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Ladies and Gentlemen:

This letter is being submitted to support the passage of Proposed Bill No. 5299 which is being vetted by the Committee on Public Health of the General Assembly of the State of Connecticut, prior to enactment by both the Senate and the House of Representatives of the General Assembly. The proposed bill requests that section 10-212a of the general statutes be amended to allow certain unlicensed persons to administer antiepileptic medication to students in school settings for treatment of the student's epilepsy. Its purpose is to facilitate medicinal response to an epileptic seizure to certain children attending public and non-public schools in the event that a qualified nurse is not present to administer the required medication in a timely manner by authorizing a trained unlicensed surrogate to administer the medication.

I have been a physician licensed to practice medicine in Connecticut since 1972 and I am board certified in both Internal Medicine and its specialty of Cardiovascular Medicine. Jim and Victoria Ross are friends of mine and they have asked me to write this letter. Their seven year old son, Emmett Frederick Ross began to have frequent grand mal seizures at one year's of age. His neurologist, Dr. Francine Testa has proscribed Diastat, administered by suppository, to promptly treat Emmett's seizures. Fortunately, it has worked well, provided that it is administered promptly. Any delay, makes it increasingly difficult to stop the seizures. If the seizures are allowed to continue, there is a growing risk that the seizures will lead to Emmett's sudden death. Additionally, the seizures are very painful and they are very frightening.

Emmett is enrolled at a private, not for profit elementary special needs school. He rides to and from school by a school bus. The trips between Westport, his home, and Trumbull, the location of his school, take 40 minutes each way. The school employs a nurse who, among other things, is authorized to administer prescribed emergency medications. She does not ride on the school bus regularly and she cannot be available 100% of the time for every student. Twice this academic year, Emmett had sudden seizures while being moved to and from the school bus. In both cases, the nurse was nearby and she was able to successfully administer his medication which he always carries in his back pack. The medicine is pre-loaded in a plastic syringe and the syringe tip is flexible and designed to be easy to insert. Emmett's mother and father have successfully administered Diastat to him many times, all successfully. Both his maternal grandmother and his paternal grandfather have also successfully administered it to him when the emergency of severe grand mal epilepsy has made it urgent. None of these family members are licensed medical personnel, but they have been trained to recognize grand mal seizures and to administer the suppositories. The seizures have never stopped spontaneously without administering medication.

Emmett's seizures do not occur on a predicted schedule and they can't be accurately forecasted either. If Emmett should develop a grand mal seizure while he was being transported on the school bus, the school bus driver would be notified by the aid and asked to park the school bus across the road and to telephone a nearby hospital with an available EMT. The school bus driver would be asked to wait until the EMT could obtain permission to go to the bus and start an IV and administer a totally different intra-venous medication named Ativan. This procedure would waste considerable time and delay Emmett's treatment, possibly risking his survival. This delay would be unfortunate when the treatment would have been in Emmett's back pack beside him and either the bus driver or the aid could be instructed to recognize grand mal seizures and how to administer the Diastat suppository promptly. I am very comfortable about this approach because it is very safe and effective. There would be no error in administering the Diastat because the proper dose is placed in the syringe when it is packaged. There is a six year history of efficient, effective and safe administration of Diastat by medical laymen to him. This record is a conformation of the decision that, when Emmett suddenly begins to have grand mal seizures and neither a licensed nurse or physician is readily available, to depend on available lay people with proper training to administer his prescribed medication. The best option for him is for the Connecticut General Assembly to endorse and pass Proposed Bill No. 5299. Emmett Ross' situation is not infrequent and other Connecticut students in a similar situation would also benefit

Emmett Ross is just one of thousands Connecticut students with this serious problem. Proposed Bill No. 5299 is a bill for all children diagnosed with epilepsy who live in Connecticut and attend either public or non-public schools. James Ross, Emmett's father, has called my attention to a 2010-2011 Connecticut State School Health Survey which showed over 2,700 children were registered at their schools as suffering from epilepsy. The results have been reported in the *Connecticut Health Services Program Information Survey Report 2011*, available on the internet. The three leading conditions requiring urgent treatment in this report were, in order: acute, severe allergic conditions; epilepsy and diabetes mellitus. Every one of these is potentially life threatening.

Thank you very much for reading and thoughtfully considering my remarks about Emmett's situation and that of other children with similar situations.

Sincerely yours,

Susan Anderson Kline, M.D.

