly that we need to make sure the funding formula accurately represents what is happening. It is a glaring omission that there are no members of the business community on the task force.

In addition to that, if you look at the makeup, there is the potential that there would be only one person who has background knowledge in school finance or in any kind of finance. Since this is not a study, and is actually a working group implementing the recommendations of the recent study, we need to make sure we have people on this committee who have the knowledge, background, and expertise to do the work.

I am also concerned that there is no money attached to the bill. Although I know the members of the task force will be expected to serve without pay, because it is a statewide task force, there is still travel and other expenses that need to be attached.

I did not think of this until Ms. Waller was reading the overview, but page 4, section 3, subsection 1, paragraph (c) says that we are going to develop a plan for revising. We would not need to develop a plan; we would just need to develop the revision.

I am looking forward to this task force working over the interim. This is part of a long-term plan the CCSD has encouraged the State to look at because it has been so long since our funding formula has been revised. The time has come.

Chairman Elliot Anderson:

I also appreciate Mr. Kirner's comments. It feels like déjà vu from last session where we passed Senate Bill No. 11 of the 76th Session at the last minute. I thought that meant we were going to have a plan for action come back this session, and we know how that turned out. I am glad that is specifically the intent that it is coming back and going to be like the higher education funding formula, which came back with a real plan.

Lindsay Anderson, representing Washoe County School District:

We are also in support of Senate Bill 500 (1st Reprint). Certainly, our district has a vested interest in this and we look forward to participating in the task force, as we did over the past interim and in previous iterations. I hope that we will come back, just as with higher education, with a formula on which we will all agree.

Craig Stevens, representing Nevada State Education Association:

For all of the reasons provided earlier, we fully support this bill.

Mary Pierczynski, representing Nevada Association of School Superintendents:

As you can imagine, there was some angst with some of the superintendents when we first began talking about looking at the funding formula. We do not want winners and losers. All of the superintendents came together and decided this is something that had to happen and this task force needs to be put together. We need to understand and support the fact that some students take more money to educate than others. The superintendents are looking forward to participation in the task force, especially in the technical advisory committee. If you notice, Washoe and Clark Counties as well as rural representatives will be involved in that technical advisory committee.

In the bill it is expressed that we will be looking at students who are from low-income families, pupils with disabilities, and English language learners, and in some of the initial discussions with the superintendents, they also talked about the remote rural factor. The task force will be able to determine whether they think that group needs special consideration as well. We are in full support of the bill.

Dotty Merrill, representing Nevada Association of School Boards:

We are also here in support of this measure. We think there is a broad group of individuals named in the bill. Some of the appointments mentioned at the top of page 3 might be members of the business community, with the appointments by the Minority Leader of the Senate and the Minority Leader of the Assembly.

We appreciate the language that Dr. Pierczynski referred to on page 3, lines 29 through 38, because this task force will benefit from the technical advisory group described there. These are the people who have intimate knowledge of how the Nevada Plan and Distributive School Account work.

We also appreciate in lines 37 and 38 that it would be possible to add someone else to the group who has that knowledge and expertise. That might be a way to provide an individual who has perhaps served in a variety of local governments and a school district and might bring multiple perspectives.

Sara Partida, representing Wynn Las Vegas:

We want to thank the Committee for bringing this bill up for a hearing. We were in strong support during the last interim of the efforts in that study. While it did not produce more robust recommendations, we are happy to see it moving forward and that it might happen in the next two years.

We appreciate that Clark County has requested more technical expertise in finance and business. We think that is an important component of any type of funding structure.

Chairman Elliot Anderson:

For the record, I agree that the business community needs to be involved because education is an economic development engine. It is very important they have buy-in.

Are there any further comments or questions? [There were none.] Is there anyone in support of S.B. 500 (R1) here in Carson City or in Las Vegas? [There was no one.] Is there anyone in opposition? [There was no one.] Neutral? [There was no one.] Is there any public comment? [There was none.]

We will recess to the call of the Chair. Members of the Committee will consider Senate Bill 320 (2nd Reprint) behind the bar. [The meeting was recessed at 3:07 p.m.]

[The meeting was reconvened and adjourned at 10:26 a.m., June 3, 2013.]

RESPECTFULLY SUBMITTED:

Sharon McCallen
Committee Secretary

APPROVED BY:

Assemblyman Elliot T. Anderson, Chairman

DATE: _____

EXHIBITS

Committee Name: Committee on Education

Date: June 2, 2013

Time of Meeting: 1:12 p.m.

| Bill | Exhibit | Witness / Agency | Description |
|---------------------|----------------|-------------------------|------------------------|
| | A | | Agenda |
| | B | | Attendance Roster |
| S.B. 328 (R2) | C | Todd Butterworth | Work Session Document |
| S.B. 320 (R2) | D | Chelsea Capurro | Prepared Testimony |
| S.B. 320 (R2) | E | Irene Corral Smith | Prepared Testimony |
| S.B. 320 (R2) | F | Jeanie Richardson | Prepared Testimony |
| S.B. 320 (R2) | G | Samantha Richardson | Prepared Testimony |
| S.B. 320 (R2) | H | Loraine Hines | Student Diabetes Forms |