While insulin omission has been found to be a common behavior in those with type I diabetes, it has been primarily studied within the context of disordered eating behavior. Previous research supports medical providers and patients lack of comfort in discussing insulin omission. This study was designed to answer two questions. Why do young adult college students with type I diabetes omit insulin? and what factors facilitate and act as barriers to open communication regarding insulin omission in the patient-provider interaction. A total 13 (10 females, 3 males) college students completed a qualitative interview focused on insulin omission and communication of this behavior to medical providers, and 11 of the 13 completed a modified EAT-26. Using consensual qualitative research methods CQR (Hill, Thompson, & Williams, 1997), domains that emerged were reasons for insulin, predominant reason for insulin omission, motivators to give insulin as prescribed (i.e., adhere), overall communication of insulin omission to medical providers, and factors facilitating and barriers inhibiting communication regarding insulin omission to medical providers. Typical reasons for insulin omission included forgetting or delaying and forgetting, worrying about hypoglycemia and its social implications, being in situations where limited access to food/medical supplies,
planning to be physically active, or being unsure of carbohydrate count in food. Insulin omission as a weight loss behavior was not reported by any of the participants during the interviews and all denied using insulin as a way to control their weight or shape on the EAT-26. Clinical implications and future research directions are discussed.

*Keywords*: insulin omission, type I diabetes, non-adherence, eating disorders