



LATE

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH

**HCR83, HR57, REQUESTING THE CONVENING OF A TASK FORCE TO
EXAMINE THE BENEFITS AND RISKS OF WIDESPREAD AVAILABILITY
AND DISTRIBUTION OF EPINEPHRINE AUTO-INJECTORS IN THE STATE
FOR EMERGENCY TREATMENT**

**Testimony of Linda Rosen, M.D., M.P.H.
Director of Health**

March 21, 2014

1 **Department's Position:** The Department of Health (DOH) opposes HCR83 / HR57.

2 **Fiscal Implications:** None

3 **Purpose and Justification:** This Resolution requests the convening of a task force to examine the
4 benefits and risks of widespread availability and distribution of epinephrine auto-injectors in the State
5 for emergency treatment of anaphylaxis. Four of the eight-member task force would include members
6 of the Department of Health, including a member of the Emergency Medical Services & Injury
7 Prevention System Branch (EMS/IPSB).

8 The availability of auto-injectable epinephrine and trained personnel who can provide it and/or
9 administer it in schools can be life-saving. This is because school children may be too young to self-
10 administer auto-injectable epinephrine or may not be allowed to have it on their person due to general
11 safety concerns in the school

12 Older individuals outside of the school setting, however, are able to carry their own auto-
13 injectable epinephrine. While the ability to provide epinephrine to someone who has never had
14 anaphylaxis before might help someone who is truly having an anaphylactic event, there is an

1 unacceptable risk for misdiagnosis resulting in harm. An example would be an individual who is
2 choking on food who is mistaken to have a food allergy and anaphylaxis. Administration of epinephrine
3 in an adult with cardiovascular disease or metabolic disorders may increase blood pressure and increase
4 risk for stroke.

5 Thank you for the opportunity to testify.