

Good morning:

My name is Rachel Adams from Cheshire. I'm fourteen years old and have lived with diabetes since I was three. I'm here today to testify on house bill 5667 regarding insulin administration through an insulin pump in the schools. I appreciate the opportunity to testify today.

I came today, even though this issue no longer restricts me in any way. I have been self-administering insulin through my pump for many years. But I'm here today to share with you my experience and to advocate for a change for younger students who will have to go through what I did.

It's my understanding that under current Connecticut state regulations issued by the Department of Public Health, no one except a school nurse is permitted to touch a student's insulin pump. Yet, other school staff members may be trained to perform blood checks . . . interpret the results . . . watch for signs and symptoms of hyperglycemia and hypoglycemiaand treat hypoglycemia.

I'm here today to propose that members of the Public Health Committee, consider allowing other **trained** school staff members, to supervise students to self administer their insulin from their pump, where a physician has issued such a medical order. This will enable students to spend more time in the classroom and not feel left out socially.

First, I don't believe any physician would issue an order of "self-administration with supervision" if the physician did not believe that the student was capable of self-administration. My guess is that the supervision portion of the order is most likely a precaution due to a child's age.

Second, using an insulin pump is simple. It is much more difficult to do some of the other tasks already permitted by other school staff members; for example, interpreting results of blood glucose levels or recognizing signs and symptoms of high or low blood sugar.

Today, children learn to use computers and play electronic games at very young ages. Using the pump is much simpler. In order to deliver insulin via the pump, you either program in the number of carbohydrates in or you program in the number of units of insulin you want to give yourself. For those people who program in the number of carbohydrates, the pump itself calculates the amount of insulin. Most, if not all, younger students would be using that method. Either way, you arrow up . . . or arrow down. It's that simple.

There are also numerous safety measures that can be pre-programmed into the pump to prohibit excess insulin from being delivered. Pumps can be set to a maximum amount of insulin delivery at any particular bolus. Therefore, it would be impossible to deliver too much insulin if that safety lock is turned on. If the pump believes you are giving too much insulin too soon, meaning before a prior dose has gone through your system, it will not allow delivery unless you override it.

When I was 5 years old, I was the second child at Yale to be put on an insulin pump. Before being put on the pump, my parents measured my insulin doses, but I gave myself my own injections. From the time I was on the insulin pump, I self-administered the insulin while at home. However at school, I was unable to.

For years I used to have to go to the nurse 3-4 times a day to do something I could easily have done on my own. It may not seem like such a big deal, but I was a very conscientious student. I would miss a significant amount of

class time by the time I walked to the nurse, waited my turn to be seen and then return to class.

I vividly recall my frustration in missing class and in missing social time with my friends at lunch hour. Most of the time, by the time I got to the lunch room, just as I was sitting down to eat, my classmates were on their way to recess. Often I missed parts of recess. I missed playing and socializing, simply because the nurse was busy assisting other children with more pressing issues.

It didn't make sense to me that I couldn't use my pump in the classroom, but I could check my sugar there. Eventually, when I was in fifth grade, our school nurse understood that I was capable of using my pump on my own and I was permitted to self-administer without going to see her so many times a day. But I also know from speaking to other kids with diabetes, that I was fortunate to have been able to do so. Some of my peers weren't able to do that even with a doctor's note.

Every year prior to the first day of school, my mother would schedule a meeting with the nurse and my teacher to go over all the important information they needed to know about my diabetes and required care. I don't remember a time when my teacher didn't ask me to show them how the pump worked and what was required.

I would be happy to show any of you how the pump works. I believe if you see how simple it is to operate and the number of safety measures that are built into it once programmed, the Committee will decide to pass this bill.

Thank you.

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