

Jonathan R. Chappell
Direct Dial: (860) 493-3570
E-Mail: jchappell@rms-law.com

One State Street Hartford, CT 06103
phone 860.549.1000 *fax* 860.724.3921
www.romemcguigan.com

Connecticut General Assembly
PUBLIC HEALTH COMMITTEE
Legislative Office Building, Room 3000
Hartford, CT 06106

VIA EMAIL TO: phtestimony@cga.ct.gov

March 1, 2016

Re: H.B. No. 5460 (“An Act Concerning the Administration of Glucagon in Schools”)

Dear Chairman Gerratana, Chairman Ritter, and the Members of the Public Health Committee,

I submit this letter as testimony in support of H.B. No. 5460 (Raised) “An Act Concerning the Administration of Glucagon in Schools.” I believe the deletion of the existing requirement to secure a “volunteer” to be trained to administer glucagon is warranted, will give clear guidance to schools in their medical emergency planning in advance without increasing staffing costs, will better promote student safety, and will make C.G.S. § 10-212a(e) consistent with applicable federal anti-discrimination laws.

This bill is very important for the thousands of students attending our schools¹ who have type-one diabetes (“T1D”) and their parents. In very simple terms, T1D is an autoimmune disease where the insulin producing cells of the pancreas are destroyed. The major function of insulin is to bring glucose (from the foods we eat) from the bloodstream to individual cells of the body, to be used as energy. While there has been, and continues to be much research into the cause of T1D, unfortunately, at least to date, no definitive cause has been identified. A person with T1D cannot produce insulin in sufficient amounts to maintain “normal” blood glucose levels (generally about 70-120 mg/dl of blood), and every person diagnosed with T1D must inject insulin via syringe or an insulin infusion pump. Though there is no doubt that the treatments for T1D have significantly improved, presently there is no cure. A person with T1D must take insulin every day until we find a cure.

An ever present risk of taking insulin is the risk of hypoglycemia (low blood sugar). This is the risk that is to be addressed by C.G.S. § 10-212(e). T1D is a disease where the prescribed amount of insulin varies day-to-day, meal-to-meal, and even moment-to-moment. In addition to injected insulin, other things that can impact blood sugar include physical activity, the types of

¹ Estimates show that 5-8% of the U.S. population is diagnosed with T1D, with approximately 200 new students diagnosed in Connecticut each year. Further, it appears that this incidence is rising; from 2001 to 2009, the number of individuals under the age of twenty (20) years old increased 23% over an earlier period.

food consumed (e.g. complex or refined sugar, fats, etc.), and stress levels. Making the treatment of T1D even more complex is that a person can do exactly the same things and eat the exact foods on one day, and re-create that day the very next, and person's blood glucose and insulin requirements will still differ. The "balancing act" involved with trying to achieve and maintain normal blood glucose that must be performed by an individual with T1D, is a never-ending challenge; T1D unfortunately never takes a day, a shift, or even a moment off.

Most important to the pending bill is the fact that hypoglycemia, if not timely treated, can quickly become a medical emergency. In the event that a fast-acting carbohydrate (e.g. glucose tablets, juice) cannot be swallowed, glucagon is required. A glucagon injection may be used to quickly raise the blood sugar and avoid prolonged hypoglycemia, seizure, and, in the absolute worst case, death. It is imperative that someone at the school provides this emergent measure, and that the school personnel not simply rely on the response of outside medical personnel through 911.

In the interest of full disclosure, I have a bias to this very worthy cause. I am the current President of the Board of Directors of the Greater Connecticut/Western Massachusetts chapter of JDRF² (formerly known as the Juvenile Diabetes Research Foundation). I was diagnosed with T1D in 1999. When I was diagnosed, I had already completed my undergraduate degree, so obviously my treatment in school was not an issue. While the pending legislation would not have a direct impact on me, my support for this bill is a result of my personal observations and discussions with many parents of children with T1D. The common theme from parents is that they simply wish to know that when their child is at school that he/she will be safe. These parents are in a constant state of concern regarding their child, concern amplified by the rigors of T1D. For example, these parents are many times up throughout the night performing blood glucose testing, finger sticks, while the child sleeps. Any additional burden placed on the school, if any, should be weighed against those already put on the parents. This bill would provide some assurance that at school an emergency plan regarding the use of glucagon must be in place.

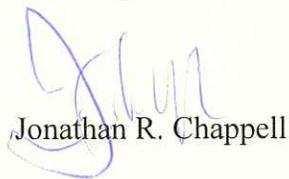
I also believe that the proposed change will provide consistency. I have also been an attorney in Connecticut since 2005. Due to my many personal connections to individuals with T1D and their caregivers, I have done my best to stay current on the applicable laws, including those that apply to the care of a student with T1D. For example, a student with T1D qualifies as having a "disability" pursuant to Section 504 of the Rehabilitation Act of 1973 ("504") and the Americans with Disabilities Act ("ADA"), and a school is obligated to provide that student with reasonable accommodations. It has been, and remains my position that under federal law a school must provide the accommodation in the form of an emergency plan that includes the

² This testimony is submitted by the author, individually, and the statements herein should not be construed to have been approved by JDRF. Likewise, this testimony should not be taken as a statement by or on behalf of the law firm of Rome McGuigan, P.C.

requirement that someone is always available to administer life-saving glucagon. In my experience, the language that H.B. 5460 seeks to delete has led to unnecessary confusion, where a school may believe that the state law could potentially exempt it from the requirement of federal law in the event it is unable to obtain a volunteer. I do not at all mean to insinuate that a school may use the “volunteer language” to avoid an obligation, but the current version of the statute definitely leads to confusion. In my opinion, a school should be obligated to have a sufficient emergency plan in place, and part of this plan must include that a “qualified school employee” (as defined by C.G.S. § 10-212a)³ must be available at all times the student is in the building, in order to administer glucagon

I strongly urge you to support H.B. 5460. The somewhat minimal change to the current version of C.G.S. § 10-212a(e) will provide much needed clarity for the families of students with T1D and their parents, make Connecticut’s law consistent with federal law, and, most importantly, improve safety in our schools.

Sincerely,



Jonathan R. Chappell

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³ It also must be noted that the proposed bill would not create an additional need for staffing by licensed personnel – e.g. nurses. The legislation already permits, in appropriate circumstances including under a medical order and after the employee (e.g. principal, teacher, etc.) is trained, that he may administer glucagon in the absence of the nurse. The pending bill would merely make it mandatory for the school to provide someone, rather than waiting for a volunteer.