

Opinion: Alaska schools must protect medically fragile students

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Insulin, used to treat Type I diabetes. (AP Photo/Rich Pedroncelli, File)

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When my 5-year-old son was diagnosed with Type 1 diabetes in 2023, our world shifted overnight. What had once been a simple decision — sending him to kindergarten, trusting he would be safe in someone else’s care — suddenly felt terrifying. Managing Type 1 diabetes is not a “set it and forget it” task. It requires constant monitoring, rapid decision-making and skilled medical judgment. Insulin is a high-risk medication. A miscalculation can lead to seizures, unconsciousness, diabetic ketoacidosis or even death.

When we enrolled him in our Kodiak public school, we were reassured that a full-time nurse would be on site. That assurance mattered. It meant that if his blood sugar dropped during PE or unexpectedly during reading time, a licensed professional could assess, intervene and make life-saving clinical decisions in real time.

Today, those nursing positions are being discussed as budget cuts.

Districts across Alaska are facing deficits, and school nurses are often placed on the chopping block early in the process. The justification is usually framed around “delegation,” the idea that non-nursing staff can be trained to perform complex medical tasks. While delegation may satisfy minimal legal requirements in some cases, compliance is not the same as safety.

In hospital settings, specifically in Alaska, insulin administration requires multiple

licensed professionals and strict oversight because of its risks. In schools, however, districts can delegate insulin administration to unlicensed staff under certain regulations. The law may allow it. That does not mean it is equivalent to safe care. Type 1 diabetes management is not simply giving a shot. It involves evaluating patterns, understanding how activity levels and different carbohydrates affect glucose, recognizing subtle signs of hypoglycemia or hyperglycemia, adjusting for illness and knowing when a situation is escalating into an emergency. These are clinical judgments. Expecting unlicensed staff, whose primary job is teaching, administration or office support, to absorb that level of responsibility places both staff and students in an unfair and potentially dangerous position.

Beyond diabetes, school nurses serve students with seizure disorders, severe allergies, feeding tubes, asthma, cardiac conditions and other medically complex needs. They are often the first line of assessment when a child presents with symptoms that could signal a serious problem. Removing licensed nurses does not eliminate these needs. It simply redistributes them to individuals without the same level of training.

There is also a broader equity issue at play. Public schools are required to provide access to education for students with disabilities and chronic illnesses. For many families like ours, the presence of a full-time nurse is what makes attendance possible. When that safety net disappears, parents are forced into impossible decisions: Send their child into an environment they do not believe is medically safe or withdraw them from school altogether.

We recently faced that decision ourselves and because of that experience, it's imperative that the Anchorage School Board and parents of students understand the impact their decisions create.

Budget conversations are complex. Districts are navigating real financial strain. But children with life-threatening medical conditions should not ever become line items weighed against other programs. When nursing positions are reduced or eliminated, the message to medically fragile families is clear: your child's safety is negotiable.

School nurses are not ancillary support. They are critical. They protect students, support staff, reduce liability and ensure that children with complex medical needs can safely participate in public education as they are legally entitled to under Section 504 of the ADA. Cutting these roles may appear to solve a short-term budget problem, but it creates long-term risk — medically, ethically and legally.

When teachers or support staff are responsible for blood sugar monitoring, insulin dosing, seizure response or anaphylaxis management, they are pulled away from instruction and student support. Classrooms pause. Learning time is interrupted. Staff already stretched thin are asked to shoulder another layer of responsibility that carries

profound emotional and legal weight. The ripple effect touches everyone and chronic absenteeism will be a direct result.

For families like mine, this debate is not abstract. It is daily life. It is whether our child will have a trained medical professional present if his blood sugar crashes during recess. It is whether a preventable emergency can be avoided because someone with clinical expertise is on site.

We can acknowledge fiscal realities while still holding firm to a simple truth: Medically fragile students' lives should never be a budget line item. They deserve safe schools. That safety begins with prioritizing licensed nurses.

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