February 11, 2025

Department of Public Health

250 Washington Street

Boston, MA 02108-4619

Submitted via email at Reg.Testimony@mass.gov

RE: 105 CRM 210.000: The Administration of Prescription Medications in Public and Private Schools

Dear Reviewer:

The proposed amendments to 105 CMR 210.000 could be life saving for my daughter Emmie and the thousands of other children with type 1 diabetes (T1D) in Massachusetts. Every single day I send my eight-year-old off to school knowing her school team will do everything in their power to keep her safe. Unfortunately, their ability to protect Emmie is currently restricted by the limits around administering life-saving glucagon.

I know that in a moment’s notice, type 1 diabetes can become life threatening. Even with the most advanced technology available and adult vigilance, managing the effects of insulin is challenging and often unpredictable. My daughter’s blood sugar fluctuates based on the weather, her emotions, her general health, her school schedule, and even the time of day. Although I have done everything in my power to keep her safe, Emmie has still experienced a hypoglycemic seizure. Glucagon has saved her life.

Allowing trained unlicensed school personnel the ability to administer glucagon could literally be lifesaving. The time between alerting the school nurse of a seizing student and the school nurse arriving to administer glucagon could be the difference between life and death. I am a second-grade teacher in Massachusetts and I am able to administer an Epi-Pen in the case of an anaphylactic emergency; I am not legally allowed to administer glucagon for a hypoglycemic emergency. It’s important to note that glucagon comes in both a nasal and injectable form. It’s vital that both forms of glucagon are permissible for non-nursing staff to administer as health plan coverage dictates which form of glucagon is available for T1Ds. Both forms of glucagon can save lives and should be covered under the proposed amendments.

All students should be able to attend school and be provided lifesaving medication during a medical emergency. Access to glucagon and Epi-Pens should be equally accessible in schools. Every single day T1D parents, guardians, and school health teams work to keep kids safe. The proposed amendments to 105 CMR 210.000 would increase schools’ ability to provide the safest school environment for children with type 1 diabetes.

I encourage you to accept the proposed amendments and allow the administration of lifesaving glucagon by trained unlicensed school personnel.

Respectfully submitted,

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