

# Let's Stick to the Facts, Shall We?

BY SUZANNE ELDER

To hear the nurses tell it, you'd think proponents of *The Care of Students with Diabetes Act* (HB6065 and SB3822) were monsters, out to eliminate nursing jobs and undermine the rule of law in Illinois.

*The Care of Students with Diabetes Act* articulates a simple, voluntary and medically approved protocol that complies with long-standing federal law, is in keeping with the recommendations of every leading expert in diabetes care, is endorsed by major medical and advocacy organizations, the U.S. Department of Health and Human Services, and experts in civil rights, education and disability law.

Still, nurses say this bill is dangerous and that only they, by virtue of their license, are knowledgeable enough to provide diabetes care and administer insulin. That opinion is just not supported by the facts. It does, however, go a long way towards explaining the nurses' counter proposals, which include a \$300 million a year staffing mandate and—hold onto your hat—a segregation plan that would bus students with diabetes and other disabilities to separate schools.

Nurses say that they are the recognized experts in school yet they run around scaring people with hysterical claims, inaccurately recite state and federal law to suit their purposes, and do nothing to require content-specific continuing education for licensure, meaning many school nurses have absolutely no recent and relevant training in diabetes care!

Misguided school policies prohibit glucose testing in class, which has led to children falling unconscious in hallways trying to get to the nurse's office. Teachers have mistaken insulin pumps for iPods and ripped the infusion sets out of children's bodies. Parents have had to confront "Zero Tolerance" policies just to make sure their child can carry and eat the sugar tablet they need to treat hypoglycemia. Parents have been told to home school their child because of diabetes. School boards have implemented "No Needles, No Blood" policies, which bar students with diabetes access to their own medical equipment. Not knowing the symptoms of high or low blood sugar, school staff has mistaken the sleepy girl as a lazy student and the teenage boy who slurs his words as a behavior problem, maybe even a substance abuser.

All of these things have happened in schools with nurses, yet nurses have the audacity to claim that *The Care of Students with Diabetes Act* will set some sort of new low for Illinois?

I guess that depends on one's perspective. After *The Care of Students with Diabetes Act* first passed the House in 2005, the nurses lobby scrambled to block future efforts and like many other interest groups familiar with the former Governor's unique approach to policymaking, they knew what to do.

They endorsed the 2006 re-election of former Governor Rod Blagojevich, pledged the support of their members, and were later free to amend the *Nurse Practice Act* unchecked.

The nurses added language that other states have deliberately eliminated over the past thirty years. They amputated any meaningful definition of delegation and they defined the administration of medication as a nurse-only activity, thus transforming all unlicensed persons who administer medication into scofflaws.

Nurses say we're seeking to amend the *Nurse Practice Act*. You bet we are. Having analyzed the legislative history of the *Nurse Practice Act*, compared it to the regulatory acts in every other state in the nation, we have pinpointed the statutory cause for Illinois' continuing failure to comply with federal anti-discrimination laws.

The *Nurse Practice Act* is bad policy. It's backward. It embodies an outdated, over-medicalized view of nursing and healthcare. It affects acute care standards in all settings regardless of an individual's need. It ensures that students with diabetes and other people with disabilities are held in thrall to a nurse, needlessly and at great cost.

How much? Assuming that compliance is even possible, these changes in the *Nurse Practice Act* will cost the state \$1 billion annually because they accrue increases in the state share of Medicaid, assisted living, community and home health costs. This budget analysis was presented to the former Governor prior to his signing the *Nurse Practice Act*. His office, in an email, rejected the analysis claiming, "...this is a professional practice act and therefore will result in costs external to the State."

Oy. No wonder we are \$13 billion in debt.

Nurses seek to privilege licensing and this 1950s ideal of nursing even though the positive realities and basic policy principles don't add up. Proponents of this bill seek to educate and train more people so that kids can stay in school, stay safe, and stay healthy.

To learn the more about *The Care of Students with Diabetes Act*, visit [www.TheCareAct.com](http://www.TheCareAct.com) and then be sure ask your Senator for their "YES" vote.