

AMENDED IN SENATE JUNE 30, 2005

AMENDED IN ASSEMBLY APRIL 12, 2005

AMENDED IN ASSEMBLY MARCH 31, 2005

CALIFORNIA LEGISLATURE—2005—06 REGULAR SESSION

ASSEMBLY BILL

No. 1179

Introduced by Assembly Member Yee

February 22, 2005

An act to add Section 1507.25 to the Health and Safety Code, relating to community care facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 1179, as amended, Yee. Community care facilities: foster children: injections.

Existing law regulates the licensure of community care facilities by the State Department of Social Services and authorizes a community care facility to provide certain incidental medical services.

Existing law authorizes facility staff who are not licensed health care professionals to provide incidental medical services in a community care facility for adults if, among other things, they are trained by a licensed health care professional and supervised according to an individualized health care plan for clients which is prepared by a health care team and reassessed at least every 12 months or as more frequently determined by the client's physician or nurse practitioner.

This bill would authorize designated foster care providers to administer injections for diabetes and anaphylactic shock, or other prescribed medication, to a foster child, if the provider is trained to administer injections by a licensed health care professional. The bill

would require the licensed health care professional to periodically review, correct, or update this training as the health care professional deems necessary and appropriate.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) The state has a duty to care for and protect the children the
4 state places into foster care, and as a matter of public policy, the
5 state assumes an obligation to ensure the health and safety of
6 children in foster care.

7 (b) Anaphylaxis is a severe allergic reaction that involves the
8 entire body. It can result in breathing difficulty, loss of
9 consciousness, and even death if not immediately treated.
10 Anaphylaxis is a medical emergency that requires immediate
11 medical treatment. Severe anaphylactic shock can be reversed by
12 use of an epinephrine autoinjector that delivers a single,
13 pre-measured dose of epinephrine.

14 (c) Severe diabetic hypoglycemia is a life-threatening
15 condition that can quickly lead to loss of consciousness, coma,
16 and death. Severe diabetic hypoglycemia is a medical emergency
17 that requires immediate medical treatment. Severe diabetic
18 hypoglycemia can be reversed by an injection of ~~glucogen~~
19 *glucagon*.

20 (d) In the absence of trained medical personnel, relative
21 caregivers or foster parents are often the only individuals in a
22 position to provide emergency medical assistance to a foster
23 child suffering anaphylaxis or severe diabetic hypoglycemia.

24 (e) It is the intent of the Legislature in enacting this act to
25 authorize properly trained foster parents and relative caregivers
26 to provide emergency medical services to foster children
27 suffering from anaphylaxis or severe diabetic hypoglycemia, as
28 well as other prescribed medication, under appropriate
29 circumstances.

30 SEC. 2. Section 1507.25 is added to the Health and Safety
31 Code, to read:

1 1507.25. (a) Notwithstanding any other provision of law, a
 2 relative caregiver, nonrelative extended family member, foster
 3 family home parent, small family home parent, certified parent of
 4 a foster family agency, or group home direct care staff member
 5 who is not a licensed health care professional, but who is trained
 6 to administer injections by a licensed health care professional,
 7 ~~may provide emergency medical assistance to a child in his or~~
 8 *may administer glucagon to, and shall seek emergency medical*
 9 *assistance for, a child in his or her care* suffering from severe
 10 diabetic hypoglycemia or utilize epinephrine autoinjectors to
 11 provide emergency medical aid to a child in his or her care who
 12 is suffering from an anaphylactic reaction.

13 (b) A relative caregiver, nonrelative extended family member,
 14 foster family home parent, small family home parent, certified
 15 parent of a foster family agency, or group home direct care staff
 16 member who is not a licensed health care professional, but who
 17 is trained *to administer injections* by a licensed health care
 18 professional, and who has a child in his or her care diagnosed
 19 with diabetes, may inject the child with insulin, as prescribed by
 20 the child's physician, and may provide the necessary supportive
 21 activities related to the preparation and administration of the
 22 insulin injection, including glucose testing and monitoring.

23 (c) A relative caregiver, nonrelative extended family member,
 24 foster family home parent, small family home parent, certified
 25 parent of a foster family agency, or group home direct care staff
 26 member who is not a licensed health care professional, but who
 27 is trained by a licensed health care professional and who has a
 28 child in his or her care, may inject a child subcutaneously with
 29 medication as authorized and prescribed by the child's physician.

30 (d) A licensed health care professional shall periodically
 31 review, correct, or update the training required by subdivision
 32 (a), (b), or (c) with the foster child's caregiver as the licensed
 33 health care professional deems necessary and appropriate.