

NEIL ABERCROMBIE  
GOVERNOR



KATHRYN S. MATAYOSHI  
SUPERINTENDENT

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

**Date:** 01/27/2014

**Committee:** House Education

**Department:** Education

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

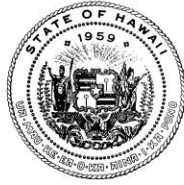
**Title of Bill:** HB 1777 RELATING TO EDUCATION.

**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. We also appreciate the support that this bill provides by including 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.

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



Gary Gill  
ACTING DIRECTOR OF HEALTH

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

In reply, please refer to:  
File:

**SENATE COMMITTEE ON EDUCATION**

**HB 1777, RELATING TO EDUCATION**

**Testimony of Gary Gill**  
**Acting Director of Health**

**January 27, 2014**

1 **Department's Position:** The Department of Health (DOH) supports HB1777 provided that its passage  
2 does not replace or adversely impact 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 Thank you for the opportunity to testify.



COMMUNITY CHILDREN'S COUNCIL OF HAWAII  
1177 Alakea Street · B-100 · Honolulu · HI · 96813  
TEL: (808) 586-5363 · TOLL FREE: 1-800-437-8641 · FAX: (808) 586-5366

January 24, 2014

Representative Roy M. Takumi, Chair  
Representative Takashi Ohno, Vice-Chair  
Chairs of the Education Committee – State Capitol

RE: HB1777 – 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. 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

Jessica Wong-Sumida, Co-Chair

(Original signatures are on file with the CCCO)

**Testimony of  
R. Brian Tsujimura  
on behalf of  
Mylan Inc.**

DATE: January 24, 2014

TO: The Honorable Roy M. Takumi  
Chair, House Committee on Education  
*Submitted Via WEB*

RE: **HB 1777 Relating to Education**  
**Hearing Date: Monday, January 27, 2014**  
**Conference Room: 309**

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Chair Takumi and members of the House Committee on Education:

I am Rick Tsujimura representing 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.

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. This number is particularly disturbing.

Mylan supports HB 1777. 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.

Oregon now allows entities like restaurants and summer camps to stock and administer epinephrine auto-injectors and New York State allows summer camps to stock and administer epinephrine auto-injectors. In addition, Alaska, California, Florida, North Dakota and several other states have programs that allow individuals - such as teachers, scout leaders, restaurant employees, daycare and camp employees - who have completed state approved training programs to obtain and administer epinephrine auto-injectors to others who they believe are experiencing anaphylaxis. HB 1777 is an important step to addressing this issue here in Hawaii.

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.<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 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).<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 you to ensure that Hawaii schools and other entities where children and adults may come into contact with allergens that could cause anaphylaxis 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 to include the provisions of HB 1949.

#### References

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

**Monday, January 27, 2014**

To: Chairman Roy Takumi and Members of the House Committee on Education:

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

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.

## Jenna Takenouchi

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, January 26, 2014 10:08 PM  
**To:** EDNtestimony  
**Cc:** kevins.keeper@yahoo.com  
**Subject:** Submitted testimony for HB1777 on Jan 27, 2014 14:00PM

### HB1777

Submitted on: 1/26/2014

Testimony for EDN on Jan 27, 2014 14:00PM in Conference Room 309

Submitted By	Organization	Testifier Position	Present at Hearing
Robin Hall	Individual	Comments Only	No

Comments: Robin Hall Parent of youth with Food Allergies Kevins.keeper@yahoo.com 808-772- 4013 Representative Roy M. Takumi, Chair Representative Takashi Ohno, Vice-Chair Chairs of the Education Committee – State Capitol RE: HB1777 – Relating to Education Education; Administration of Epinephrine; Department of Health; Appropriation Dear Chair Representative Takumi and Vice-Chair Ohno and Members of the Committee, Thank you for HB1777, which allows for the emergency administration of auto-inject able epinephrine by school staff who volunteers to do so and requires instruction of volunteers by the Department of Health. How can parents be assured or what guideline will to used as to how many and what areas would require a trained volunteer to be present/available? Some states are mandating 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 school certification. Is there a way Hawaii may be able to ensure t rained personnel? 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? Locked epi pens is the current practice in Hawaii's schools 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 will be locked can loose their license due to ethics. At this time Mililani's PH nurse has not signed the plan which will not allow for the Emergency Action Plan to be formulated and my child is unable to attend school. Thank you for specifying epi pens must be secure and unlocked. Currently, waivers 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 are carefully watching, concerned that parents of youth with disabilities and under 10 years of age, are respon sible for their own life and death, should they need their epi pen. The waivers have 5 year olds carrying epi pens in back packs, 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

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