



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

Date: 02/07/2014

Committee: House Health

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: HB 1777,HD1 (HSCR31-14) 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 HD1 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.

**TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) IN OPPOSITION TO H.B. NO. 1777, HD1.**

**Friday, February 7, 2014
8:45 A.M.**

To: Chairperson Della Au Belatti and Members of the House Committee on Health:

My name is Bob Toyofuku and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) in OPPOSITION to H.B. 1777, HD1.

This bill adds auto-injectable epinephrine to section 302A-1164 of the Hawaii Revised Statute but also attempts 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 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.

HAJ, however, objects to the deletion of the provision is subsection (g) on page 2, lines 16-22 and on page 3, lines 1-3. When an amendment to the law was passed by this legislature in 2005, an important component of the law was that the training be done by a qualified health care professional. HAJ feels that this provision should be kept in the law.

Subsection (h) of the current law provides as follows:

“(h) Any person, except for a qualified health care professional providing the training required in subsection (g), who acts in accordance with the requirements of this section shall be immune from any civil or criminal liability arising from these acts, except where the person's conduct would constitute gross negligence, wilful and wanton misconduct, or intentional misconduct.”

The law provides for immunity from civil or criminal liability for a person who acts in accordance with the requirements of this law except for the health care professional who provides the training. This is an important component of the law and HAJ requests that the training component in subsection (g) remain as is. There is a need for proper training as a safeguard to assure competence to balance the immunity given for negligence.

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



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

In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH
HB 1777, H.D.1, RELATING TO EDUCATION

LATE

Testimony of Gary Gill
Acting Director of Health

February 7, 2014

- 1 **Department's Position:** The Department of Health (DOH) supports the intent of this bill with
2 amendments, providing it does not adversely impact the priorities indicated in our Executive Budget.
- 3 **Fiscal Implications:** Costs for training materials and equipment.
- 4 **Purpose and Justification:** The purpose of this Bill is to enable schools to have volunteer DOE
5 employees or agents provide emergency administration of epinephrine for anaphylaxis, which can be life
6 saving.
- 7 **DOH support is conditional on the following amendments:**
- 8 Section 1 Part 1 (b)(3): Add advanced practice registered nurse to the current "physician or physician
9 assistant" who is authorized to write a certificate stating that the student has medical orders that
10 glucagon or epinephrine may be administered by a volunteer.
- 11
- 12 Section 1, Part 2:
- 13 1) Remove amended reference to department of health and retain original language that a qualified
14 health care professional would provide training. (Page 2, line 16 – Page 3, line 3)
- 15 2) Retain amended addition of injectable epinephrine (Page 3, lines 2-3, lines 5-6, line 7).
- 16



1 Suggested wording for Section 1, Part 2.

2 “By amending subsection (g) to read:

3 ‘(g) Any employee or agent who volunteers to administer glucagon in an emergency situation to a
4 student with diabetes or injectable epinephrine to a student in anaphylactic shock shall receive
5 instruction in the proper administration of glucagon or injectable epinephrine, respectively, by a
6 qualified health care professional. A ‘qualified health care professional’ means a licensed physician,
7 physician assistant, advanced practice registered nurse or registered nurse, or certified diabetes
8 educator. The student’s parent or guardian shall supply the school with the glucagon kit required to
9 administer the glucagon or with injectable epinephrine supplies to administer epinephrine. The school
10 shall store the glucagon kit or epinephrine kit in a secure but accessible location.’”

11

12 3) Remove amended reference to a representative of the department of health and retain original
13 language of a qualified health care professional (Page 3, lines 9-10).

14 Thank you for the opportunity to testify.



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

DATE: February 6, 2014

TO: The Honorable Della Au Belatti
Chair, House Committee on Health
Submitted Via: HLTestimony@capitol.hawaii.gov

RE: **HB 1777 HD 1 Relating to Education**
Hearing Date: Friday, February 7, 2014



Chair Belatti and members of the House Committee on Health:

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 HD1 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 1777 as well.

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 HD1 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 6, 2014

TO: Representative Della Au Belatti
Chair, Committee on Health
Submitted Via HLTtestimony@capitol.hawaii.gov

RE: **H.B. 1777 H.D.1 – Relating to Education**
Hearing: Friday, February 07, 2014 8:45 a.m.
Conference Room: 329

Dear Chair Belatti and Members of the Committee on Health,

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 Hawaii, Walgreens now has 17 stores on the islands of Oahu, Maui and Hawaii.

Walgreens submits testimony **in support** of H.B. 1777 HD1.

Anaphylaxis is a life threatening allergic reaction that occurs when people are 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 HD1 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

Written Testimony Presented Before the
House Committee on Health

DATE: Friday, February 7, 2014

TIME: 8:45 AM

PLACE: Conference Room 329
State Capitol

LATE

By
Dr. Linda Beechinor, APRN

TO: Chair Rep. Della Au Belatti, Vice Chair Rep. Dee Morikawa, and
members of the Health Committee.

Thank you for this opportunity to provide testimony in opposition to this bill due to
these statements:

Section 1, (1) b (2) states: “(2) In the case of self-administration of
medication, written certification from the student's physician or physician
assistant stating that the student... (3) In the case of emergency
administration of glucagon ... written certification from the student's
physician or physician assistant stating that the student has medical
orders that glucagon or epinephrine may be administered by a volunteer.”

These drugs are prescribed for this particular use in primary care settings by other
healthcare professionals than physicians and their assistants. Advanced Practice
Registered Nurses are authorized in the State of Hawaii to prescribe. Therefore
“...written certification from the student’s prescribing healthcare
provider...” or some such language would be less onerous to a student and their
family to seek out a different care provider than the one they ordinarily see for this
singular purpose.

February 7, 2014

**TESTIMONY FOR HB 1777-HD1 RELATING TO
EDUCATION**

I respectfully request that this change be made, and then this important measure in support of the care of students in our schools would receive my full support.

Thank you for the opportunity to testify.

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 07, 2014 6:37 AM
To: HLTtestimony
Cc: geesey@hawaii.edu
Subject: Submitted testimony for HB1777 on Feb 7, 2014 08:45AM



HB1777

Submitted on: 2/7/2014

Testimony for HLT on Feb 7, 2014 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Oppose	No

Comments: Aloha Health Committee: This bill fails to include advanced practice nurses which will cause our patients and families to have to seek out a physician or physician's assistant to provide written certification. Please amend the bill to include advanced practice registered nurses as those authorized to certify the necessity of self administration and/or emergency administration of life-savings drugs. As you can see, advanced practice nurses were previously authorized to make these certifications. Not sure how we were overlooked in this measure's proposed amendments. mahalo, Yvonne Geesey JD, Advanced Practice Registered Nurse

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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