

SB2422

Epi Pens; DOH; \$
EDU/HTH, WAM



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

Date: 01/31/2014

Committee: Senate Education/Senate Health

Department: Education

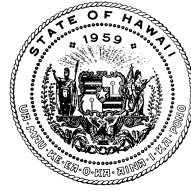
Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 2422 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 SB 2422. We also appreciate the support that this bill provides by including an appropriation to assist with the implementation of this measure as the Department would not have the means to do under our current budget appropriation.



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

SB 2422, RELATING TO EDUCATION

Testimony of Gary Gill
Acting Director of Health

January 31, 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 requests the following amendments:**

8 Section 1 Part 1 (b)(3) at page 2 lines 9-14: Add advanced practice registered nurse to the current
9 "physician or physician assistant" who is authorized to write a certificate stating that the student has
10 medical orders that glucagon or epinephrine may be administered by a volunteer.

11 Section 1, Part 2:

12 Remove amended reference to department of health and retain original language that a qualified health
13 care professional would provide training. (Page 2, line 16 – Page 3, line 3)

14

15 Suggested wording for Section 1, Part 2. (Page 2 line 15 through page 3 line 7)

1 “By amending subsection (g) to read:

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

10 Thank you for the opportunity to testify.



HAWAII DISABILITY RIGHTS CENTER

1132 Bishop Street, Suite 2102, Honolulu, Hawaii 96813

Phone/TTY: (808) 949-2922 Toll Free: 1-800-882-1057 Fax: (808) 949-2928

E-mail: info@hawaiidisabilityrights.org Website: www.hawaiidisabilityrights.org

THE SENATE THE TWENTY-SEVENTH LEGISLATURE REGULAR SESSION OF 2014

Committee on Education Committee on Health Testimony in Support of S.B. 2422 Relating to Education

**Friday, January 31, 2014, 1:15 P.M.
Conference Room 414**

Chair Tokuda, Chair Green and Members of the Committees:

The Hawaii Disability Rights Center testifies in support of this bill. We represented a nine year old boy approximately a few years ago who was prevented by the DOE from attending the school in his district, Solomon Elementary School, because of his need to administer epinephrine. Our position was that, quite frankly, the current law was sufficiently clear in that it allows the self-administration of medication for anaphylaxis. It is universally recognized that epinephrine is what is administered to counteract episodes of anaphylactic shock.

In fact, at most of the schools that we have worked with, administration of epinephrine has been a relatively routine matter. However, at this school in this instance, the DOE was adamantly recalcitrant about violating this child's rights. In fact, they prevented him from attending school from February 2012, until November 2012. It was only after we initiated legal proceedings that they agreed to allow the child to attend school.

Incidents such as this should never have occurred and should not be allowed to occur in the future. For that reason, to the extent that the law needs to be more than CRYSTAL CLEAR and specifically reference epinephrine, we are in support and appreciate the legislature's efforts to address this issue.

Thank you for the opportunity to testify in support of this measure.





S E A C
Special Education Advisory Council
919 Ala Moana Blvd., Room 101
Honolulu, HI 96814
Phone: 586-8126 Fax: 586-8129
email: spin@doh.hawaii.gov

January 31, 2014

**Special Education
Advisory Council**

Ms. Ivalee Sinclair, *Chair*
Ms. Martha Guinan, *Vice
Chair*

Ms. Brendelyn Ancheta
Dr. Tammy Bopp
Dr. Robert Campbell
Ms. Deborah Cheeseman
Ms. Annette Cooper
Ms. Shari Dela Cuadra-Larsen,
liaison to the Superintendent
Ms. Jenny Gong
Ms. Gabriele Finn
Ms. Tami Ho
Ms. Barbara Ioli
Ms. Valerie Johnson
Ms. Deborah Kobayakawa
Ms. Bernadette Lane
Ms. Shanelle Lum
Ms. Dale Matsuura
Ms. Stacey Oshio
Ms. Zaidarene Place
Mr. Kenneth Powell
Ms. Barbara Pretty
Ms. Kau'i Rezentes
Ms. Melissa Rosen
Dr. Patricia Sheehey
Mr. Tom Smith
Ms. Lani Solomona
Dr. Daniel Ulrich
Ms. Amy Weich
Ms. Cari White
Ms. Susan Wood

Jan Tateishi, Staff
Susan Rocco, Staff

Senator Jill Tokuda, Chair
Senate Committee on Education
Senator Josh Green, M.D., Chair
Senate Committee on Health
State Capitol
Honolulu, HI 96813

RE: SB 2422 - Relating to Education

Dear Chairs Tokuda and Green and Members of the Committees,

The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), **supports** SB 2422 that allows for the emergency administration of auto-injectable epinephrine by school staff who volunteer to do so and requires instruction of volunteers by the Department of Health.

SEAC 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 SEAC's understanding of the terms is correct, then the revised



Testimony on SB 2422

January 31, 2014

Page 2

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 (as in the case of a pre-school student or a student with physical or cognitive disabilities). Early administration of epinephrine will help to prevent more life-threatening symptoms and medical complications.

Thank you for the opportunity to provide testimony on this potentially life-saving legislation.

Respectfully,

A handwritten signature in cursive script, appearing to read "Ivalee Sinclair", written in black ink on a light-colored background.

Ivalee Sinclair, Chair



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 29, 2014

Senator Jill N. Tokuda, Chair
Senator Michelle N. Kidani, Vice Chair
Chairs of the Education Committee – State Capitol

Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair
Chairs of the Health Committee – State Capitol
RE: SB2422 – Relating to Education
Education; Administration of Epinephrine; Department of Health; Appropriation

Dear Senators Tokuda and Green and Vice Chairs Kidani and Baker and Members of the Committee,

The 17 Community Children's Councils (CCCs) **strongly supports** SB2422. 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
Gary Slovin/Rick Tsujimura/Mihoko Ito
on behalf of
Mylan Inc.**

DATE: January 30, 2014

TO: The Honorable Jill Tokuda
Chair, Senate Committee on Education and
The Honorable Josh Green
Chair, Senate Committee on Health
Submitted Via E-Mail: EDUtestimony@capitol.hawaii.gov

RE: **SB 2422 Relating to Education**
Hearing Date: Friday, January 31, 2014; 1:15 p.m.
Conference Room: 414

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.

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. This number is particularly disturbing.

Mylan supports SB 2422. 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. SB 2700 allows schools to stock and administer epinephrine auto-injectors in schools and we urge you to amend and incorporate it into SB 2422 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. SB 2422 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 SB 2700.

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 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 SB 2422 to include the provisions of SB 2700.

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 ROBERT TOYOFUKU ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) IN OPPOSITION TO S.B. 2422**

Date: Friday, January 31, 2014
Time: 1:15 pm

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 testimony on behalf of the Hawaii Association for Justice (HAJ) in OPPOSITION to S.B. 2422.

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.

From: [Teresa Parsons](#)
To: [HTHTestimony: EDU Testimony](#)
Subject: Opposition to SB 2422
Date: Tuesday, January 28, 2014 4:36:20 PM

Honorable Senators,

I appreciate the time and opportunity to present testimony on this measure. I **OPPOSE** this legislation as written. I do believe qualified individuals **SHOULD** be available within each school to provide emergency aid to children experiencing medical issues, such as diabetic reactions and allergic reactions. I take issue with the path this legislation is taking to address the shortfall of trained healthcare professionals in the schools.

When I was attending school, there was a school nurse who provided oversight and health evaluation to children within the school. This nurse was a qualified and trained presence in the school to respond to medical emergencies which **GOES BEYOND** administration of a medication. Upon seeing a medical event occurring, the school nurse responds by **ASSESSING, EVALUATING, AND TREATING** medical conditions which goes well beyond giving an injection or administering a tablet.

I urge the Senate to take up a measure to return **NURSES** to the schools of Hawai'i, not burden teachers with a responsibility outside their training and mission.

Mahalo for allowing me to submit testimony in **OPPOSITION** to this measure.

Teresa Parsons

Kailua resident and Nurse Practitioner

--

Teresa A. Parsons APRN-BC, MA, MN
Director, Nursing Executive Leadership Program
School of Nursing and Dental Hygiene
University of Hawai'i
2528 McCarthy Mall, Webster Hall 411
Honolulu, Hawai'i 96859
Office voicemail: (808) 956-2095
Cellular: (808) 295-6288

SB2422

Submitted on: 1/28/2014

Testimony for EDU/HTH on Jan 31, 2014 13:15PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
sherrian witt	Witt Counseling Service	Support	No

Comments: As time is a crucial element I support this measure.