

DAN STEWART:

All right, well good afternoon to you all. First I would like to wish you all a happy March 21, 2023 to you all. We are still reading today for a couple of reasons. -- We are celebrating, because Grell Perez is against the -- in Michigan. If anyone from Michigan is on the call, please let us know and we will give them praise for the attorney Perez who suffered many forms of problems from the school district. But the US Supreme Court had a unanimous decision which is very rare, especially given the Supreme Court. And sometimes the complicated background of IDA and the Americans with disabilities act. So we are very excited about that! There will be press releases and other forms of recognition of those -- this really important decision. It will provide a lot of clarity, especially when students and parent have ADA claims that the wish to pursue and other forms of damages that are not available under ADA through the court system. So that is great. The second reason we are separating today is because we have Jennifer Sherman and Crystal Woodward from the American Diabetes Association.

They are involved with a relatively recent case in New York City on diabetes, the American Diabetes Association (ADA), named the representational plaintiff -- was named the representational plaintiff, along with children that had issues with care related to those sections. We are happy to have them presenting with us today. We know there are people from the PNA on the call as well as people who are not, so this is a great way to get some non-PNA speakers to share some important developments in the law and how protection navigation systems and other attorneys and advocates may take similar approaches to advancing the cause and the rights of children's with -- children with diabetes in healthcare and childcare settings. With that, I turn it over to Jennifer and Crystal. Many thanks. We go to you now.

CRYSTAL WOODWARD:

Thank you for that introduction, and thank you for the American Diabetes Association for inviting me to share this presentation this afternoon. I'm Crystal Woodward, the national director of the safe at school program. I am happy to be joined by my colleague today, Jennifer Sherman. A Legal Advocacy Fellow. We are here today to provide you information on the legal rights of children with diabetes at school and childcare.

Next slide. This -- this session is being recorded and will be made available online for public viewing. Also, the information we are providing today does not constitute legal guidance. So we encourage that attorneys, legal representatives, and medical healthcare providers be consulted for more legal and medical advice.

The mission of the American Diabetes Association is to prevent and cure diabetes and improve the lives of all people affected by diabetes. And this includes young people. Preschoolers, K-12 school aged children and postsecondary students. And we deliver this mission through research, information and support, and advocacy and public awareness. And -- today we are focusing on the efforts on behalf of children with diabetes in school and child care.

We know that it is important for children with diabetes to have their diabetes needs met. And schools and childcare must provide medically safe environment to keep them healthy. Schools and childcare providers must provide a medically safe environment for students with diabetes.

Students with diabetes must have the same access to educational opportunities and school related activities as their peers without diabetes. Childcare centres generally must provide children with diabetes the same access to childcare as their peers. Just like students with diabetes deserve the same access to educational opportunities. (indiscernible) school providers must work with parents and guardians and the child to reasonably support daily diabetes management activities. Everything from managing blood glucose levels, to giving insulin, including the administration of insulin and life-saving medicine.

So, what do we know about the management and the requirements for the management of diabetes in school settings? Well, we know that diabetes care is 24/7. Unfortunately children with diabetes cannot take a break from diabetes management when they jump on the school bus in the morning, or when their parent kisses him goodbye at the childcare drop-off to go to work. Providers need to work as advocates to ensure a smooth transition of diabetes management from home to school or childcare. However, parents need to recognize that the home environments – back home and school environments may differ in the level of care to their children. For example, at home parents can change their child's pump or CGM sites. At school, if there was a problem with a pump or CGM, a backup plan would be implemented whereby the school would administer insulin by syringe or hand, and blood glucose levels will be monitored by using a blood glucose metre rather than a continuous glucose monitor. Children must have access to their equipment, medication and assistance. And most need access to treat hyperglycemia for low blood sugar.

There should always be a ready supply of a quick form of carbohydrates. Fluctuating or out of range blood glucose levels may negatively impact learning and behaviour. Written care plans are essential.

We will talk about these plans a little later, but some of these plans include a diabetes management plan or a management plan for healthcare providers, or an individualized education plan (IEP).

DAN STEWART:

We have a question in our chat, asking (Reads) "What does "Reasonably support" Mean on slide five?"

We also have another request from a participant saying that Crystal he may be a little muffled. I'm not sure if that is due to your proximity to the speaker or not.

CRYSTAL WOODWARD:

OK, I will try. -- You may be.

We have to ensure that trained personnel are available at all times to provide diabetes care in accordance with the child's diabetes management plan and Section 504 Plan. This would include

training a school staff member or a childcare staff member how to monitor glucose levels and administer insulin, and then establish an open line of communication with training and ongoing education about diabetes technology and devices.

OK. So... For a few strategies for parents and guardians of children with diabetes, we always encourage our parents to engage with schools in the spirit of cooperation and to work with school staff. Obviously kids are in school for a long time, so we want to make sure that the child's best interest is first and foremost. Parents need to be realistic and reasonable in their expectations of what care can be provided by the school. Again, munication is paramount! Communication about the actual care that is provided in school, blood glucose levels, what to do if any problems or issues arise, in particular apparent having a need to have a discussion with the child's health care provider.

Parents of course should provide all needed supplies, stacks and -- Sachs is a quick acting form of glucose as I mentioned earlier. -- Snacks.

This was actually one of the #1 problems indicated: that parents do not always provide schools with current cell phone numbers. Parents are encouraged to work in the spirit of cooperation with the child's diabetes healthcare team to develop the right plan and to prepare staff for success through training and support.

Now I'm going to turn the program over to Jen who will talk about legal protections for children with diabetes.

JENNIFER SHERMAN:

Thank you Crystal! Now we will dive into some of the enteral and state laws that provide protections for children with diabetes, and place obligations on schools and childcare centres to provide appropriate diabetes care to children.

So, there are some federal laws and some state laws that provide protections for children with diabetes. These include the Americans with disabilities act (or ADA), and the Individuals with Disabilities Education Act or IDEA.

First The ADA. Under title II, The ADA applies to schools and childcare programs applied to a state or local government or conducted on school grounds such as as an afterschool program. Title III of the ADA applies to places of public accommodation. This is defined as businesses that are generally open to the program in the 1 to 12 categories, these can be hotels, restaurants, movie theatres, grocery stores, banks. Most relevant to us so our nursery, undergraduate, postgraduate or postsecondary schools and daycare centres.

I will note though that religious entities are generally exempt from The ADA's protections.

Whatever title of The ADA it falls under, as it concerns children's diabetes care in school, first it prohibits discrimination on the basis of disability. The ADA texts itself says "No individual shall be disseminated against a stone disability for goods, services, or any public or private place that owns or

leases private or public accommodation." For individuals with disabilities, diabetes is acknowledged as a disability under the ADA so every child with diabetes is covered under this law.

What does this mean in practice? This means childcare providers cannot deny a child's enrolment simply because they have its ability unless that child's disability poses a direct threat to the health and safety of the child or others.

In terms of school, this means schools cannot prevent children from participating in activities just because they have a disability.

The second part of the ADA is it requires schools and childcare centres to make reasonable modifications in policies, practices or procedures to ensure that the person with a disability can access the program. What this means in practice is schools may need to change policies or practices that may prevent any person with a disability from participate in fully in any program. These are in fact modifications or changes to allow a child with diabetes to benefit from the program just like their peers.

The key word as we have talked about a little bit before is that modifications must be "Reasonable".

Section 504 Plan which I talked about a little before, applies to public and private schools, that are required to provide diabetes care under Section 504 Plan. Under the law, diabetes care affects major life activities such as walking, eating, talking, and endo- function. The major life activities limited do not need to be learned under Section 504 Plan. We will talk later on a little moral about this. -- A little little more.

IDEA is a special education law, so that is the difference between it and the ADA. A child may qualify for an IEP or an individualized education program under IDEA.

Before we move on to discussing some diabetes settlements and our lawsuit, I just want to provide some examples of what law requires in terms of diabetes care modifications for child care programs.

Listed on the slide are some of the most common accommodations needed for children with diabetes. These are especially important for young children were not yet independent in their diabetes management, however older children will need help from time to time and all people with diabetes may need help if they experience an emergency.

So, first something we are seeing is designating and training childcare and school stop including bus drivers is also listed as a reasonable accommodation. Checking blood glucose levels is something done for a child with diabetes multiple times a day. This can be done with a traditional finger stick or blood glucose metre. This can also be done using a continuous glucose monitor, or CGM, which is attached to the child's body and provides continuous measures of glucose. Being trained how to do that is definitely a reasonable accommodation.

Again, if a child's blood glucose level is too high, they will need the administration of insulin whether by

cement or a pump if that is considered a reasonable accommodation. Moving on, counting carbohydrates since they impact blood glucose levels. Knowing how much carbohydrates a child is ingesting affects their glucose levels. Children can count this themselves and they may just need confirmation, or they may need a staff member to do this for them.

Finally, if a child blood glucose level goes too low and they become unconscious or unable to swallow food or drink, it is essential to administer a lifesaving shot and be trained on how to administer it. Administering it is under reasonable accommodation.

Alright, moving on to the U.S. Department of Justice. DOJ has issued complaints against child care programs and camps that fail to help children with their diabetes management needs. Listed are some names on the slide from the past few years. In all these settlements, the DOJ stated that childcare programs are places of public accommodation that must give children with diabetes an opportunity to participate, and that this should be accompanied by reasonable accommodation. So it was great to hear recent settlement agreements.

In particular, in a recent statement, the DOJ stated, "No child with a disability should be unlawfully denied services based on their disability." You can learn more about the settlements@ada.gov. -- At ADA.gov, and there is a whole list@diabetes.org/childcare. -- At diabetes.org/childcare.

OK, moving on to our lawsuit, MF versus the New York City Department of education, I will just go over a timeline of how this case progressed. Then I will go over some details over the settlement agreement that was preliminarily approved.

The plaintiff, the American Diabetes Association into three members of the New York public schools with diabetes filed a lawsuit in the New York District Court against New York City, the New York Department of Education, the office of health, and the Department of Health and hygiene. The lawsuit addresses these agencies failures to meet their legal obligation under federal and city law and there were multiple failures.

There was a failure to provide diabetes care during extracurricular activities, failures to provide accommodations for students with diabetes through the 504 Plan process, and a failure to get school nurses trained -- training nonclinical staff to give students individual diabetes care based on their individual needs.

The lawsuit was approved in January 2017, and in just this past January, the court granted our motion for partial motion, the first was the failure to provide diabetes care on field trips into the second was the refusal to train bus drivers and bus attendance and recognition. And hypoglycemia as well as insulin administration. The judge ruled that diabetes care must pay provided on these trips and training must be provided to bus drivers and attendance, which was a huge win for us!

We got the preliminary approved and we will have the final hearing on the settlement in about a month.

So, here are some of the reforms in the settlement agreement. You can read and a lot more detail about this using the link listed at the bottom: diabetes.org/NYC students.

So, the settlement requires the developing and adoption of a management plan for a child with diabetes is on our 504 Plan to guide schools in meeting the needs of the students with diabetes. There is a commitment that accommodations necessary to meet the needs of the students cannot be denied based on resources or available funding.

So saying you do not have enough staff, or do not have enough mind to pay your stock, it cannot be based on that. There were also be new timelines on how school staff will plan to meet the needs of students with diabetes, including meetings to develop Section 504 Plan's and ensuring students can attend school with all accommodations in place on the first day of school. The students will have to wait until December to get these funds in place after months and months of school are going by. There will be training for teachers, administrators, bus drivers and attendance and others. On how to care for a student with diabetes.

There will be changes to ensure that appropriate weight trained staff are available so that students with diabetes can attend the trips with their peers, ride on the bus, and participate in sports and afterschool activities alongside other children.

In terms of monitoring, we are having a robust monitoring three year period. We are excited about this! We think the settlement is a model for schools nationwide. And if you think your school would benefit -- would be benefit by this, then less so. Since I know you are coming from different states, I will go through this more broadly. All childcare must comply by federal laws I just talked about.

There are some state law considerations. The first is that state laws have news practice acts that may or may not provide care to students with diabetes. To add to this confusion, some policies differ within schools themselves, not just at the state level. We have also noted that some states have developed school diabetes management guidelines that the district has to follow.

You can check our website to see if your state has such guidelines. I also want to mention that into states, Ohio and Illinois, recently passed in the past few years gone laws. – My glucagon kids. This was the last school that needed these kids stocked in schools for nurses to use. These are incredibly helpful if there is an accident. This is similar to if nurses have a B depends on backup in case of an accident. -- Have -- EpiPen on backup in case of an accident.

The requirements of state law must be met. This means if you are in a state that only requires the school nurse to provide care, then the school nurse needs to be available full-time, not just part-time. This means the nurse would have to provide field trips and all other activities where the child is a participant. Some states have passed specific school diabetes care laws or changed their board of nursing regulations to enable school staff members to provide care to children. This is kind of like an exception to the rule.

You can learn more about these laws by going to diabetes.org/laws. There will be a drop-down menu

at the top where you can select your state.

Now I'm going to pass it over back to Crystal to talk about written plans.

CRYSTAL WOODWARD:

Thanks Jen. There are a number of written plans that are used for stints with diabetes. We have urgency care plans to address hypo and hyperglycemia, we have individualized healthcare plans, which are essentially the school nurse's roadmap for providing care to children with diabetes.

But the two main plans I wanted to briefly cover today is first the Diabetes Medical Management Plan and then the Section 504 Plan.

You can see the image of the first plan of ADA's new Diabetes Medical Management Plan (DMMP), this was developed in 2022 by the Working Group that was an advisory group of diabetes healthcare professionals from across the country. This plan was updated to reflect ongoing changes in diabetes technology, continuous glucose monitors, and also to reflect new treatment therapies like a lot of the new insulins that come on the market.

This is the plan that we would like to see used across the nation. There are a couple of states that have already adopted this plan: Virginia and Maryland. And I know the District of Columbia is considering adopting this plan.

So, what we say to parents is they want to have this plan developed before the school year ends or soon after a diagnosis. Schedule a visit with the child's provider to develop the plan.

This plan can be downloaded@diabetes.org -- at diabetes.org/DMMP. We also have a DMMP that has been developed for a younger child, and there will be an update to that plan soon, that can be found@diabetes.org/childcare. -- At.

So really, the diabetes management plan, it is important because it sets the prescribed diabetes Regiment management plan for school days. I think what is so important about this planet is that it serves as a written accommodation plan. This plan is completed by the child's diabetes provider working closely with the parent, and it sets out how the child's needs will be met at school and also childcare. The plan includes items such as the level of supervision of student or child requires, medication, how to recognize and treat hypoglycemia and hyperglycemia, Luke agenda administration, exercise and physical activity. There can be instructions for the trips and unplanned activities such as lockdowns or disaster planning.

Diabetes management may be different with different levels of activity at different times of day. -- Glucagon. So a PE class may be different than when a child is sitting in class and may be paying closer attention to that risk of hypoglycemia because physical activity drives blood glucose levels down.

So some elements of the DMMP, and includes the emergency contact information, blood glucose monitoring/CGM, glucagon administration,

recognition and treatment of hypoglycemia and hyperglycemia, insulin administration is usually included in the plan, and as I mentioned the level of self care that will be required by the child.

We know that younger kids or children who have been recently diagnosed will definitely need assistance from the school nurse, or the train with the clinical staff member where a child who has had diabetes for a while may not need help with the routine diabetes tasks. Rather, they would need help in the event of an emergency -- a hypoglycemia emergency.

-- We encourage parents of children with diabetes to write a Section 504 Plan. We encourage parents to proactively contact their schools and proactively put a plan in place. We advise them to do that because we don't want to wait for problems to occur and then have to react by putting that 504 Plan in place.

And I have heard from a lot of parents who will tell me, they will ask, "Crystal, why does my child need a 504 Plan for everything?" When I will tell them is to put that plan in place while everything is going well. This is because we cannot be certain that knowledgeable school nurse will always be in place for the school principal, so we know that things change.

As you know, the Section 504 Plan need to be individualized. Each child with diabetes is different and has individual needs. Now, the provisions in the 504 Plan should be reasonable.

And of course, we want the 504 Plan put into writing so that the responsibilities are clear and everyone knows their role. We remind parents and school administrators that the diabetes management plan or the healthcare providers orders are not substitute for a 504 Plan or IEP or other written accommodations plan, and we really advise them to have those written plans in place to help ensure the safety of their child.

So again, why is it important for a student to have a 504 Plan? To have a 504 Plan, or an IEP or another individualized education plan? Well, in addition to what we have talked about, when there is a health condition like diabetes and a child needs things to function optimally, when it is written the student better understands that accommodations are available to help them focus on their education and to, you know, help them have unrestricted access to help them meet their needs.

Of course, it employs a formal legal process for determining how the students need will be met. It provides students and parents and guardians with the comfort in knowing the student will be saved and treated fairly.

Of course both parents and students can become better advocates by understanding the rights of students with diabetes and what types of supports can be helpful to promote optimal learning, safety, and equal access.

And it is really important that the school and parents work with the student on the plan. Each plan can be different, it is really individualized.

Of course there are some initial steps and considerations for the parent in room the 504 Plan assets. The parent has to reach out -- 504 Plan process. The parent has to reach out to the school, to figure out whether there is a school Dan, or a guidance counsellor. The request – medical school dean. I tell parents is always a good idea to be written long of all communications they have with the school. -- School dean. Always document communications.

The school may initiate the process if a need for special education is suspected. Now, most school districts normally require an individual assessment for a child with diabetes to make sure that the student is eligible for services.

But with either of these plans, 18 will convene to determine eligibility, and then once the eligibility has been established, the team convenes to determine whether it will be a Section 504 Plan or an IDEA (IEP). The 504 Plan/IEP are important pieces of the diabetes toolbox for all students. I cannot emphasize enough to parents to be proactive and get that plan in place now while things are going well.

These are some frequently asked questions about the school setting, and what steps shouldn't advocate take if a student is managing diabetes at school? We have the mantra to negotiate, legislate, educate. We are really big on educate, educate, educate! We encourage parents to educate the school on its legal obligations and also to educate about diabetes.

I think a lot of people are still scared and uncertain about diabetes. They do not understand it. It is a mystery. I think that there sometimes stems from the fact that diabetes care requires the use of sharp needles and lancets. I think there is a lot of fear still around how diabetes care is delivered. If the conversation education does not work, using a letter describing the child's rights. Can the school say that they do not have anyone trained on diabetes management and therefore refuse the child's enrolment or send the child to another school? A school nurse would allow the student to safely access the school setting.

So, in a state per folio -- portfolio, the first training is basic training for all staff. The second is there must always be trained nonclinical school staff who can backup that care provided to that student in the event that school nurses are not available. And we know that school nurses cannot be in all places at all times, so there must be someone who can step in and provide care to that student in accordance with the students DMMP.

We have found parents and guardians can be very helpful with connecting the school nurse to a diabetes healthcare provider to facilitate trainings.

Can a school refuse to allow a student with diabetes to go on a field trip if the parent or guardian chooses? No, it is the schools legal obligation to provide care to the student during a field trip. And this was actually a big issue in the New York City litigation. This was what New York public schools were doing. There were many times that the school nurse could not go on. And the parents chose not to go on the trip, then the student was left behind or the school would even cancel the field trip.

Antivenin frequently asked questions in the childcare setting, again: what steps shouldn't advocate take it a childcare centre so that they will not admit a child with diabetes? Again, educate them on what the law says. Follow-up with them using a letter explaining the child's rights. Explain it is a reasonable accommodation under the Americans with disabilities act. Again, advocates or parents/guardians can connect with a medical professional to facilitate the trainings.

10 school staff or a nurse say they are not licensed to administer insulin? -- Can a childcare centre say they are not licensed? State laws may provide exceptions to licensing requirements with a doctor's order.

Next slide. Then I am turning this back over to Jon.

JENNIFER SHERMAN:

-- Djenne. Thanks! -- Jen. I'm going to go through a list of the resources that we have. We have them on a PowerPoint see you do not have to write every thing down. First is our safe at school online resources, which you can find@diabetes.org/safe at school. It has been recently updated for school personnel, and they are are all free online diabetes.org/safe at school. There is also training and Debbie's.org/S&S training, and this also includes our new school guide provided in both English and Spanish -- diabetes.org.

We also have a comprehensive resource for students who attend universities and colleges as well as vocational schools. A cover section 504, the Americans With Disabilities Act, and it explains the 504 Plan at the postsecondary level. It is not technically called a 504 Plan/IEP, so it is important to note that. You can find this resource and related resources online@diabetes.org/childcare rates. We also have childcare resources@diabetes.org/childcare. These resources are intended for younger children but they can also be applicable to other community programs. There is an updated fact sheet, both available in English and Spanish. And as you noted before, we will have an updated childcare DMMP coming up soon.

And... Here is the list of all the links we mentioned! We will leave that on the screen. I think you were also sent the PowerPoint slides so you will be able to access that later.

DAN STEWART:

That's right Jen.

JENNIFER SHERMAN:

Great! And so this is the information about our intake line. If you know someone who may be facing discrimination because of their diabetes, you can contact us at1-800-DIABETES, or send an email to askada@diabetes.org .

DAN STEWART:

Thank you Jennifer and Crystal.

I will add often, and maybe even always, there are too many special education school type pieces, but

I think it is important to note that PNA's can fund the work that Jennifer and Crystal talked about. Their peer funds, as well as perhaps some other ones if there are co-occurring diagnoses with children with other disabilities who also have diabetes. There are para funds, you can ask me about that later, the PNA's know what those are.

Our questions, we will get to the first one, which is (Reads) "Why do you think about the district policy that does not allow school nurses to use a metre reading, like DEXA Cohen, and instead requires them to do fingerprint?"

JENNIFER SHERMAN:

Do you want to go ahead Crystal? --

CRYSTAL WOODWARD:

Sure. So if the provider has written into the order that they child monitors his or her blood sugar levels with CGM, then the school district needs to make sure that the school nurse and other school staff are trained to use the continuous glucose monitoring system. Which is now approved for insulin monitoring without doing a fingerprint.

So if that is happening, number one I would share our CGM guidance with that school nurse or school district. Number two, I would get the health care provider involved, may be reach out to the school, talk about the concerns. Maybe it's just the lack of education, or fear of change or of the unknown. Now children are using continuous glucose monitoring readers, so it is important that school nurses can use this new amazing technology.

And I will just like that I put a link in the chat for a settlement agreement that occurred in Connecticut with a few school districts dealing with this issue, so there is at least one US Attorney's office that is training people on the use of CGM's.

DAN STEWART:

The next question is (Reads) "What do you think better student with an IEP adding an IHP rather than a 504 Plan?"

CRYSTAL WOODWARD:

Yeah, that is absolutely fine, that is what we advise. The student does not need both an IEP and a 504, however – like most students have an individualized healthcare plan and that is the school nurse's roadmap for providing care to the student and how they determine who will be trained on diabetes care and how it will be delivered, who will go on the field trips, in fact many times not only the school nurse sees the IHP. It is not a document that parents normally have access to.

The bottom line is is that a student with diabetes does not need both an IEP plan and a 504 Plan. Provisions can be included in IEP.

DAN STEWART:

Yeah, I totally agree with Crystal. If you decide to do an IEP instead of a 504, I think it would be

recognized as similar to IHP, you could call it Plan B, but within helping accommodate children with disabilities, I think it is relevant to Section 504 Plan regardless of what is called.

The next and the last question I see on here in the chat, and we do have 10 minutes so please think of your best and most challenging questions for Crystal and Jennifer, they are obviously experts.

The next question is: "Obviously want to tell the school the diagnosis of diabetes, but is the school and told to know the diagnosis prior to making the 504 Plan?" I work in housing and housing providers are not entitled to no diagnosis. -- To know.

JENNIFER SHERMAN:

We come at it from an education angle, so we have not a calm across many cases where someone does not want to speak about the diagnosis before pulling out the 504 Plan. -- We have not come across.

CRYSTAL WOODWARD:

Yeah, that has not come up before. I have been doing this for 25 years and I have not seen the come up. -- That.

DAN STEWART:

My two cents is that I think the practical nature is probably the most important part of the question. Because if the student and parent/guardian wants the school to do something, the 504 Plan may be part and parcel two the development of a plan. There may be data privacy issues, but also if you want to have a good plan it is important to have a diagnosis. So this is an important conversation to have with their client, the school may not be able to provide appropriate accommodations or on appropriate plan unless they know what the diagnosis is or what is needed because of the diagnosis.

Right, the next question I see here in the chat is:, "What do you think about states that have statutes saying that bus drivers cannot administer medicine? However the operator or attendant cannot administer medicine and shall limit their assistance to be what was expected of a reasonable person or what is specified in a student's individual education plan." They are also noting that we had a district refusing 504 plan for an eligible student based on the statute. -- This statute.

CRYSTAL WOODWARD:

I am not aware of that statute, but I would say... It is hard to say without actually reading the statute and understand the context, but I would say that that is not a statute that supports children in the school setting. And that that needs to be looked at. (Laughs) Because certainly bus drivers and bus attendants need to know how to recognize not just diabetes but any kind of chronic illness! I mean, think about kids with peanut allergies. I am just wondering what may happen with those students.

JENNIFER SHERMAN:

And almost seems like the first part of the statute that you quoted, and the second part that talk about specify with an IEP kind of contradict themselves. I'm not really sure how that would work? But I have not really seen that statute before.

DAN STEWART:

Now, I might also add in, there is a disclaimer in that part of the Diabetes Association, I am kind of just joining in the conversation, but Section 504 Plan's federal law. And a state statute it cannot overcome the parameters of a 504 Plan, so I would hope to analyse this question, this section to do reasonable accommodations, and if a health plan or some other type of plan requires the operator and attendant to give that medicine, then that plan should prevail.

But, I think that the school, if it were reliant on this or if it was to be adamant about that, then you could say, "OK, let's find someone who is not the operator or attendant to administer what is necessary or to do what is in the plan. So maybe there's a way around that existing language to reconcile the plan within the 504 requirements.

The next question I have here is: "Our schools required to have backup supplies of insulin? Meaning like a refrigerator in case of a blackout?"

CRYSTAL WOODWARD:

That is really up to the family. It is a good idea to have extra insulin but the responsibility lies upon the family to ensure that there is a backup supply of insulin in school. That goes for any medication, glucagon, equipment supplies, that is the parents responsibility to provide those things to the school and to have those available in the school clinic.

DAN STEWART:

All right, thank you Crystal. The next question is, "How fast do districts have to recognize a 504 Plan after students diagnosis if they were not initially diabetic but later developed the condition?"

JENNIFER SHERMAN:

The statute it does not provide an actual timeline. We hope federal agencies that work with us as well will put a template in place on what schools should do but that does not currently exist. We would hope that they would revise and implement a 504 Plan as soon as a diagnosis became available and parents or guardians were bringing it to the attention of the school.

DAN STEWART:

I see there is a little bit of a back-and-forth and we chat about whether or not someone who is in Florida, and then there is a response saying that, "I am in Florida!" So if you're interested take a look and a chat for that.

They said they did eventually saddle on the language

JOSHUA OLIVER:

Settle. -- Settle. We are calmly to the top of the hour, so what do you think Crystal and Jennifer for doing this!! So I want to thank -- so I want to thank Crystal and Jennifer for doing this! We are coming to the top of the hour. We have many people were interested in this area, so I think this presentation has met an important need.

The webinar will be posted as well as the transcript and the slideshow presentation that will be posted on the NDRN website. So please note that.

And I just wanted to say if people have questions on this, please contact me, Jennifer or Crystal! I'm sure they will be able to provide good guidance. Thank you again to them for their great work in New York City.

Thanks again!