***Subject: Public Comment on Proposed Changes to 105 CMR 210.000***

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Attn: Public Comment on 105 CMR 210.000  
William Anderson

Office of the General Counsel

Department of Public Health

250 Washington Street, Boston, MA 02108.

Dear William Anderson & the Department of Public Health,

I am writing as the parent of a child with a rare genetic condition and brain condition to express my concerns regarding the proposed changes to 105 CMR 210.000. I am also a former Special Education Teacher, School Administrator, and current Public School Committee Member in Pembroke, MA. While I recognize the intent to improve medication administration in schools, several aspects of the proposed regulations raise significant concerns regarding the safety, equity, and feasibility of implementation for students with complex medical needs.

### INCREASED BURDEN ON SCHOOL NURSES

The creation of the "Medication Program Manager" role places additional responsibility on school nurses who are already managing substantial workloads. Many school districts, particularly smaller ones, have limited nursing staff, and this increased burden may lead to delays in administering critical medications. This could have life-threatening consequences for children like mine who rely on timely and precise medication administration.

* ***What is being done to ensure the safety of children across the commonwealth regardless of their zip code and the average property taxes of their town?***

### TRAINING AND COMPETENCY EVALUATION

The shift from simple training to competency testing for unlicensed personnel is concerning due to the lack of standardized evaluation methods. Without clear guidelines, there may be inconsistencies in the competency assessment process, potentially putting students at risk. At the same time, the increased training requirements could deter school staff from participating, further limiting the availability of trained personnel.

* ***Have these proposed changes been discussed with school nursing staff in towns of various sizes?***

### EMERGENCY RESCUE MEDICATIONS AND ADMINISTRATION CHALLENGES

The inclusion of emergency rescue medications administered through mucous membranes introduces new complexities. These medications often require precise administration, which, in high-stress situations, increases the risk of errors. School personnel need clear, uniform training protocols to ensure these medications are administered safely and effectively.

For children with epilepsy or other seizure disorders, access to rescue seizure medications is critical. These medications, such as intranasal or buccal midazolam, must be administered immediately to stop prolonged seizures. A delay of even a few minutes can mean the difference between a child recovering safely, suffering irreversible brain damage, or even losing their life. School personnel must be adequately trained and empowered to administer these medications without hesitation, as **EVERY SECOND COUNTS** in preventing catastrophic lifelong outcomes.

Additionally, some rescue seizure medications, such as diazepam rectal gel, are administered rectally. These medications must be **explicitly** considered in regulation changes, as they require specific training and protocols to ensure they are given quickly and appropriately while maintaining the dignity of the student. Without proper training and clearly established policies, children who require rectally administered rescue medications may face barriers to receiving life-saving treatment in school settings.

* ***What happens when there is no school nurse?***
* ***What happens during a lockdown drill?***
* ***What happens on a field trip?***
* ***What happens after school? During a sporting event?***
* ***What is the back up plan if the intercom system is not working? Or if the second in command is not there?***
* ***Are we doing the bare minimum for efficiency sake?***
* ***Or are we protecting every child in the commonwealth as if they were our own child?***

**YOU, the governing body, MUST require schools to have EXPLICIT policies and proceudres for all possible situations in which a child could have a seizure.** If this does not happen, this body could be responsible for the death or irreversible brain damage of countelss children across the Commonwealth. **THIS IS A MATTER OF LIFE AND DEATH.** And I for one choose proper planning, resources, and saving lives over efficiency.

### WAIVER PROVISIONS AND EQUITY CONCERNS

The new waiver provision (210.015) raises concerns about inconsistencies in medication administration across schools. If some schools receive waivers while others do not, students in different districts may experience varying levels of access to life-saving medication. This could disproportionately affect children with complex medical conditions, creating inequitable health outcomes.

* ***Should a child in the suburbs of Western Massachusetts have a greater chance of dying than a child in Boston because their district chose to use a waiver, leading to improperly trained staff, which can be traced back to budget shortfalls and issues with Chapter 70 funding?***

When children with epilepsy, severe allergies, or diabetes don't receive timely or correct administration of rescue medications, the consequences can be severe and life-threatening. The critical time windows for administering these medications are often measured in mere minutes, highlighting the urgency of proper and prompt treatment.

**EPILEPSY AND SEIZURE RESCUE MEDICATIONS**

Delayed or incorrect administration of rescue medications for epileptic seizures can lead to:

* Increased risk of status epilepticus, resulting in cognitive deficits and even death.
* Higher rates of hospitalization and fatalities.
* Worse functional outcomes.
* Increased risk of subsequent epilepsy.

**Time** is crucial in managing seizures and brain damage:

* Most seizures terminate spontaneously within three minutes.
* Emergency treatment should be considered after five minutes of continuous seizure activity.
* Benzodiazepine rescue medications should be administered within 5-10 minutes of seizure onset.
* Status epilepticus is defined as seizures lasting longer than 5-10 minutes.

Statistics show:

* 20% to 30% mortality rate for status epilepticus.
* Up to 23% of patients experience deterioration in neurological function.
* Prolonged seizure duration is associated with higher mortality and morbidity.

**SEVERE ALLERGIES AND EPINEPHRINE AUTO-INJECTORS**

Delayed or incorrect use of epinephrine auto-injectors in children with severe allergies can result in:

* Progression to life-threatening anaphylaxis.
* Increased risk of biphasic reactions.
* Higher likelihood of requiring emergency department visits or hospitalization.
* Epinephrine should be administered as soon as anaphylaxis is recognized, ideally within minutes of symptom onset for the best outcomes.

Statistics indicate:

* Only 35% of children received epinephrine before arrival at the emergency department or urgent care center.
* Children who had reactions at home were less likely to receive epinephrine compared to those at school.
* Odds of receiving epinephrine before hospital arrival were significantly lower with multi-organ system involvement.

**DIABETES AND INSULIN/GLUCAGON**

Timely and accurate insulin dosing is crucial for managing blood glucose levels and preventing complications.

* When insulin administration is delayed in children with type 1 diabetes:
  + There's an increased risk of developing diabetic ketoacidosis (DKA), a serious complication that can be life-threatening.
  + The child may experience prolonged hyperglycemia, which can lead to long-term complications if it occurs frequently.
  + There's a higher likelihood of hospitalization and more intensive medical intervention.

For diabetic emergencies:

* Glucagon should be administered promptly in cases of severe hypoglycemia.
* If glucagon is not administered promptly during severe hypoglycemia:The child may experience prolonged hypoglycemia, which can lead to seizures, loss of consciousness, and in extreme cases, death. There's an increased risk of neurological damage due to extended periods of low blood sugar.

Even a delay of a few minutes can significantly impact the effectiveness of the treatment and the patient's outcome. Proper education, training, and accessibility of these life-saving medications are essential to improve outcomes and reduce the risk of severe complications or fatalities in these vulnerable populations.

### ENSURING SAFE AND EFFECTIVE IMPLEMENTATION WITH ADEQUATE FUNDING

While I appreciate the intent to improve access to life-saving medications, I urge the Department of Public Health to consider the following recommendations:

1. **Provide additional resources and staffing support** for school nurses to manage the expanded scope of responsibilities. This cannot be an unfunded mandate. What you risk is the lives of our children.
2. **Develop clear, standardized competency evaluation criteria** to ensure all unlicensed personnel are adequately trained.
3. **Create comprehensive emergency medication administration protocols** to minimize the risk of errors in high-stress situations.
4. **Ensure immediate access to rescue ALL TYPES of seizure medications**, including intranasal, buccal, and rectal forms, and require robust training to guarantee swift administration, as delays can lead to severe brain injury or death.
5. **Implement safeguards for self-carry provisions** to prevent misuse while maintaining accessibility for students in need.
6. **Ensure equitable implementation** of the waiver provision to prevent disparities in medication access across different schools.
7. **Reduce administrative burdens** by streamlining compliance requirements to avoid overwhelming school staff.
8. **Increase funding and resources for schools** to ensure these regulatory changes can be realistically implemented. Schools need adequate personnel, training programs, and medical supplies to carry out these policies effectively. Without the necessary financial support, these changes may remain an unfunded mandate, leaving students without the life saving care they need.

I urge the Department of Public Health to carefully consider these concerns to ensure that any changes to 105 CMR 210.000 support, rather than hinder, the safe, **TIMELY**, and effective administration of medications to students who depend on them.

Thank you for your time and consideration.

Sincerely,  
Katrina Delaney

Keira’s Mom

