

Commission on Local Government

Estimate of Local Fiscal Impact
2014 General Assembly Session

Bill: SB 532 **Patron:** Stuart **Date:** January 23, 2014

In accordance with the provisions of §30-19.03 of the Code of Virginia, the staff of the Commission on Local Government offers the following analysis of the above-referenced legislation:

I. Bill Summary

SB 532 permits the parents of any public school student who has been diagnosed with diabetes to designate in a diabetes care plan a delegated care aide to provide diabetes care for the student, including the administration of insulin and glucagon, when a school nurse or physician is not present in the school or at a school-sponsored activity. The bill also requires the delegated care aide to receive training in diabetes care and every school employee to receive basic training in responses to emergency situations and changes from one to two the minimum number of employees in a school that must be trained with regard to a student with diabetes who attends the school. The bill contains technical amendments.

II. Fiscal Impact Analysis

The Commission on Local Government (CLG) received fiscal impact statements from 10 localities – the Counties of Campbell, Frederick, Henrico, Rappahannock, and Spotsylvania; the Cities of Danville, Poquoson, and Virginia Beach; and the Towns of Marion and Strasburg.

The Commission also received response from two school districts – the Counties of Orange and Roanoke.

Three of the responding localities – the County of Henrico and the Towns of Marion and Strasburg – reported that they would not experience a net increase in expenditures. The Towns of Marion and Strasburg do not operate a school system.

Henrico County indicated that the provisions of SB 532 are already in effect in their public school system.

Four of the responding localities – the Counties of Campbell and Rappahannock; the City of Poquoson; and from Orange County Public Schools – indicated that they would experience an expenditure increase of less than \$5,000.

Rappahannock County stated that they only have three diagnosed diabetic students within their school system, so the impact would be relatively low and the

majority of expenses would relate to training of employees. They also indicated that they have concern that other chronic disease care plans could follow, which would further increase costs and record-keeping requirements.

The remaining five respondents – the Counties of Frederick and Spotsylvania; the Cities of Danville and Virginia Beach; and from Roanoke County Public Schools – reported that they would experience an expenditure increase of over \$5,000. The estimates ranged from \$12,270 per year in the City of Danville to \$2,451,688 per year in Spotsylvania County. Listed below are the expenditure estimates:

Frederick County:	unknown
Spotsylvania County:	\$2,451,688
Danville City:	12,270
Virginia Beach City:	200,000-260,000
Roanoke County PSS:	167,265

Frederick County stated that they would expect more legal claims against localities if the provisions of SB 532 are adopted. They believe that school divisions are being setup to fail because the bill requires non-medical professionals to be trained to take on medical responsibilities.

Spotsylvania County provided its estimate based upon the assumption that all students that have been diagnosed with diabetes would have a delegated care aid. It is also based upon 88 students within its public school system that have been diagnosed with either Type I or Type II diabetes.

The City of Danville noted that they would experience recurring costs for supplies in order to train employees to comply with SB 532.

The City of Virginia Beach based its estimate upon the requirements of the designated care aide, the amount of training that would have to be provided to employees, and the number of students that are diagnosed with diabetes at each school within its borders. Training expenses for Virginia Beach could be high because they have over 5,000 employees.

Roanoke County Public Schools indicated that the clause requiring a diabetic care aide to be available at school sponsored activities is a cost escalating factor due to the number of school-sponsored activities (ex. clubs, dances, sports, etc.). Roanoke County would need to increase staffing simply to comply with the after-hours component of SB 532. Additionally, the cost estimate could get complicated because the after-hours activities of students who are diagnosed with diabetes are unknown from year to year.

III. Conclusion

SB 532 permits parents of public school students who have been diagnosed with diabetes to designate in a diabetes care plan a delegated care aide to provide diabetes care

for the student when the school nurse or physician is not present or at a school-sponsored activity. Additionally, public schools are required to train all school employees in responses to emergency situations. Finally, SB 532 increases the minimum number of employees to be trained with regard to a student with diabetes from one to two.

As defined by SB 532, a delegated care aide is an employee of a school board, except for a school nurse or any employee of a local health department approved by the local governing body to provide health services in a public school.

SB 532 is potentially costly for local school divisions. All employees of the school would be required to be trained in diabetes care. Additionally, the requirement for delegated care aides to be available at all school-sponsored functions could require additional staffing or could be difficult to estimate for budgeting purposes.

The degree of impact will vary depending upon the size of the school division and the amount of school-sponsored programs that are available.

SB 532 is a companion bill to HB 134.