

26104976D

**HOUSE BILL NO. 1301**

Offered January 15, 2026

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

Patron—Thomas

Committee Referral Pending

**Be it enacted by the General Assembly of Virginia:****1. That § 22.1-274.01:1 of the Code of Virginia is amended and reenacted as follows:**

**§ 22.1-274.01:1. Students who are diagnosed with diabetes; administration of insulin; diabetes care and management services; wearable diabetes devices; liability protections; self-care.**

A. 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 employee who is a registered nurse, 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.

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 the delivery of insulin by inhalation, subcutaneous injection, syringe, smart pen or other insulin pen, i-Port, insulin pump and related technology, or another method authorized by a prescriber. "Administration of insulin" or "insulin injections" includes delivery through a student's routine insulin delivery method, restoration of the continuation of such routine method when insulin delivery is disrupted, including insertion or reinsertion of a wearable diabetes device when feasible, and delivery by a backup method when such routine method cannot be used or continued.

2. As used in this section:

"Connected diabetes technology" means any digital or electronic tool used with a diabetes device that regulates insulin delivery or can collect or transmit blood glucose data or assist in diabetes related decision making, including but not limited to mobile applications, cell phones, smartwatches, diabetes device receivers, or cloud-connected systems.

"Diabetes care and management services" means the care and services to be provided in the school setting to a student diagnosed with diabetes, including those written in the prescriber authorization or in the student's § 504 Plan, Individualized Education Program, or individualized school-based health plan, and any care or services identified in a school-based health plan individualized for such student. "Diabetes care and management services" shall not be considered "health-related services" as defined in § 22.1-274.

"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, licensed practical 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.

"Interim strategies" means temporary strategies, developed with the student's parent, to be used in the school setting during the 30-day period described in subsection B to maintain continuity of care while necessary clarifications or provisions to implement portions of a prescriber authorization are obtained.

"Prescriber" means the physician or other practitioner authorized under §§ 54.1-3303 and 54.1-3408 to issue a prescriber authorization and as defined in § 54.1-3401.

"Prescriber authorization" means any written orders developed and signed by a physician or other practitioner authorizing the provision of necessary diabetes care and management services to a student in the school setting.

"School setting" includes school property during regular school hours and any school-sponsored event or

INTRODUCED

HB1301

activity occurring on or off school property outside of regular school hours.

"Wearable diabetes device" means any diabetes device that is worn on, adhered to, or inserted into the body for the purposes of monitoring glucose, delivering insulin, or facilitating automated insulin delivery and includes any parts, components, accessories, or other devices as authorized by a prescriber.

B. Any employee among those identified pursuant to clause (ii) or (b) of subsection E of § 22.1-274 who receives prescriber authorization and parental consent to provide diabetes care and management services for a student in the school setting, and who, when applicable, is authorized pursuant to subsection H of § 54.1-3408, shall (i) deliver the care and services as described therein for which the employee is authorized; (ii) within 30 days, obtain any clarifications or provisions necessary to implement the remaining portions of such care that cannot yet be provided; (iii) use interim strategies for any care and services that cannot yet be provided during such period; and (iv) for employees authorized pursuant to subsection H of § 54.1-3408, be exempt, as provided in subdivision A 9 of § 54.1-3001, from nursing practice requirements and be immune from civil liability under subdivision A 11 of § 8.01-225. Nothing in this section shall be construed to alter or limit the protections provided to school board employees under subsection D of § 22.1-274.

C. A school board employee who is among the employees identified pursuant to clause (ii) or (b) of subsection E of § 22.1-274 may assist, when feasible, a student diagnosed with diabetes with the insertion or reinsertion of the student's wearable diabetes device, provided that such employee has, with respect to that device, (i) obtained prescriber authorization; (ii) obtained the consent of the student's parent; and (iii) received instruction on the use and insertion of such device. Nothing in this section shall require any employee to assist with the insertion or reinsertion of a student's wearable diabetes device. However, no school board shall prohibit an employee who meets the requirements of this subsection from providing such assistance.

D. No registered nurse is liable for any act or omission of an employee acting pursuant to subsection H of § 54.1-3408, and nothing in this section shall be construed to authorize delegation or supervision of such tasks by a registered nurse, consistent with Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 and regulations of the Board of Nursing.

E. Each school board shall permit each enrolled student who is diagnosed with diabetes, with prescriber authorization and parental consent, at any time in the school setting, to (i) carry, consume, and use his diabetes supplies, including a reasonable and appropriate supply of carbohydrates, water, and diabetes devices; (ii) self-check blood glucose levels; and (iii) use his diabetes devices to communicate with parents and those employees identified pursuant to clause (ii) or (b) of subsection E of § 22.1-274 on matters relating to diabetes care and management needs and decisions in accordance with subdivision B 4 of § 22.1-79.3:1.

**2. That the Department of Education, in collaboration with the Department of Health and the Board of Medicine, shall review and revise, in accordance with the provisions of this act, *Diabetes Management in Schools: A Manual for Unlicensed Personnel* (the manual). The manual shall (i) include recommendations for the training of school bus drivers who are responsible for the transportation of students diagnosed with diabetes to and from school, (ii) be made publicly available online, (iii) include only guidance from national organizations that does not conflict with the Code of Virginia or federal law, (iv) be in accordance with subdivision 12 of § 54.1-3005 of the Code of Virginia, and (v) not take effect prior to the completion of a public comment period on such revision of no fewer than 30 days in accordance with § 2.2-4002.1 of the Code of Virginia.**

**3. That the Department of Education (the Department) 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 § 504 of the federal Rehabilitation Act of 1973, 29 U.S.C. § 794, (§ 504) but who do not qualify for an Individualized Education Program under the federal Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq. In amending the guidance document, the Department shall consider incorporating elements consistent with its 2005 joint guide with the Virginia Board for People with 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 § 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 Department of Education, in consultation with the Department of Health, shall collect from each school division information on access to glucagon for students diagnosed with diabetes, including the number of students with or without a prescriber authorization, the types of glucagon prescribed, the number of administrations, storage or self-carry practices, and, when available, reasons for lacking a prescription, not carrying glucagon, or not providing it to the school. The Department of Health shall add glucagon to the medications listed on the School Health Data Dashboard and make such information publicly available. The Department of Education shall report aggregated findings to the**

121 Chairmen of the House Committee on Education and the Senate Committee on Education and Health  
122 by November 1, 2026.  
123 5. That the Board of Education shall adopt and amend any regulations as necessary in accordance with  
124 the provisions of this act.

**INTRODUCED**

HB1301