February 13, 2025

The Department of Public Health (DPH)

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 Department of Public Health Reviewers,

I am submitting this written testimony as a concerned resident of the Commonwealth of Massachusetts and as an experienced pediatric endocrinologist in support of the proposed revisions to 105 CRM 210.000: *The Administration of Prescription Medications in Public and Private Scho*ols related specifically to students living with diabetes. I want to express my firm support for the **inclusion of glucagon as one of the emergency medications that can be administered by trained, non-medically licensed staff in school-related settings.** I, among many others, have endorsed the addition of glucagon to the list of prescription medications that can safely and effectively be administered by non-medical staff within school settings due to its high safety profile and extraordinary life-savings potential. The practice of glucagon administration by non-medical but trained individuals has been endorsed extensively by the diabetes medical community. Furthermore, the ability for non-medical but trained personnel to administer various glucagon preparations currently occurs within the Commonwealth of Massachusetts outside the school setting as well as in multiple school settings through accepted policies in the ***overwhelming majority*** of states across the U.S.A. Further, professional organizations, like the American Diabetes Association, endorse the administration of glucagon by trained, non-medically licensed staff in school-related settings.

Glucagon has been a life-saving medication available for decades to reverse severe hypoglycemia (low blood sugar levels), which can lead to loss of consciousness, coma, and even death. Unfortunately, I have known individuals with type 1, insulin dependent diabetes who have died from severe hypoglycemia, where glucagon could have been a life-saver. Furthermore, glucagon has a safety profile that exceeds that of epinephrine, which is an injectable, potentially life-saving medication that can already be administered by trained, non-medical personnel within the school setting in the Commonwealth of Massachusetts.

Given that nearly all if not all children with insulin-treated diabetes receive prescriptions for glucagon from their healthcare providers as well as medical recommendations for the administration of glucagon in case of severe hypoglycemia in the school setting, in my opinion, it is not only timely but critical that the DPH support the addition of glucagon administration in the school setting by trained, non-medical personnel in **105 CRM 210.000.** There are multiple glucagon preparations available by prescription, including one that can be nasally administered as well as ones delivered by injection either with an auto-injector (like an EpiPen [called the HypoPen®]) or with a syringe (either already pre-filled or with one that requires filling). From my experience caring for children with newly diagnosed insulin treated diabetes at Boston Children’s Hospital, these youth receive prescriptions for both nasal and injectable glucagon. From my review of recent prescription data for youth cared for at the Joslin Diabetes Center in Boston, it appears that the glucagon prescriptions are split about 50:50 for nasally administered glucagon and for injected glucagon, supporting again the need for trained, non-medical personnel to be able to administer ***any*** ***glucagon preparation*** within the school setting in the Commonwealth of Massachusetts.

Therefore, to summarize, I strongly advocate for changes to *105 CRM 210.000: The Administration of Prescription Medications in Public and Private Schools* to allow for trained, non-medical personnel to administer ***any*** ***glucagon preparation*** within school settings in the Commonwealth of Massachusetts. I, like so many others in Massachusetts, support the need to ensure the well-being of our young people in the Commonwealth in order to allow them to grow and develop to their full potential. I appreciate the chance to share my comments with the Department of Public Health. Please contact me if I can help in way to further explain the importance of these changes to the regulations.

Sincerely yours,



Lori Laffel, MD, MPH, Pediatric Endocrinologist

Chief, Pediatric, Adolescent & Young Adult Section - Joslin Diabetes Center

Senior Faculty, Division of Endocrinology - Boston Children’s Hospital

Professor of Pediatrics - Harvard Medical School

1 Joslin Place, Room 362

Boston, MA 02215