SENATE BILL NO. _____ HOUSE BILL NO. _____

A BILL to amend the Code of Virginia by adding a section numbered 22.1-274.01:2, relating to school boards; divisionwide plan for the care of students who are diagnosed with diabetes in schools required.

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 22.1-274.01:2 as follows:

§ 22.1-274.01:2. School boards; divisionwide plan for the care of students who are diagnosed with diabetes required.

A. Each school board shall develop, amend as necessary, and implement a divisionwide plan for the care, at school during normal school hours, of each public elementary or secondary school student in the school division who is diagnosed with diabetes in order to ensure a safe and healthy learning environment in which the opportunity for each such student to succeed academically is maximized. Each such divisionwide plan shall:

1. Give consideration to and incorporate where appropriate the guidelines contained in the Department's Diabetes Management in Schools: Manual for Unlicensed Personnel;

2. Ensure that any training, education, and professional development opportunities for licensed or unlicensed staff relating to such care are properly tailored to the unique needs that are present in each school in the local school division and the skills and desires of the staff in each such school;

3. Prioritize opportunities for parental involvement in the process of providing care for such students at school, including establishing processes and procedures for the submission and consideration of Diabetes Medical Management Plans, the development of Individualized Health Care Plans in collaboration with the school nurse or another qualified staff member, and the consideration of complaints and the resolution of disputes relating to such documents or any other aspect of the provision of care for such students at school;

4. Provide interested parents with opportunities to provide input on the development or amendment of the divisionwide plan;

5. Include procedures by which the divisionwide plan shall be implemented and enforced in each public elementary and secondary school in the local school division; and

6. Address such other matters as the school board deems necessary and appropriate.

B. The Department shall, alone or in consultation with such individuals or entities as it deems appropriate, provide technical assistance to school boards upon request in the development, amendment, or implementation of the divisionwide plans required pursuant to subsection A.

2. That the Department of Education, in consultation with the Department of Health, the School Committee of the Virginia Diabetes Council, the American Diabetes Association, and such other stakeholders as it deems appropriate, shall conduct a comprehensive review of the Diabetes Management in Schools: Manual for Unlicensed Personnel and, no later than January 1, 2027, make such changes as it deems necessary to ensure that such document is up to date and properly guides and informs the development of divisionwide plans as required pursuant to § 22.1-274.01:2 of the Code of Virginia, as created by this act.

3. That each school board shall develop and implement its divisionwide plan as required pursuant to § 22.1-274.01:2 of the Code of Virginia, as created by this act, to become effective beginning with the 2027–2028 school year.

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Summary of SB1303 Patron Substitute 09/11/25

Purpose: To update 26-year-old Code about diabetes care in schools by modernizing language and definitions, introducing stronger student supports and information about T1D screening and diabetes awareness, and ensuring equal access to life-saving undesignated glucagon. Updates resolve schools' long-standing misinterpretations and perceived liabilities, ensuring future VDOE guidance and school division policies are aligned and support proper care.

§ 22.1-274.01:1. Students who are diagnosed with diabetes; administration of insulin; self-care; requirements; diabetes awareness; school nurse liability exemption

Section A- Definitions (Lines 8-62):
Modernizes the definition of the administration and continuation of insulin to reflect methods of administration used today and applies it to six other Codes. Adds definitions for connected diabetes technology, diabetes care and management services, diabetes devices, employee, health-related services, oversight, prescriber, prescriber authorization, present, school setting, and wearable diabetes devices.

Section B- Amends Subsection B (Current Code)- Assistance with Device Insertion (Lines 69-86):
Amends 'insulin pump' to 'wearable diabetes devices,' cites existing employee liability protections and clarifies that nurses are prohibited from delegating or supervising the administration of insulin or glucagon pursuant to § 54.1-3408(H), and reinforces device insertion is voluntary and schools may not prohibit a willing and trained employee from assisting when authorized by a provider and parent.

Section C- Prescriber Authorizations (Lines 87-101):
Ensures nurses and/or designated employees provide the authorized diabetes care they are trained and able to perform, requires documentation of concerns for authorized care they cannot provide, and establishes interim strategies to be used during a 30-day resolution period.

Section D- Amends Subsection A (Current Code)- Self-Care/Self-Carry (Lines 102-107):
Clarifies that for students with diabetes, devices authorized under § 22.1-79.3:1(B)(4) may also be used to contact parents, a school employee, including a nurse, licensed or unlicensed, or health care providers for diabetes management and decision-making, preventing schools from mistaking medical use for what looks like recreational use and minimizing interruptions that could delay timely care.

Section E- FAPE and Student Rights (Lines 108-118):
Reinforces federal protections for students with diabetes and requires schools to make publicly available their policies for timely provision of accommodations, ensuring a trained employee pursuant to §22.1-274(E) is on campus and available to assist when such student is present in the school setting, and allow willing parents to assist in the school setting.

Section F- T1D Screening and Diabetes Signs and Symptoms (Lines 119-140):
Directs the VDOE, in collaboration with the VDH, to provide school boards information on T1D autoantibody screening and signs and symptoms of diabetes, treatment recommendations, and school-based supports on their website. (passed in 10 states with support of DPAC, NASN, ADA)

Section G- Additional Nurse Liability Exemption (Lines 141-156):
Adds additional liability exemption for nurses that they can not be held liable for the acts or omissions of trained staff who choose to be trained and assist with the insertion of wearable diabetes devices when authorized by a prescriber and with parental consent.

§ 22.1-274.2- Equal Access to Life-Saving Undesignated Glucagon (Lines 241-256):
Addresses unequal treatment of students with diabetes under ADA and Section 504 by changing the requirement for undesignated glucagon from permissive, as codified in 2024, to required in schools where a student with diabetes is enrolled. Since no school board has voluntarily adopted it, the change ensures equal access to life-saving medications as is already mandated for allergies and asthma.

Enactment Clauses 2-4- (Lines 263-306)
Requires the Board of Nursing, in collaboration with DOE, DOH, and the Board of Medicine, to update Diabetes Management in Schools: A Manual for Unlicensed Personnel, direct DOE to amend its 2012 guidance for School Health Advisory Boards to include students protected under Section 504, and require the Board of Education to promulgate regulations as necessary to implement this act.

SENATE BILL NO. _____ HOUSE BILL NO. _____

A BILL to amend and reenact §§ 22.1-274.01:1 and 22.1-274.2 of the Code of Virginia, relating to public elementary and secondary schools; student diabetes medical care and management.

Be it enacted by the General Assembly of Virginia:

1. That §§ 22.1-274.01:1 and 22.1-274.2 of the Code of Virginia are amended and reenacted as follows:

§ 22.1-274.01:1. Students who are diagnosed with diabetes; administration of insulin; self-care; requirements; diabetes awareness; school nurse liability exemption.

A. 1. As used in this section and §§ 8.01-225, 22.1-274, 54.1-3001, 54.1-3005, and 54.1-3408, "administration of insulin" or "insulin injections" means any method of administering insulin or aiding in the continuation of the administration of insulin to a student diagnosed with diabetes, provided that written prescriber authorization and parental consent is obtained, including administration by inhalation, subcutaneously, or by syringe, smart pen or other insulin pen, i-Port, or insulin pump and related technology.

2. As used in this section:

"Connected diabetes technology" means any digital or electronic tool used in conjunction with a diabetes device that can regulate the timing and amount of insulin delivery, whether through manual or automated methods; collect or transmit blood glucose data; or assist in diabetes-related decision-making, including mobile applications, cell phones, smartwatches, diabetes device receivers, or cloud-connected systems. Devices that are included in a student's Individualized Education Program (IEP), § 504 Plan, or individualized health care plan, including cell phones and smart watches, are permitted and shall not be confiscated, removed, or restricted by school personnel pursuant to subdivision B 4 of § 22.1-79.3:1 without prescriber authorization and parental consent.

"Continuation of the administration of insulin" means aiding in the continuation of the prescribed method of insulin when disrupted, which may include the act of an employee who has chosen and is

trained to assist with the insertion or reinsertion of a student's wearable diabetes device to continue their prescribed administration of insulin.

"Diabetes care and management services" means activities necessary to maintain a student's health and safety as prescribed by a licensed health care provider for the management of diabetes, including the administration of insulin and glucagon and any other routine diabetes tasks. Such services do not constitute nursing services subject to supervision or delegation under standards established by the Board of Nursing when performed by trained school board employees acting under prescriber authorization and with parental consent.

"Diabetes device" means any medically necessary device used in the treatment or monitoring of diabetes, including glucose monitors and meters, wearable diabetes devices and any part or component thereof, and connected diabetes technology.

"Employee" means any employee of a school board and includes any registered nurse, advanced practice registered nurse, physician, or physician assistant employed or contracted by a local health department who is assigned to the public school pursuant to an agreement between the local health department and the school board in accordance with subsection E of § 22.1-274.

"Health-related services" means the same as such term is defined in § 22.1-274. "Health-related services" does not include the administration of insulin, insertion or reinsertion of wearable diabetes devices, or other daily diabetes care tasks authorized by a prescriber.

"Oversight" means the provision of guidance, training, and feedback regarding the performance of a task by a registered nurse. Oversight shall not be construed to constitute "supervision" as described or defined in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 or in regulations adopted by the Board of Nursing.

"Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription and authorize, with parent permission, an employee who is not a registered nurse, advanced practice registered nurse, physician, or physician assistant to assist with the administration of insulin and glucagon.

"Prescriber authorization" means any written orders developed and signed by a physician or other licensed health care provider, authorizing the provision of diabetes care and management services that a

student diagnosed with diabetes may need in the school setting, including permitting the student to perform such services independently or designated employees to perform or assist in performing such services. "Prescriber authorization" includes any orders necessary pursuant to subsection H of § 54.1-3408 to authorize the administration of insulin or glucagon by any such employee.

"Present" means physically on school property and available to provide immediate assistance.

"School setting" includes school property during regular school hours and any school-sponsored event or activity occurring on or off school property outside of regular school hours.

"Wearable diabetes device" means a diabetes device that is physically worn on or inserted into the body for the purposes of insulin administration, glucose monitoring, and automated insulin delivery, including insulin pumps, continuous glucose monitors, i-Ports, and hybrid closed-loop systems, and any related parts.

~~Each local school board shall permit each enrolled student who is diagnosed with diabetes, with parental consent and written approval from the prescriber, as that term is defined in § 54.1-3401, to (i) carry with him and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and (ii) self-check his own blood glucose levels on a school bus, on school property, and at a school-sponsored activity.~~

B. ~~A local school board~~ Any employee, including an employee who is a registered nurse~~,~~ or licensed practical nurse, ~~or certified nurse aide and~~ who has been trained in the administration of insulin, including the use and insertion of insulin pumps, and the administration of glucagon may assist a student who is diagnosed with diabetes and who carries an insulin pump with the insertion or reinsertion of the pump or any of its parts. ~~For the purposes of this subsection, "employee" has the same meaning as in subsection E of § 22.1-274.~~ Prescriber authorization and parental consent shall be obtained for any such employee to assist with the insertion or reinsertion of ~~the pump or any of its parts. Nothing in this section shall require any employee to assist with the insertion or reinsertion of the pump or any of its parts.~~ wearable diabetes devices and in any case in which such employee is unlicensed, the employee shall be exempt from provisions governing the practice of nursing in accordance with subsection 9 of § 54.1-3001

and from liability in accordance with subdivision 11 of § 8.01-225. Registered nurses shall be prohibited from delegating or supervising the administration of insulin in the school setting and shall not be liable for acts or omissions related to any such administration as described in subsection G. Nothing in this section shall require any employee to assist with, be trained in, or perform the insertion or reinsertion of a wearable diabetes device in order to be deemed trained in the administration of insulin. However, no school board shall prohibit an authorized and trained employee from providing such assistance. If no trained employee is available, the school administrator shall make a good faith, ongoing effort to identify and train a volunteer to assist with the continuation of prescribed administration of insulin.

C. Each school board shall ensure that, upon receipt of prescriber authorization and parental consent for diabetes care and management services from the parent of a student diagnosed with diabetes, the employee who is identified and trained pursuant to subsection B and who shall be responsible for performing such services for the student shall (i) provide services for which such employee has been trained and that such employee understands and is able to perform, including the administration of insulin and glucagon, (ii) ensure that, unless the employee was hired specifically to perform health-related services, such services that require prescriber authorization shall be provided only with prescriber authorization and parental consent and only by employees who are trained to perform them, and (iii) document any concerns that require additional attention, clarification, training, or safety considerations in order for such services to be performed. Such documentation shall be separate from the provider authorization form and shall (a) include collaboration with the parent to establish interim care strategies that shall be agreed upon by both the designated employee and the parent, (b) allow a delay in the provision of the affected services for no more than 30 calendar days from the date of the prescriber authorization, and (c) permit a parent to volunteer to assist with interim care, so long as they are willing and able to do so.

D. Each school board shall permit each enrolled student who is diagnosed with diabetes, with parental consent and written approval from the prescriber to (i) carry with him and use supplies, including a reasonable and appropriate short-term supply of carbohydrates and diabetes devices, (ii) self-check his own blood glucose levels on a school bus, on school property, and at a school-sponsored activity, and (iii)

use his diabetes devices to contact his parent, the school, or his health care provider on matters relating to diabetes care and management needs and decisions in accordance with subdivision B 4 of § 22.1-79.3:1.

E. Each school board shall ensure that each student who is diagnosed with diabetes is, to the fullest extent possible and in accordance with all state and federal laws and regulations, not deprived of, denied, excluded from, or otherwise limited in the access or opportunity to receive a free and appropriate public education and to participate in any school-sponsored program or activity solely by reason of his diabetes and shall make publicly available policies and procedures for (i) ensuring the timely provision of reasonable accommodations or modifications, (ii) requiring, at any school in which at least one enrolled student is diagnosed with diabetes, at least one of the employees trained on the administration of insulin and glucagon to be available to assist when such student is on campus and participating in activities in the school setting; and (iii) permitting the willing parent of any student with diabetes to attend any field trip or school-sponsored activity taking place on or off of school property, unless otherwise not allowed on campus for reasons of illegal entanglement or no trespass orders.

F. The Department of Education, in collaboration with the Department of Health, shall develop, make available to each school board, and post in a publicly accessible location on its website informational materials for parents on type 1 and type 2 diabetes awareness. Each school board shall make such informational materials available to the parent of each student enrolled in the school division at the beginning of each school year. The Department of Education, in collaboration with the Department of Health, shall review and update such informational materials as necessary. Such informational materials shall include:

1. A description of type 1 and type 2 diabetes;

2. A description of the risk factors and warning signs associated with type 1 and type 2 diabetes;

3. Guidance for parents on actions to take if a child displays any warning signs associated with type 1 or type 2 diabetes, including a recommendation that any parent who suspects his child is displaying any warning signs associated with type 1 or type 2 diabetes should immediately consult with his child's primary care provider to determine if immediate screening for type 1 or type 2 diabetes is appropriate;

4. A description of the autoantibody screening process for type 1 diabetes, including informing individuals with a positive result about the ability to follow up with an endocrinologist to monitor progress and determine when treatments to delay a type 1 diabetes diagnosis could be appropriate;

5. A recommendation that following a type 1 or type 2 diabetes diagnosis, the parent should consult with the child's primary care provider to develop an appropriate treatment plan, which may include consultation with a medical specialist such as an endocrinologist; and

6. Guidance for any parent of a child who receives a diabetes diagnosis relating to the school-based supports and services available for students with type 1 or type 2 diabetes, including information on the options, policies, and procedures relating to diabetes care and management in a school setting.

G. No registered nurse who provides training in accordance with subdivision 12 of § 54.1-3005 and ongoing oversight to an employee who is exempt from the provisions of Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 pursuant to subsection 9 of § 54.1-3001 and who is authorized to assist with the administration of insulin and glucagon to a student diagnosed with diabetes shall be liable for any act or omission of that employee related to such services, provided they are performed pursuant to prescriber authorization and parental consent in accordance with subsection H of § 54.1-3408. As set forth in subsection E of § 22.1-274, no employee other than those licensed personnel identified therein shall assist with the administration of insulin or administer glucagon when any such licensed personnel is present, but when such personnel are unavailable, another trained and authorized employee may administer insulin or glucagon. Nothing in this section shall be construed to authorize delegation or supervision of such tasks by a registered nurse, consistent with the provisions of Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 and regulations of the Board of Nursing. No registered nurse who provides training and ongoing oversight to other licensed employees who choose to be trained in and perform the insertion or reinsertion of wearable diabetes devices to students diagnosed with diabetes under their care shall be liable for acts or omissions of such licensed employees, provided that the services are performed in accordance with prescriber authorization and parental consent.

§ 22.1-274.2. Possession and administration of inhaled asthma medications and epinephrine by certain students or school board employees.

A. Local school boards shall develop and implement policies permitting a student with a diagnosis of asthma or anaphylaxis, or both, to possess and self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, during the school day, at school-sponsored activities, or while on a school bus or other school property. Such policies shall include, but not be limited to, provisions for:

1. Written consent of the parent, as defined in § 22.1-1, of a student with a diagnosis of asthma or anaphylaxis, or both, that the student may self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be.

2. Written notice from the student's primary care provider or medical specialist, or a licensed physician or licensed advanced practice registered nurse, that (i) identifies the student; (ii) states that the student has a diagnosis of asthma or anaphylaxis, or both, and has approval to self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, that have been prescribed or authorized for the student; (iii) specifies the name and dosage of the medication, the frequency in which it is to be administered and certain circumstances which may warrant the use of inhaled asthma medications or auto-injectable epinephrine, such as before exercising or engaging in physical activity to prevent the onset of asthma symptoms or to alleviate asthma symptoms after the onset of an asthma episode; and (iv) attests to the student's demonstrated ability to safely and effectively self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be.

3. Development of an individualized health care plan, including emergency procedures for any life-threatening conditions.

4. Consultation with the student's parent before any limitations or restrictions are imposed upon a student's possession and self-administration of inhaled asthma medications and auto-injectable epinephrine, and before the permission to possess and self-administer inhaled asthma medications and auto-injectable epinephrine at any point during the school year is revoked.

5. Self-administration of inhaled asthma medications and auto-injectable epinephrine to be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized

Health Care Procedure Manuals, which are jointly issued by the Department of Education and the Department of Health.

6. Disclosure or dissemination of information pertaining to the health condition of a student to school board employees to comply with §§ 22.1-287 and 22.1-289 and the federal Family Education Rights and Privacy Act of 1974, as amended, 20 U.S.C. § 1232g, which govern the disclosure and dissemination of information contained in student scholastic records.

B. The permission granted a student with a diagnosis of asthma or anaphylaxis, or both, to possess and self-administer inhaled asthma medications or auto-injectable epinephrine, or both, shall be effective for one school year. Permission to possess and self-administer such medications shall be renewed annually. For the purposes of this section, "one school year" means 365 calendar days.

C. Local school boards shall adopt and implement policies for the possession and administration of epinephrine in every school, to be administered by any school nurse, employee of the school board, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction. Such policies shall require that at least one school nurse, employee of the school board, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine has the means to access at all times during regular school hours any such epinephrine that is stored in a locked or otherwise generally inaccessible container or area.

D. Each local school board shall adopt and implement policies for the possession and administration of undesignated stock albuterol inhalers and valved holding chambers in every public school in the local school division, to be administered by any school nurse, licensed athletic trainer under contract with a local school division, employee of the school board, employee of a local governing body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers for any student believed in good faith to be in need of such medication.

E. ~~Any local school board may adopt and implement policies for the possession and administration of undesignated nasal or injectable glucagon in each public elementary or secondary school in the local school division, provided that such policies are consistent with the guidance outlined in the most recent revision of the Diabetes Management In School: Manual for Unlicensed Personnel published by the Department and include guidance outlining the following:~~

~~1. One or more locations in each public elementary or secondary school in the local school division in which doses of such undesignated glucagon shall be stored;~~

~~2. The conditions under which doses of such undesignated glucagon shall be stored, replaced, and disposed;~~

~~3. The individuals who are authorized to access and administer doses of such undesignated glucagon in an emergency and training requirements for such individuals; and~~

~~4. A process for requesting emergency medical services and notifying appropriate personnel immediately after a dose of such undesignated glucagon is administered.~~

~~F. Any public elementary or secondary school may maintain a supply of nasal or injectable glucagon in any secure location that is immediately accessible to any school nurse or other employee trained in the administration of nasal and injectable glucagon prescribed to the school by a prescriber, as defined in § 54.1-3401. Any such school shall ensure that such a supply consists of at least two doses. Any school nurse or other authorized employee who is trained in the administration of nasal and injectable glucagon consistent with the guidance outlined in the most recent revision of the Diabetes Management In School: Manual for Unlicensed Personnel published by the Department may administer nasal or injectable glucagon from undesignated inventory with parental consent and if the student's prescribed glucagon is not available on school grounds or has expired.~~

~~G. Any school board may accept donations of nasal or injectable glucagon from a wholesale distributor of glucagon or donations of money from any individual to purchase nasal or injectable glucagon for the purpose of maintenance and administration in a public school in the local school division as permitted pursuant to subsection F.~~ Each school board shall develop and each public elementary and secondary school in the school division shall implement, consistent with the guidance outlined in the most

recent revision of the Diabetes Management in School: Manual for Unlicensed Personnel published by the Department of Education, policies and procedures relating to the possession and administration of undesignated nasal or injectable glucagon. Such policies and procedures shall:

1. If there is at least one student diagnosed with diabetes who is enrolled in the applicable school and for whom a prescriber has authorized the use of glucagon, require at least two doses of undesignated glucagon to be maintained in each such school at all times in a secure location that is immediately accessible to any school nurse or other employee who is a registered nurse or licensed practical nurse who has been trained in the administration of glucagon and any designated unlicensed employee who has been trained in the administration of glucagon;

2. Include guidance on (i) locations in schools in which such doses may be stored and (ii) the conditions under which such doses of undesignated glucagon shall be stored, disposed of, and replaced;

3. Require the maintenance of records of the date on which any dose of undesignated glucagon is accessed and administered, disposed of, or replaced; and

4. Establish a process for requesting emergency medical services and notifying appropriate personnel immediately after a dose of such undesignated glucagon is administered.

F. Any school nurse or other employee of the school board who is a registered nurse or licensed practical nurse who has been trained in the administration of glucagon and any designated unlicensed employee who has been trained in the administration of glucagon permitted to provide certain diabetes care and management services pursuant to subsection C of § 22.1-274.01:1 may, upon parental consent and pursuant to prescriber authorization, administer a dose of such undesignated glucagon to a student in the event that such student's prescribed glucagon is unavailable or expired.

G. Any school board may accept donations of nasal or injectable glucagon from a wholesale distributor of glucagon or donations of money from any individual to purchase nasal or injectable glucagon for the purpose of maintenance in a public school in the local school division as required pursuant to subsection E.

2. That, in accordance with the provisions of subdivision 12 of § 54.1-3005 of the Code of Virginia, the Board of Nursing, in collaboration with the Board of Education, the Department of Education,

the Department of Health, and the Board of Medicine, shall review and revise at least annually and at such other times as may be necessary Diabetes Management in Schools: A Manual for Unlicensed Personnel (the manual). National best practices available in publications from the American Diabetes Association such as Helping the Student with Diabetes Succeed: A Guide for School Personnel and Diabetes Care in the School Setting: A Position Statement of the American Diabetes Association may be incorporated into the manual, provided that nothing in such incorporation conflicts with state or federal law. The manual shall include guidelines for the training of employees of a school board in the administration of insulin and glucagon for the purpose of assisting with the routine administration of insulin as defined in subsection A of § 22.1-274.01:1 of the Code of Virginia and providing emergency treatment for life-threatening hypoglycemia. The manual may include but shall not require training on the insertion or reinsertion of wearable diabetes devices and shall inform employees that no employee is required to receive such training to be considered trained and able to perform the administration of insulin or glucagon, no employee shall be subject to discipline or adverse employment action for refusal to train for or perform such services, unlicensed employees are exempt from the provisions governing the practice of nursing pursuant to subdivision 9 of § 54.1-3001 of the Code of Virginia when prescriber authorization and parental consent has been obtained pursuant to subsection H of § 54.1-3408 of the Code of Virginia, any employee who chooses to be trained and perform such services is protected from liability pursuant to § 8.01-225 of the Code of Virginia, and licensed nurses are protected from liability from acts and omissions of those employees who choose to perform such services in accordance with subsection G of § 22.1-274.01:1 of the Code of Virginia. The manual shall include recommendations for the training of school bus drivers who are responsible for the transportation of students diagnosed with diabetes to and from school Any update to the manual shall be made publicly available online, with reasonable efforts to notify diabetes health care providers and parents of students with diabetes enrolled in public schools in the Commonwealth of such publication, and no such update shall take effect prior to the completion of a public comment period of no fewer than 30 days in accordance with § 2.2-4002.1 of the Code of Virginia.

3. That the Department of Education shall amend its 2012 guidance document entitled Promoting Healthy Students: A Guide for School Health Advisory Boards (the guidance document) to include provisions addressing the needs of students with chronic or acute health conditions who are protected pursuant to Section 504 of the Rehabilitation Act of 1973 (Section 504) but who do not qualify for an Individualized Education Program under the federal Individuals with Disabilities Education Act. In amending the guidance document, the Department shall consider incorporating elements consistent with its 2005 joint guide with the Virginia Board for Disabilities entitled A Guide for Local Special Education Advisory Committees in Virginia, including requirements for public notice, parent participation, public comment, and opportunities for advisory input. The amendments to the guidance document shall recognize the procedural rights of parents under Section 504 and promote equitable parent and community engagement in matters considered by School Health Advisory Boards. Any amendment to the guidance document shall comply with the required public comment process set forth in § 2.2-4002.1 of the Code of Virginia.

4. That the Board of Education shall promulgate and amend any regulations as necessary in accordance with the provisions of this act.

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