

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 79TH LEGISLATIVE REGULAR SESSION

May 17, 2005

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John S. O'Brien, Deputy Director, Legislative Budget Board

IN RE: HB984 by Reyna (Relating to the care of elementary and secondary school students with diabetes.), **Committee Report 2nd House, As Amended**

No significant fiscal implication to the State is anticipated.

The bill would add Chapter 168, Health and Safety Code to establish provisions relating to the care of public school elementary and secondary school students with diabetes. The bill would require an individualized health care plan for any student who will seek care for diabetes while at school or participating in a school activity. The individual health plan would be developed by the school principal, school nurse, the student's parent or guardian, and to the extent possible the student's physician and one or more of their teachers.

At each campus attended by one or more students with diabetes, the bill would require a school principal to ensure that there is at least one school employee trained as an unlicensed diabetes care assistant (UDCA) if there is a full-time school nurse employed at the campus and three personnel trained as UDCA's if a nurse is not assigned to the school. Training would be required for these individuals and would be conducted prior to the beginning of the school year or as soon as practicable upon enrollment or diagnosis of a student with diabetes.

The bill would require the Texas Diabetes Council (TDC), with assistance of specified entities, to develop guidelines for training school employees who are not health care professionals to assist or care for students with diabetes. TDC may incur minimal administrative costs related to this provision.

The bill would require that the school nurse on each campus or UDCA perform any regular monitoring and intervention tasks in accordance with the individual health plan of a student with diabetes.

The bill would take effect September 1, 2005 or immediately upon enactment with the necessary voting majorities and would apply beginning with the 2005-06 school year.

Local Government Impact

The bill would increase administrative costs in local school districts by a significant amount. In fiscal year 2006, school districts would incur a one-time estimated cost of \$1.0 million associated with the implementation of the program and development and review of individual health plans.

After 2006, there would be an on-going annual cost of approximately \$288,000 for the development and review of plans associated with mobility among districts, new student enrollments, and newly diagnosed students and for students whose campus or classroom assignment require a change in staff implementing their individual health plan.

Based on staff data reported for the 2004-05 school year, compliance with the requirement to have one to three UDCA's per campus would necessitate the training of at least 13,922 school employees annually statewide. Depending upon the implementation model and number of staff to be trained in the district, costs would widely vary between districts. Beginning in fiscal year 2006, training costs

could be approximately \$150 per person annually; however, it is assumed that costs could be substantially minimized if school nurses, local department of health staff, and volunteers from the medical community provide the training to designated school employees.

The daily monitoring and intervention assistance for the students with diabetes would be approximately \$1.3 million on an annual, statewide basis beginning in fiscal year 2006.

Source Agencies: 537 Department of State Health Services, 701 Central Education Agency

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