

February 13, 2025

Department of Public Health 250 Washington Street

Boston, MA 02108-4619

Submitted via email at [Reg.Testimony@mass.gov](mailto:Reg.Testimony@mass.gov)

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

On behalf of the American Diabetes Association (ADA), I write to share the ADA’s feedback on the proposed revisions to 105 CRM 210.000: The Administration of Prescription Medications in Public and Private Schools as it relates to students living with diabetes.

1. **ADA strongly supports the inclusion of glucagon among the emergency medications that can be administered by trained non-medically licensed staff in school-related settings.** Allowance for this flexibility is long overdue. This practice is not only endorsed widely by the diabetes medical community, but also occurs within Massachusetts outside the school setting and is in place in school settings via policies across the balance of the U.S. states.
2. **ADA further advocates that glucagon formulations not be limited to nasal administration, but also include formulations that can be administered via injection and include premixed injectable formulations.** These other formulations can also be easily administered by trained lay persons to address a hypoglycemic emergency so should not be precluded, especially considering health plan coverage policies could provide access to one formulation and not another. This recommended change could be achieved by:

Adding “injection” to the definition of **Administration of Medication** in 210.02.

Adding “through an injection or through the mucous membranes of the nose, mouth, skin or lungs” to the definition of **Emergency Rescue Medications** in 210.02.

Revising “The administration of parenteral medications may not be delegated or

administered by training, with the exception of epinephrine, glucagon, and emergency rescue medications…” in 210.04.

Revising “…such as inhalers and ~~nasal preparations of~~ glucagon…” in two instances in 210.05 – see (G)(4) and (G)(6).

1. **ADA recommends that the proposed language related to self-carry be revised to include the perspective of the student’s health care provider.** ADA recommends the following revisions in 105 CMR 210.02:

**Self-Carry** means storage of limited quantities of medications on a student’s person, ~~at~~ with approval from the student’s health care provider and with the ~~discretion of~~ input from the

school nurse as needed,”

1. **ADA recommends adding explicit language to recognize field trips as part of regular school activities.** ADA recommends the following revision in 210.02:

“**Regular School Activities** means all instructional/academic activities including field trips, as well as…”

# ADA recommends further defining unlicensed school personnel in 210.02:

“**Unlicensed School Personnel** means any individual employed by or through a contract with the School Committee…”

1. **ADA recommends including the support of the school administrator in helping to identify school personnel who could be trained.** ADA recommends the following revisions:

“…the school nurse, with input from the school administrator, may identify individual unlicensed school personnel….”in 210.04.

“An individual selected by the school nurse and school administrator may be authorized…”in 210.04.

“The school nurse, in consultation with the school physician and school administrator, shall have final decision- making authority with respect to delegating and training…**”** in 210.05.

# ADA recommends deleting the newly proposed passage about requiring contracts/agreements as a condition of providing care or accommodations in 210.06.

~~the student, school nurse and parent/guardian caregiver, where appropriate, enter into an~~

~~agreement which specifies the conditions under which prescription medication may be self-~~ ~~administered, which may include the conditions under which a student may self-carry~~

~~medication or whether the medication being self-administered is being taken or applied by~~ ~~the student themselves or with an FDA-approved medical device;~~

1. **ADA recommends that language be added related to training protocols for the administration of glucagon.** ADA recommends that the following language be added to

210.07 (C):

“…and practicing school nurses, and in further consultation with the American Diabetes Association with respect to training in glucagon administration.”

# ADA recommends allowing for training by licensed health professionals more

**generally such that if a diabetes educator conducted a glucagon training that would be permissible in 210.07.**

“Any unlicensed school personnel administering medication must be properly trained by a school nurse and/or other licensed health care professional with expertise in the

administration of that specific medication and supervised by a school nurse.”

# ADA recommends that language be added to 210.08 to reflect that students with diabetes who use an insulin pump will have insulin on their person. The idea of caregiver or designee delivery of medication, or the labeling of that insulin, doesn’t make sense regarding this circumstance of students with diabetes and that should be accounted for in the regulations without creating any new burdens.

The ADA appreciates the Department of Public Health’s consideration of our feedback. Please feel free to reach out to me if I can provide you with any additional information.

Respectfully submitted,

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