



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 02/21/2014

Committee: House Finance

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: HB 1777,HD2(hscr512-14) RELATING TO EDUCATION.

Purpose of Bill: Allows department of education employees and agents to volunteer to administer epinephrine to a student in anaphylactic shock. Requires the department of health to provide proper instruction and training to every employee or agent who volunteers to administer glucagon and epinephrine. Requires a student's parent or guardian to provide the department of education with written authorization for auto-injectable epinephrine and to supply injectable epinephrine supplies to administer the epinephrine. Makes an appropriation for required instruction, training, and related expenses.

Department's Position:

The Department of Education (Department) supports HB 1777 HD2 and appreciates the support that this bill provides by including an appropriation section. We are hopeful it will subsequently reflect funding to assist with the effective implementation of this measure as the Department would not have the means to do so under our budget appropriation.



S E A C
Special Education Advisory Council

919 Ala Moana Blvd., Room 101

Honolulu, HI 96814

Phone: 586-8126 Fax: 586-8129

email: spin@doh.hawaii.gov

February 21, 2014

**Special Education
Advisory Council**

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Chair*

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Representative Sylvia Luke, Chair
Committee on Finance
State Capitol
Honolulu, HI 96813

RE: HB 1777 HD 2 - RELATING TO EDUCATION

Dear Chair Luke and Members of the Committee,

The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), appreciates the opportunity to provide comments on HB 1777, HD 2, that allows for the emergency administration of auto-injectable epinephrine by school staff who volunteer to do so and requires instruction of volunteers by the Department of Health.

Students who have experienced anaphylaxis in the past are likely to experience it again. Symptoms of anaphylaxis usually occur within five minutes to two hours after exposure to the allergen. Many students are able to self-administer injectable epinephrine after exposure to an allergen known to trigger a severe allergic reaction.

HB 1777 HD 2 provides needed protection for a student who is unable to administer the auto-injectable epinephrine independently, as in the case of a pre-school student or a student with a physical or cognitive disability. Early administration of epinephrine will help to prevent more life-threatening symptoms and medical complications.

Thank you for the opportunity to provide comments on this potentially life-saving legislation.. If you have any questions or concerns, please feel free to contact me.

Respectfully,

Ivalee Sinclair, Chair



COMMUNITY CHILDREN'S COUNCIL OF HAWAII
1177 Alakea Street · B-100 · Honolulu · HI · 96813
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February 21, 2014

Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair
Committee on Judiciary and Labor– State Capitol

RE: HB1777 HD2 – Relating to Education
Education; Administration of Epinephrine; Department of Health; Appropriation

Dear Chair Representative Takumi and Vice-Chair Ohno and Members of the Committee,

The 17 Community Children's Councils (CCCs) **strongly supports** HB1777 HD2 with amendments. This house bill allows for the emergency administration of auto-injectable epinephrine by school staff who volunteers to do so and requires instruction of volunteers by the Department of Health.

The 17 CCCs recommends the following change in terminology to provide greater protection to students with severe allergic reactions: substitute the term anaphylaxis for the term anaphylactic shock in Section 1, 1(a) (2), 1(b) (3) and 2(g).

The basis of our recommendation is our understanding that there is a distinction between the terms anaphylaxis and anaphylactic shock. Anaphylaxis refers to a severe and potentially life-threatening allergic reaction caused by a variety of triggers, including certain foods, drugs, insect stings and bites and latex. Anaphylactic shock is the most serious form of generalized anaphylaxis that is often characterized by lowered blood pressure, irregular heartbeats, vomiting and difficulty in breathing due to a swelling of the larynx. It may lead to coma and death.

Students who have experienced anaphylaxis in the past are likely to experience it again. Symptoms of anaphylaxis usually occur within five minutes to two hours after exposure to the allergen.

If 17 CCCs understanding of the terms is correct, then the revised language would allow preventive treatment with auto-injectable epinephrine by a trained employee or agent as soon as anaphylaxis is suspected, in the event that the student is unable to administer the auto-injectable epinephrine independently. Early administration of epinephrine

The 17 CCCs are community-based bodies comprised of parents, professionals in both public and private agencies and other interested persons who are concerned with specialized services provided to Hawaii's students. Membership is diverse, voluntary and advisory in nature. The CCCs are in rural and urban communities organized around the Complexes in the Department of Education.

Thank you for the opportunity to testify if there are any questions or you need further information please contact us at 586-5370

Sincerely yours

Tom Smith, Co-Chair
(Original signatures are on file with the CCCO)

Jessica Wong-Sumida, Co-Chair

**TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) IN SUPPORT TO H.B. 1777, HD2.**

Friday, February 21, 2014

1:00 P.M.

To: Chairperson Sylvia Luke and Members of the House Committee on Finance:

My name is Bob Toyofuku and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) in SUPPORT of H.B. 1777, HD2.

This original bill adds auto-injectable epinephrine to section 302A-1164 of the Hawaii Revised Statute but also attempted to substitute the “department of health” in place of a “qualified health care professional” as the entity to provide proper instruction and training to employees or agents who administer emergency injections to children. HAJ objected to this change.

However, HAJ is not objecting to the addition of epinephrine to this section of the law and has supported in prior legislation the ready availability and access to life saving injections for children or others who need urgent glucagon for diabetes or epinephrine for allergic reactions. With the amendments made, in the House Draft 2, HAJ now supports this bill.

Thank you for the opportunity to testify on this measure. Please feel free to contact me should there be any questions.

**Testimony of
Gary Slovin/R. Brian Tsujimura/Mihoko Ito
on behalf of
Mylan Inc.**

DATE: February 20, 2014

TO: The Honorable Sylvia Luke
Chair, House Committee on Finance
Submitted Via: FINtestimony@capitol.hawaii.gov

RE: **HB 1777 - HD 2 Relating to Education**
Hearing Date: Friday, February 21, 2014
Conference Room: 308

Chair Luke and members of the House Committee on Finance:

We represent Mylan Inc. Mylan is a leading U.S. based manufacturer of generic and specialty medications with operations in seven states, as well as Puerto Rico, and provides generic medicines in more than 140 countries and territories worldwide.

A Mylan subsidiary, Mylan Specialty, markets and distributes one of several epinephrine auto-injectors in the United States. Mylan Specialty has long-standing relationships with a number of leading patient advocacy organizations, working closely on educational and awareness efforts relating to food and other allergies and anaphylaxis. We look forward to working with this committee, the Legislature and school officials as you address this important issue.

Mylan strongly supports HB 1777 HD2 with amendments. Food allergies, which can sometimes lead to a life-threatening allergic reaction, or anaphylaxis, are a large and growing public health problem.^{1,3} Today, an estimated one out of 13 children in the U.S. has a food allergy, a considerably higher number than previous estimates.²

To our knowledge, every state, including Hawaii, now allows students who have been prescribed an epinephrine auto-injector to bring their auto-injector to school although the rules may vary among school districts. Unfortunately, some children who are at risk have never been diagnosed and do not know they could be subject to an anaphylactic reaction.



Massachusetts compiles a report each year of administrations of auto-injectors in their schools. According to the Massachusetts Department of Public Health, a survey conducted in 109 Massachusetts school districts from 2001 to 2003 evaluating the use of epinephrine for anaphylaxis management in schools, found that up to 24% of anaphylactic reactions occurred in individuals who were not known by school personnel to have a prior history of life-threatening allergies.¹³ This number is particularly disturbing.

Schools are a critical component in the effort to increase access to epinephrine auto-injectors for those at risk from food and other allergies and we believe that additional protections for students are needed. We have requested, and additional bills have been introduced on this subject matter that specifically relate to allowing schools to stock and administer epinephrine auto-injectors. HB 1949 allows schools to stock and administer epinephrine auto-injectors in schools and we urge you to amend and incorporate it into HB 1777 HD2.

Unfortunately, over the past several years, there have been anaphylaxis-related tragedies at schools around the country. Deaths in Illinois (in 2011) and Virginia (in 2012) resulted in significant attention to the issue and much discussion on how to best address it. Seventeen states signed legislation into law in 2013 that is very similar to HB 1949.

Thirty-one states currently allow (or require) schools to stock and administer epinephrine auto-injectors in schools. Mylan is committed to working with states on this going forward. We learned through our discussions with state officials that the cost of epinephrine auto-injectors sometimes presented a challenge to school budgets. As a result, Mylan created a program to provide up to four free epinephrine auto-injectors per school year to public and private kindergarten, elementary, middle and high schools in the U.S., upon qualification under applicable state law.

We are pleased that more than 30,000 schools have already taken advantage of this program. There have been a number of situations where schools across the country have used these free epinephrine auto-injectors to treat an anaphylactic reaction, underscoring the positive impact of clear laws around the ability to stock and administer epinephrine auto-injectors and the program.

Schools nationwide have made efforts to reduce exposure to allergens in the school environment—a critical first step in managing the risk of life-threatening allergic reactions. While practicing allergen avoidance is imperative, accidental contact can still happen, which is why it is important that epinephrine auto-injectors are accessible.

Much progress is being made in the effort to prevent tragedies from food and other allergens in schools and elsewhere. In the last several months, the American Red Cross launched a training program on anaphylaxis and administration of epinephrine auto-injectors, and the U.S. Centers for Disease Control and Prevention issued voluntary guidelines for managing food allergies in schools.

In December 2010, the National Institute of Allergy and Infectious Diseases (NIAID), a division of the National Institutes of Health (NIH), introduced the “Guidelines for the Diagnosis and Management of Food Allergy in the United States.” These guidelines state that epinephrine is the first-line treatment for anaphylaxis.⁵ Epinephrine works to relieve the life-threatening symptoms of anaphylaxis, giving affected individuals more time to seek additional emergency medical treatment.⁶

The more rapidly anaphylaxis develops, the more likely the reaction is to be severe and potentially life-threatening. Prompt recognition of signs and symptoms of anaphylaxis is crucial. If there is any doubt, it is generally better to administer epinephrine.⁷ Failure to administer epinephrine early in the course of treatment has been repeatedly implicated with anaphylaxis fatalities.

The NIH-NIAID guidelines also state that antihistamines are not effective in treating the symptoms of anaphylaxis. The use of antihistamines is the most common reason reported for not using epinephrine and may place a patient at significantly increased risk for progression toward a life-threatening reaction.⁵

There are a number of important statistics that have been cited with regard to food allergies and anaphylaxis, but I would like to mention just four key points here:

- Nearly 6 million or 8% of children in the U.S. have food allergies (~ one in 13).²
- The Centers for Disease Control and Prevention report that food allergies result in more than 300,000 ambulatory-care visits a year among children under the age of 18.¹⁰
- Food allergens account for 30% of fatal cases of anaphylaxis.⁷
- Anaphylaxis results in approximately 1,500 deaths annually.¹¹

Mylan would like to work with you to ensure that Hawaii schools are prepared to address anaphylaxis so that emergencies do not turn into tragedies. As I already mentioned, Mylan currently offers a program to provide up to four free epinephrine auto-injectors per school year to public and private kindergarten, elementary, middle and high schools in the U.S., and we continue to look for additional ways that we can help.

Thank you for your time and your consideration today. We would urge the committee to amend HB 1777 HD2 to include the provisions of HB 1949 which provide additional parameters and safeguards for the training of personnel and stocking of epinephrine auto-injectors on school premises.

References

1. Simons FER. Anaphylaxis. *J Allergy Clin Immunol*. 2010; 125(suppl 2): S161-S181.
2. Gupta, et al. The Prevalence, Severity, and Distribution of Childhood Food Allergy in the United States. *Pediatrics*. 2011; 128: e9-17.
3. Munoz-Furlong A, Weiss C; Characteristics of Food-Allergic Patient Placing Them at Risk for a Fatal Anaphylactic Episode. *Current Allergy and Asthma Reports*. 2009; 9: 57-63.
4. “Data Health Brief: Epinephrine Administration in School.” Massachusetts Department of Public Health, Bureau of Community Health Access and Promotion, School Health Unit. August 1, 2009 – July 31, 2010 (School Year 2009-2010).
5. Boyce, et al. Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel *J Allergy Clin Immunol*. 2010 Dec;126(6):S1-58.

6. "Epinephrine Injection." MedlinePlus <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603002.html#brand-name-1>. Last reviewed on September 1, 2008. Accessed on December 2, 2011.
7. Lieberman P et al. The diagnosis and management of anaphylaxis practice parameter: 2010 Update. *J Allergy Clin Immunol*. 2010;126(3):477-480.
8. Sicherer SH, Simons FE. Quandaries in prescribing an emergency action plan and self-injectable epinephrine for first-aid management of anaphylaxis in the community. *J Allergy Clin Immunol*. 2005;115(3):575-583.
9. Neugut AI, Ghatak AT, Miller RL. Anaphylaxis in the United States: an investigation into its epidemiology. *Arch Intern Med*. 2001;161(1):15-21.
10. Branum AM, Lukacs SL. Food allergy among children in the United States. *Pediatrics*. 2009;124(6):1549-1555.
11. Clark S, Camargo CA Jr. Epidemiology of anaphylaxis. *Immunol Allergy Clin North Am*. 2007;27(2):145-1463.
12. According to various news reports.
13. McIntyre CL, et al. Administration of Epinephrine for Life-Threatening Allergic Reactions in School Settings. *Pediatrics*. 2005; 116: 1134-1140

**Testimony of
Gary M. Slovin / Mihoko E. Ito
on behalf of
Walgreens**

DATE: February 20, 2014

TO: Representative Sylvia Luke
Chair, Committee on Finance
Submitted via FINtestimony@capitol.hawaii.gov

RE: **H.B. 1777 H.D.2 – Relating to Education**
Hearing Date: Friday, February 21, 2014 1:00 p.m.
Conference Room: 308

Dear Chair Luke and Members of the Committee on Finance,

We submit this testimony on behalf of Walgreen Co. (“Walgreens”). Walgreens operates more than 8,200 locations in all 50 states, the District of Columbia and Puerto Rico. In Hawai`i, Walgreens now has 11 stores on the islands of Oahu, Maui and Hawai`i.

Walgreens **supports** H.B. 1777, H.D.2. Anaphylaxis is a life threatening allergic reaction that people get when exposed to an allergen. Hawaii law already provides that a child who has a prescription for an auto-injector may use it at school if needed. However, many children do not know they have an allergy and may suffer an allergic reaction at school.

H.B. 1777 H.D.2 authorizes Department of Education employees and agents with specific training to volunteer to administer epinephrine in an emergency situation to a student with anaphylactic shock. The time that is saved by administering emergency epinephrine in these situations could be the difference between life and death. Walgreens supports this measure because it expands access to a critical drug that can save lives and meet an important public health need.

Thank you for the opportunity to submit testimony on this measure.

Gary M. Slovin
Mihoko E. Ito
Tiffany N. Yajima
Jennifer C. Taylor

1099 Alakea Street, Suite 1400
Honolulu, HI 96813
(808) 539-0840

finance1

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 19, 2014 3:43 PM
To: FINTestimony
Cc: mcmakaha@yahoo.com
Subject: Submitted testimony for HB1777 on Feb 21, 2014 13:00PM

HB1777

Submitted on: 2/19/2014

Testimony for FIN on Feb 21, 2014 13:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Uilani Chung	Individual	Support	No

Comments: I support the testimony of the Community Children's Council.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Twenty-Seventh Legislature, State of Hawaii
House of Representatives
Committee on Education

LATE

Testimony by
Hawaii Government Employees Association
February 21, 2014

H.B. 1777 – RELATING TO THE
DEPARTMENT OF EDUCATION

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO strongly supports the intent of H.B. 1777.

This measure provides for employees and agents of the Department of Education who *volunteer* to administer auto-injectable epinephrine in an emergency situation to students with anaphylaxis be properly trained. As such, this measure requires that such training be conducted by a qualified health care professional, identifies by definition those individuals for the purpose of ensuring that proper training is provided and ensures for these trained volunteers immunity from civil and criminal liability as provided for by law. Finally, this measure secures an appropriation for fiscal year 2014-2015 to ensure that adequate resources are available for instruction, training and related expenses.

We believe that this measure that secures appropriations, provides training by healthcare professionals and maintains protection of volunteers as provided by law will help to ensure that students receive the best possible care under these circumstances.

Thank you for the opportunity to testify in strong support of the intent of H.B. 1777.

Respectfully submitted,

Wilbert Holck, Jr.
Deputy Executive Director

**Testimony of
Gary Slovin/R. Brian Tsujimura/Mihoko Ito
on behalf of
Mylan Inc.**

DATE: February 20, 2014

TO: The Honorable Sylvia Luke
Chair, House Committee on Finance
Submitted Via: FINtestimony@capitol.hawaii.gov

RE: **HB 1777 - HD 2 Relating to Education**
Hearing Date: Friday, February 21, 2014
Conference Room: 308



Chair Luke and members of the House Committee on Finance:

We represent Mylan Inc. Mylan is a leading U.S. based manufacturer of generic and specialty medications with operations in seven states, as well as Puerto Rico, and provides generic medicines in more than 140 countries and territories worldwide.

A Mylan subsidiary, Mylan Specialty, markets and distributes one of several epinephrine auto-injectors in the United States. Mylan Specialty has long-standing relationships with a number of leading patient advocacy organizations, working closely on educational and awareness efforts relating to food and other allergies and anaphylaxis. We look forward to working with this committee, the Legislature and school officials as you address this important issue.

Mylan strongly supports HB 1777 HD2 with amendments. Food allergies, which can sometimes lead to a life-threatening allergic reaction, or anaphylaxis, are a large and growing public health problem.^{1,3} Today, an estimated one out of 13 children in the U.S. has a food allergy, a considerably higher number than previous estimates.²

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We are pleased that more than 30,000 schools have already taken advantage of this program. There have been a number of situations where schools across the country have used these free epinephrine auto-injectors to treat an anaphylactic reaction, underscoring the positive impact of clear laws around the ability to stock and administer epinephrine auto-injectors and the program.

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- Anaphylaxis results in approximately 1,500 deaths annually.¹¹

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References

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3. Munoz-Furlong A, Weiss C; Characteristics of Food-Allergic Patient Placing Them at Risk for a Fatal Anaphylactic Episode. *Current Allergy and Asthma Reports.* 2009; 9: 57-63.
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6. "Epinephrine Injection." MedlinePlus <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603002.html#brand-name-1>. Last reviewed on September 1, 2008. Accessed on December 2, 2011.
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11. Clark S, Camargo CA Jr. Epidemiology of anaphylaxis. *Immunol Allergy Clin North Am.* 2007;27(2):145-1463.
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13. McIntyre CL, et al. Administration of Epinephrine for Life-Threatening Allergic Reactions in School Settings. *Pediatrics.* 2005; 116: 1134-1140

Robin Hall
Parent of youth with Food Allergies
Kevins.keeper@yahoo.com
808-772-4013

LATE TESTIMONY

Representatives and Chairs of the Education Committee - State Capitol

RE: HB1777 - Relating to Education Education; Administration of Epinephrine; Department of Health; Appropriation

Dear Chair Representative, Vice-Chair, and Members of the Committee,

Thank you for HB1777, which allows for the emergency administration of auto-inject able epinephrine by school staff .

I am a mom of a 10 year old boy with severe food allergies. At school, my then 6 year old son's epi pen with his health information was needed but not accessible. His epi pen was locked, in the next building, and the person with the key... was not available. My son was in the cafeteria without trained/ informed personnel and without access to his life saving information and medication.

What guidelines are used to determine how many and what location require a trained volunteer to be present and/or available? To avoid liability, some states mandate CPR/first aid/AED/epi pen training for all teachers, substitutes, administrators and staff to include bus drivers. These states require submission of certification to receive/renew their school certification. Is there a way Hawaii may be able to ensure trained personnel who could choose to volunteer in an emergency? Or at least have the training to recognize the signs of anaphylaxis?

The federal epi pen law authorizes funding to states that "mandate all public and non-public school maintain stock epi pens." Does the bill plan to have Hawaii schools stock epi pens and receive federal funding?

Epi pens are locked - inaccessible - which is against "best case practice" for nurses and doctors. DOH Public Health Nurses who sign a youth's Emergency Action Plan knowing epi pens are locked can loose their license due to ethics. Mililani's PHN has not signed my son's plan. Without an Emergency Action Plan my child is unable to access a free and appropriate education (FAPE). Please consider requiring secure and UNlocked.

Currently, wavers are used by DOE for youth to carry and self administer in order to comply with the doctor's usual requirement that epi pens be located within 25 yards of youth. Child advocates concerned that parents allow youth

with disabilities and under 10 years of age, to be responsible for their own life and death, should they need their epi pen. The waivers have 5 year olds carrying epi pens in back packs and on their desks – accessible to all youth. Could the DOE require unlocked and secure epi pens, maybe co located with fire extinguishers (75 ft apart), where the meds would be out of the hands of other youth yet be available when needed, rather than searching in an emergency?

Thank you for all your hard work.

Sincerely,

Robin Hall