



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



Date: 03/28/2014

Committee: Senate Ways and Means

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: HB 1777,HD2,SD1(sscr3012) RELATING TO EDUCATION.

Purpose of Bill: Authorizes Department of Education employees and agents with specified training to volunteer to administer auto-injectable epinephrine to a student with anaphylaxis. Allows the Department of Education to make arrangements to receive auto-injectable epinephrine supplies from manufacturers and suppliers. Establishes a five-year auto-injectable epinephrine pilot program within the Department of Education. Requires reports to the Legislature. Makes an appropriation. Effective July 1, 2030. (SD1)

Department's Position:

The Department of Education (Department) has concerns regarding the substantive content of HB 1777 HD2 SD1. Previously, the Department did fully support HB 1777 HD2 as it did not propose a mandatory five-year pilot but a permanent change to the law to allow for the administering of auto-injectable epinephrine to students at school.

The Department requires additional time to research the substantive impact of this measure and to seek input and confer with the Department of Health and the Attorney General as to the issues related to the planning and implementation of the proposed five-year pilot program, notably:

- broadening the scope of epinephrine administration to any student or person at school or at a school-sponsored event as such an event could be held off-campus, beyond the school day and on weekends
- having schools stock epinephrine
- ensuring safe and accessible storage (e.g., storage containers, portable storage)
- providing schools the authority to obtain epinephrine through a valid prescription
- ensuring appropriate liability exemptions

Further, the Department has yet to determine the full fiscal impact of the pilot program proposed in HB 1777 HD2 SD1. We are examining the issues of stocking epinephrine in addition to costs for trainers other than DOH personnel, resources to support schools and staff to oversee the pilot's implementation, monitoring, deliverables, and multi-year reporting requirement. However, we note that this bill will increase further the fiscal impact for the Department as compared to the proposal contained in HB 1777 HD2.

Thank you for this opportunity to provide testimony.



LATE

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
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In reply, please refer to:
File:

SENATE COMMITTEE ON WAYS AND MEANS

HB 1777 SD 1, RELATING TO EDUCATION

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

March 28, 2014

1 **Department's Position:** The Department of Health (DOH) supports the intent of this bill to have
2 volunteer, Department of Education (DOE) employees or agents provide emergency administration of
3 epinephrine for anaphylaxis. The DOH does not support the participation of the manufacturer through
4 legislation and the five-year auto-injectable epinephrine pilot program.

5 **Fiscal Implications:** Costs for training materials and equipment.

6 **Purpose and Justification:** The purpose of this bill is to enable schools to have volunteer Department
7 of Education (DOE) employees or agents provide emergency administration of epinephrine for
8 anaphylaxis to students that have a prescription from their physician. The DOH believes there is not
9 enough evidence to support the need for a pilot program that makes auto-injectable epinephrine
10 available for students that do not have a previous diagnosis of anaphylaxis and prescription from a
11 physician in Hawaii.

12

13 Thank you for the opportunity to testify.

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

DATE: March 27, 2014

TO: The Honorable David Ige
Chair, Senate Committee on Ways and Means

Submitted Via: WAMtestimony@capitol.hawaii.gov

RE: **H.B. 1777, HD 2, SD 1 Relating to Education
Decision Making: Friday, March 28, 2014**

Chair Ige, and members of the Senate Committee on Ways and Means:

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 SD1 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 and Georgia (in 2012) as well as California, New York and Texas (in 2013) 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-six states, including five states (Wisconsin, Indiana, Mississippi, South Dakota and Wyoming) this year (2014), 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 we 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 the Committee and the administration to ensure that Hawaii schools are prepared to address anaphylaxis so that emergencies do not turn into tragedies. Mylan would like to offer its program to provide up to four free epinephrine auto-injectors per school year to public and private kindergarten, elementary, middle and high schools in Hawaii.

We recognize that there may be challenges to implementing this program, and for that reason are appreciative of the amendments made that suggest the measure might be implemented as a pilot program which allows for schools to administer pens to all people on the school premises that experience anaphylaxis, and allows for schools to receive prescriptions for epinephrine auto-injectors.

One suggestion we would make is that the pilot program should be no longer than 1 year. This should provide the departments with ample time to implement the pilot and evaluate whether the program should be expanded.

Thank you for allowing us to submit these comments.

References

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

DATE: March 28, 2014

TO: Senator David Y. Ige
Chair, Committee on Ways and Means
Submitted Via WAMtestimony@capitol.hawaii.gov

RE: **H.B. 1777 HD2, SD1 – Relating to Education
Decision Making: Friday, March 28, 2014 at 9:35 am
Conference Room: 211**

Dear Chair Ige and Members of the Committee on Ways and Means,

We submit these comments 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, HD2, SD1. 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, HD2 SD1 authorizes Department of Education employees and agents with specific training to volunteer to administer epinephrine in an emergency situation to a student in 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.

The current version of this measure establishes a pilot program within the Department of Education, and provides guidelines for administering the pilot program. Walgreens supports the pilot program as it is a step towards expanding access to medicine to children who face emergency situations.

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

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