February 13, 2025

Department of Public Health

250 Washington Street

Boston, MA 02108

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

RE: 105 CMR 210.000 - Administration of Prescription Medications in Schools

Dear Reviewer:

I am writing to express my support for the proposed revisions to 105 CMR 210.000 regarding the administration of prescription medications in schools, and to request that the delegation of glucagon formulations not be limited to nasal administration but also include pre-mixed injectable formulations of glucagon. As discussed in further detail below, these revisions are essential to ensure that all students with diabetes receive prompt administration of glucagon in response to a severe low blood sugar emergency when a school nurse is unavailable.

As way of background, I am the mother of an eleven (11) year old middle school student who was diagnosed with Type 1 diabetes when he was three (3) years old. I am also an employment lawyer who focuses on helping employers avoid discrimination in the workplace, a member of several American Diabetes Association advocacy committees, including the Safe at School Working Group, and serve my professional and personal communities in various volunteer roles.

As a mother of a child with Type 1 diabetes, a lawyer, and a diabetes advocate, I have been deeply concerned about the restrictions in Massachusetts preventing the delegation of glucagon to non-medical staff in the school setting and the impact on keeping students with diabetes safe at school. More importantly, though, I also have firsthand experience with the impact of these restrictions on keeping my son safe at school.

Specifically, in the winter of 2023, my son’s school notified me four times within approximately four weeks that there would be no school nurse available for anticipated durations during my son’s school day due to unforeseen challenges with securing substitute nurses. I felt a range of emotions, including anger, fear, and confusion, because my son’s school historically always had a nurse in the building, and that is what our diabetes care plans presumed. Over the next four weeks, I responded with a combination of sharing my concerns with the school nurse and administrators about the risks of leaving my son without access to his lifesaving glucagon during the school day, advocating for his rights under applicable laws, and providing diabetes-related care for my son at the school when there was no substitute available.

Next, after further discussions with school administrators, my husband and I met with the school nurse and administrators to try to collaboratively create a backup emergency plan specifically for when a school nurse was not in the building. We discussed the steps the school district took at the time to secure nursing coverage, the factors involved with securing coverage given unprecedented nursing shortages, the risks of leaving my son without access to his lifesaving glucagon during the school day, and additional reasonable steps the school district would be willing to take to try to secure nursing coverage. We also worked through all the other components of my son’s diabetes care plan, such as the administration of insulin. It was clear during these discussions that the school staff cared deeply about keeping my son safe at school and the school district had encountered unprecedented challenges securing substitute nurses. However, we ultimately could not agree on a backup plan for when a nurse was not in the building because of the restrictions in Massachusetts preventing the delegation of glucagon to non-medical school staff.

Our hands were tied under the circumstances– the school nurse could not delegate the administration of my son’s glucagon (which at that time was Gvoke, a pre-mixed injectable formulation, based on our insurance coverage) to non-medical staff, the school could not assure us that a nurse would always be available given the nursing shortages, and my husband and I could not agree to leave our son at school without access to his lifesaving glucagon, or that we would be available to stay at the school in the event a school nurse was not in the building.

What’s more is that I learned from our school nurse that she did not ultimately take time off during one of the times mentioned above because she decided to choose my son’s health and safety over her own family’s needs. I also learned from talking to other school nurses and families in various districts that we were not alone, and other nurses and families were facing similar challenges given nursing shortages. School nurses were making difficult decisions between their personal or family needs and keeping their students safe. Families were making or planning how to make difficult decisions about what to do when a nurse was not available, such as staying at the school when a school nurse was unavailable, monitoring from work or home and hoping there would not be an emergency, or telling school staff where to find their child’s glucagon and hoping the staff would administer it in the event of an emergency.

None of these alternatives are acceptable and highlight the unnecessary burden the current restrictions put on students with diabetes, families, school nurses, and school districts. Students with diabetes cannot wait for lifesaving medication simply because a nurse is unavailable. Parents and caregivers cannot be required to provide diabetes-related care at school or expected to leave their child at school without access to lifesaving glucagon. And school nurses should not have to choose between their personal needs and the needs of their students when the school cannot secure a substitute nurse.

For these reasons, I support the proposed revisions to 105 CMR 210.000, and request that the delegation of glucagon formulations not be limited to nasal administration but also include pre-mixed injectable formulations of glucagon to ensure all students with diabetes are safe at school.

Thank you for your time and consideration.

Respectfully submitted,

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