

## Assembly Bill No. 1116

### CHAPTER 637

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

[Approved by Governor October 7, 2005. Filed with  
Secretary of State October 7, 2005.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 1116, 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 that is prepared by a health care team and reassessed at least every 12 months or more frequently as determined by the client's physician or nurse practitioner.

Existing law separately provides for the provision of specialized in-home health care services for foster children with designated medical conditions.

This bill would authorize designated foster care providers and other persons to administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock, and subcutaneous injections of other prescribed medication, to a foster child, if the provider is trained to administer injections by a licensed health care professional. The bill would not supersede existing law requirements applicable to the administration of psychotropic medication to a dependent child of the court. 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.

This bill would prohibit a child's need to receive injections pursuant to the bill from being the sole basis for determining that the child has a medical condition requiring specialized in-home health care, notwithstanding existing law.

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

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

(a) Anaphylaxis is a severe allergic reaction that involves the entire body. It can result in breathing difficulty, loss of consciousness, and even

death if not immediately treated. Anaphylaxis is a medical emergency that requires immediate medical treatment. Severe anaphylactic shock can be reversed by use of an epinephrine autoinjector that delivers a single, pre-measured dose of epinephrine.

(b) Severe diabetic hypoglycemia is a life-threatening condition that can quickly lead to loss of consciousness, coma, and death. Severe diabetic hypoglycemia is a medical emergency that requires immediate medical treatment. Severe diabetic hypoglycemia can be reversed by an injection of glucagon.

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

(d) It is the intent of the Legislature in enacting this act to authorize properly trained foster parents and relative caregivers to provide emergency medical services to foster children suffering from anaphylaxis or severe diabetic hypoglycemia.

(e) It is the intent of the Legislature to authorize gratuitous medical care by foster parents and their replacement designees as required in the care of a foster child in carrying out a medical order prescribed by a licensed health care practitioner, as long as the foster parents and replacement designees do not in any way assume to practice as a professional, registered, graduate or trained nurse.

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

1507.25. (a) (1) Notwithstanding any other provision of law, a person described in paragraph (2), who is not a licensed health care professional, but who is trained to administer injections by a licensed health care professional practicing within his or her scope of practice, may administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock to a foster child in placement.

(2) The following individuals shall be authorized to administer emergency medical assistance and injections in accordance with this subdivision:

- (A) A relative caregiver.
- (B) A nonrelative extended family member.
- (C) A foster family home parent.
- (D) A small family home parent.
- (E) A certified parent of a foster family agency.
- (F) A substitute caregiver of a foster family home or a certified family home.
- (G) A direct care staff member of a small family home or a group home.

(3) The licensed health care professional shall periodically review, correct, or update training provided pursuant to this section as he or she deems necessary and appropriate.

(b) (1) Notwithstanding any other provision of law, a person described in paragraph (2), who is not a licensed health care professional, but who is trained to administer injections by a licensed health care professional practicing within his or her scope of practice, may administer subcutaneous injections of other medications, including insulin, as prescribed by the child's physician, to a foster child in placement.

(2) The following individuals shall be authorized to give prescribed injections including insulin in accordance with this subdivision:

- (A) A relative caregiver.
- (B) A nonrelative extended family member.
- (C) A foster family home parent.
- (D) A small family home parent.
- (E) A certified parent of a foster family agency.
- (F) In the absence of a foster parent, a designated substitute caregiver in a foster family home or a certified family home.

(3) The licensed health care professional shall periodically review, correct, or update training provided pursuant to this section as he or she deems necessary and appropriate.

(c) For purposes of this section, administration of an insulin injection shall include all necessary supportive activities related to the preparation and administration of injection, including glucose testing and monitoring.

(d) Notwithstanding Part 5.5 (commencing with Section 17700) of Division 9 of, and particularly subdivision (g) of Section 17710 of, the Welfare and Institutions Code, a child's need to receive injections pursuant to this section shall not be the sole basis for determining that the child has a medical condition requiring specialized in-home health care.

(e) This section does not supersede the requirements of Section 369.5 of the Welfare and Institutions Code, with respect to the administration of psychotropic medication to a dependent child of the court.