

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: March 1, 2021

Name: Sheila Wilhelm

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: Parent of a T1D (Type 1 Diabetic)

Address: 9775 Meadowlake Dr.

City: Harrison State: OH Zip: 45030

Best Contact Telephone: 859.652.6545 Email: sheila_wilhelm@yahoo.com

Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): HB 37

Specific Issue: Emergency medication

Are you testifying as a: Proponent Opponent Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? NA

Please provide a brief statement on your position:

As a mother of a T1D 11 year old son, Tristan, it's critical that insulin is made available in emergency situations. This revised bill would relieve some of the anxiety when traveling out of town. It could SAVE A LIFE!

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.