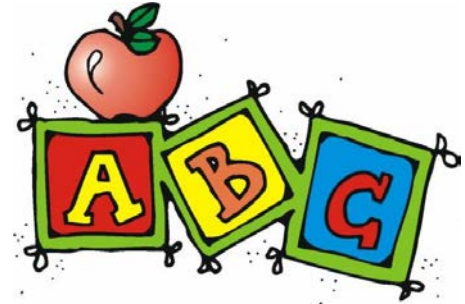


# HB1777

# HD2



Measure Title: RELATING TO EDUCATION.

Report Title: Education; Administration of Epinephrine; Appropriation (\$)

Description: Authorizes Department of Education employees and agents with specified training to volunteer to administer epinephrine to a student with anaphylaxis. Allows the Department of Education to make arrangements to receive injectable epinephrine supplies from manufacturers and suppliers. Effective July 1, 2050. (HB1777 HD2)

Companion:

Package: None

Current Referral: EDU/HTH, WAM

Introducer(s): BELATTI, BROWER, EVANS, HANOHANO, ING, LOWEN, MCKELVEY, MORIKAWA, NISHIMOTO, OSHIRO, Aquino, Cachola, Hashem, Ichiyama, Nakashima, Rhoads, Tsuji



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

**Date:** 03/14/2014

**Committee:** Senate Education/Senate Health

**Department:** Education

**Person Testifying:** Kathryn S. Matayoshi, Superintendent of Education

**Title of Bill:** HB 1777,HD2(hscr715-14) RELATING TO EDUCATION.

**Purpose of Bill:** Authorizes Department of Education employees and agents with specified training to volunteer to administer epinephrine to a student with anaphylaxis. Allows the Department of Education to make arrangements to receive injectable epinephrine supplies from manufacturers and suppliers. Effective July 1, 2050. (HB1777 HD2)

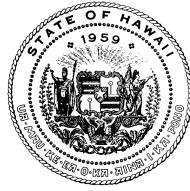
**Department's Position:**

The Department of Education (Department) supports the substantive content of HB 1777 HD2.

We appreciate the support that this bill provides by including an appropriation section. While we understand this will be a matter for the Ways and Means Committee to address we ask for your favorable support of an appropriation to assist with the effective implementation of this measure as the Department would not have the means to do so under our budget appropriation.

We are also aware of SB 2422 SD2 that speaks to the same subject matter. The Department has supported this particular measure.

Thank you for this opportunity to testify on this measure.



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

In reply, please refer to:  
File:

SENATE COMMITTEE ON EDUCATION AND COMMITTEE ON HEALTH

HB 1777 HD 2, RELATING TO EDUCATION

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

March 14, 2014

1 **Department's Position:** The Department of Health (DOH) supports this bill, providing it does not  
2 adversely impact the priorities indicated in the 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 Department  
5 of Education (DOE) employees or agents provide emergency administration of epinephrine for  
6 anaphylaxis, which can be life saving. This bill essentially adds emergency use of auto injectable  
7 epinephrine for anaphylaxis to Section 302A—1164, Hawaii Revised Statutes, which currently enables  
8 emergency use of injectable glucagon in a diabetic emergency. The DOH currently provides almost all  
9 training in auto-injectable epinephrine for the DOE.

10 Thank you for the opportunity to testify.

Legislative Committee

Wailua Brandman, Chair  
Amy Vasconcellos, Vice Chair  
Beverly Laurongaboy Inocencio  
Mandy Ki'aha  
Sondra Leiggi  
Danielle Naahielua  
Moani Vertido  
Cynthia Cadwell, Ex-Officio



HAWAII ASSOCIATION of  
PROFESSIONAL NURSES

Written Testimony Presented Before the  
Senate Committees on Education and Health  
March 14, 2014 1:00 pm

HB 1777, HD2 RELATING TO EDUCATION

Chairs Tokuda and Green, Vice-Chairs Kidani and Baker, and members of the Senate Committees on Education and Health, thank you for this opportunity to provide testimony in **SUPPORT** of this bill, HB 1777, HD2, **WITH AMENDMENTS**.

HB 1777, HD2 authorizes Department of Education employees and agents with specified training to volunteer to administer glucagon and/or epinephrine to a student experiencing an emergency situation (severe hypoglycemia and anaphylaxis, respectively), effective July 1, 2050.

Data from the Henry J. Kaiser Family Foundation<sup>1</sup> indicates that over 900 advanced practice registered nurses (APRNs) currently practice in the State of Hawaii. APRNs are increasingly utilized as primary care providers; this is especially true for medical underserved populations and those living in rural areas<sup>2</sup>. If language regarding APRNs is left out of the current measure, a large number of Hawaii's keiki (who would otherwise benefit from this legislation) would be forced to switch to a health care provider designated in the bill or risk serious health consequences (including death) in the event of a health emergency. Consequently, the Hawaii Association of Professional Nurses (HAPN) respectfully requests that section 1(b)(3) of HB 1777, HD2 be amended to include language authorizing APRNs to provide written certification verifying medical orders that glucagon or epinephrine may be administered to the student by a volunteer in the case of an emergency. Given the pertinent nature of this bill, we also ask that the Committee alter the effective date to begin within the 2014 calendar year.

Thank you again for the opportunity to testify.

Amy Vasconcellos, Vice Chair  
Legislative Committee  
Hawaii Association of Professional Nurses

<sup>1</sup>The Hawaii State Board of Nursing reported 912 nurse practitioners practicing in the state of Hawaii in the year 2011. The Henry J. Kaiser Family Foundation. (2014). Total Nurse Practitioners. Retrieved from <http://kff.org/other/state-indicator/total-nurse-practitioners/>

<sup>2</sup>Gorski, M.S. (2011, June). Advancing Health in Rural America: Maximizing Nursing's Impact. AARP Public Policy Institute. Retrieved from

<http://www.aarp.org/policy/advancing-health-in-rural-america-report-11-11-11>

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

DATE: March 13, 2014

TO: Senator Jill Tokuda  
Chair, Committee on Education

Senator Josh Green  
Chair, Committee on Health

*Submitted via [EDUtestimony@capitol.hawaii.gov](mailto:EDUtestimony@capitol.hawaii.gov)*

RE: **H.B. 1777 H.D.2 – Relating to Education**  
**Hearing Date: Friday, March 14, 2014 1:00 p.m.**  
**Conference Room: 414**

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Dear Chair Tokuda, Chair Green and Members of the Joint Committees,

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 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.

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

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

DATE: March 13, 2014

TO: The Honorable Jill Tokuda  
Chair, Senate Committee on Education

The Honorable Josh Green  
Chair, Senate Committee on Health

*Submitted Via:* [EDUtestimony@capitol.hawaii.gov](mailto:EDUtestimony@capitol.hawaii.gov)

RE: **HB 1777 HD 2 Relating to Education**  
**Hearing Date: Friday, March 14, 2014**

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Chair Tokuda, Chair Green, members of the Senate Committee on Education, and members of the Senate 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 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.<sup>1,3</sup> Today, an estimated one out of 13 children in the U.S. has a food allergy, a considerably higher number than previous estimates.<sup>2</sup>

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.<sup>13</sup> 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.<sup>5</sup> Epinephrine works to relieve the life-threatening symptoms of anaphylaxis, giving affected individuals more time to seek additional emergency medical treatment.<sup>6</sup>

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.<sup>7</sup> 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.<sup>5</sup>

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).<sup>2</sup>
- 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.<sup>10</sup>
- Food allergens account for 30% of fatal cases of anaphylaxis.<sup>7</sup>
- Anaphylaxis results in approximately 1,500 deaths annually.<sup>11</sup>

Mylan would like to work with the Committees 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 implementation, and for that reason would suggest that the measure might be implemented as a pilot program. Some of the provisions we would suggest including are contained in HB 1949, which provides additional parameters for the stocking of epinephrine auto-injectors on school premises, 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.



Thank you for your time and consideration today.

#### References

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

**Friday, March 14, 2014**

**1:00 P.M.**

To: Chairperson Jill Tokuda and Chairman Josh Green and Members of the Senate Committee on Education and the Senate Committee on Health:

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.

HAJ does not object 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 supports this bill.

The original bill added 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 but now supports the HD 2 version.

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