**To**: The Honorable Members of the Department of Public Health

**From:**

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**Date:** 2/3/25

**Subject:** Testimony in support of proposed amendments to 105 CMR 210.000: *The administration of prescription medications in public and private schools*

I am a primary care pediatrician at Boston Medical Center and the school health physician for Cambridge, Massachusetts. In my school health role I work with our school nurses to support the health and safety of students with chronic medical conditions, ensuring timely interventions when needed. I am writing to support the proposed changes to 105 CMR 210.000, specifically the provisions that would provide additional flexibility in the delegation of emergency medication administration to school staff and that would allow students to self-administer medications. These changes would:

* decrease emergency response times;
* allow students to participate more safely in afterschool activities and on field trips; and
* promote medical autonomy for students with asthma, allergies, and diabetes in particular.

As a pediatrician and school health physician, I know the life-threatening conditions that students carry with them to school every day, such as **seizures**, **asthma**, **food allergies,** and **diabetes**. While medical emergencies at school are rare, they do happen and the immediate administration of medication—such as **benzodiazepines**, **glucagon**, and **albuterol**—can make all the difference.

Currently, school nurses must observe non-clinical staff administering medications to a student before staff can be authorized to do so in an emergency. Since medical emergencies are uncommon and unpredictable, it is almost impossible for school nurses to provide the training required by the current regulations. This decreases the number of staff members qualified to administer medication and creates delays, putting students at unnecessary risk. Allowing staff members to be trained through medical simulations would increase the number of adults equipped to save a student’s life.

Our schools face a significant challenge when students participate in **field trips** and **afterschool activities**. School nurses cannot always be present during these events, leaving teachers or other staff without the authority to administer medications in an emergency. This bill addresses this gap by allowing non-clinical staff to be trained and authorized to administer emergency medications when a nurse is not available.These amendments will make school safer.

Permitting **students to self-carry and self-administer medications**, particularly for conditions like **asthma** and **food allergies**, is another important change. The proposed amendments support student **autonomy** and **privacy**, which are crucial for students with chronic conditions. Some students may feel self-conscious about needing medication and may therefore delay reporting concerns to their teacher or nurse, increasing the risk of dangerous outcomes. Other students, especially older students, may be the most qualified to assess their own condition and should be empowered to start managing their health in an environment where they can receive support if needed.

Taken together, the proposed changes to 105 CMR 210.00 will improve students safety from classrooms to cafeterias, school buses to afterschool programs by allowing for more staff members to competently respond to medical emergencies. For conditions like seizures where seconds matter, these changes decrease response time and will improve outcomes. As students grow up they must learn how to manage their own health conditions and this proposal provides a level of graduated autonomy that will serve them for the rest of their lives.

I urge you to support these changes and help create a safer environment for all students, both in and outside of the classroom.

Thank you for your time and consideration.

Respectfully Submitted,

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