

Dear Committee Members-

I am a nurse practitioner and a certified diabetes educator with the Yale Children's Diabetes Program. I am writing to express my support for Senate Bill 1178. As a clinician on the front lines of pediatric diabetes management, I am frequently challenged by the current limitations on diabetes management in the school setting that the children of Connecticut face. It is my belief that anyone who has care/responsibility for a child with diabetes must have at least a basic knowledge of what diabetes is and that there should be several "diabetes caregivers" available throughout a school day to assist the child with diabetes management. I believe that these caregivers should involve both nursing personnel as well as non-medical personnel. In a perfect world, there would be a nurse present in every school for the entire school day and even during school sponsored events, however they should not be the only person in a school to have the knowledge to safely care for children with diabetes. I see the school nurse as the health care leader who works with a team of diabetes caregivers.

Furthermore, the reality of today's budgetary constraints is that many schools/school districts have reduced the hours for their nurses and have often combined positions so that currently one nurse must cover multiple schools. This can leave children with diabetes in a school in which random personnel have been urgently tapped to "fill in" when the nurse is not there. I have children who have to test their blood glucose with the school secretary who may or may not have had any formal training in diabetes management. I have children who have been in a situation where they could not test their blood glucose level because their testing supplies were in the nurse's office and it was locked because the nurse was at another school.

I believe that Senate Bill 1178 offers a thoughtful and comprehensive plan to address these growing issues. Not only does the bill support the concept of trained non-medical diabetes care providers but it also stresses the importance of providing these personnel with appropriate training so that they have a solid understanding of key diabetes management principles. Furthermore, Senate Bill 1178 also addresses the technological advances that have occurred in the management of diabetes. Specifically, it recognizes that insulin pumps are increasingly becoming the

mainstay of pediatric diabetes management. In our clinic, more than 65% of our patients use an insulin pump to manage their diabetes. This technology allows patients to achieve more physiologically "normal" blood glucose levels by giving patients and their caregivers more opportunities to "fine tune" their insulin throughout the day. Thus, a more flexible approach to "in the moment" diabetes management must now replace the old fashioned concept of rigid implementation of insulin and food schedules.

I strongly urge the members of this Committee to lend their support to Senate Bill 1178 and to continue the legislative process so that we may see this bill successfully enacted. I believe that the children of Connecticut who must struggle with diabetes on a daily basis should be able to look at their school as a haven where they can focus on learning and growing, safe in the knowledge that there are adults dedicated to supporting them in being successful at diabetes too.

Thank you for your time.
Sincerely,

Kristin A. Sikes, MSN APRN CDE

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