

Written Only

DAVID Y. IGE
GOVERNOR



KATHRYN S. MATAYOSHI
SUPERINTENDENT

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

Date: 03/03/2015
Time: 09:10 AM
Location: 211
Committee: Senate Ways and Means

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 0846 RELATING TO EDUCATION.

Purpose of Bill: Authorizes Department of Education (DOE) employees and agents to volunteer to administer auto-injectable epinephrine to a student with anaphylaxis in an emergency situation. Allows DOE to make arrangements to receive auto-injectable epinephrine supplies from manufacturers or suppliers. Requires DOE to report on the status of implementation.

Department's Position:

The Department of Education (Department) supports the intent of SB 846. This bill will allow Department employees and agents to volunteer to administer epinephrine in an emergency situation to students with anaphylaxis when needed. Volunteers will also receive training in the proper administration of epinephrine.

Parents or guardians provide the school with any medication required to be administered to their child during the school day.

However, the Department has concerns about the potential fiscal implications related to any direct purchases of auto-injectable epinephrine supplies from auto-injectable manufacturers or suppliers. As such, the Department respectfully requests that the following language be removed from this measure (p.3, lines 11-13): *"The department may also make arrangements to receive auto-injectable epinephrine supplies from auto-injectable epinephrine manufacturers or suppliers."*

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March 2, 2015

The Honorable Sen. Jill Tokuda and Sen. Ronald Kouchi
Senate Committee on Ways and Means Leadership
Hawaii State Capitol
Honolulu, Hawaii

RE: Testimony in Support of SB846 to include Amendments as suggested by the American Diabetes Association

Aloha Honorable Members of the Senate Committee on Ways and Means:

Every child has a right to an education and the right to feel safe when they go to school but sadly this is not the case for children with diabetes here in Hawaii. There over 1,000 keiki who receive good care in school, there are also many who don't and who as a result are experiencing avoidable under-achievement and ill health. These students also face discrimination and are excluded from school trips and extra-curricular activities, which means they are not able to participate in normal school life and reach their full educational potential.

This is unacceptable and goes against our commitment to improving the opportunities and experiences available to our keiki. We want to see all children with health needs get the essential support that enables them to benefit from their time at school but while current guidelines urge schools to be sympathetic to medical needs, we hear from many parents that this inconsistent approach is not working and that they have to fight for basic support from their child's school.

I would like to ask for your full support of SB846 and to include the following amendments:

- Allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- Permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- Allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

SB846, with our amendments, is medically safe and necessary to ensure students with diabetes receive appropriate care and are provided with access to supplies they need during times when a health aide, school nurse, or contract nurse is not available for daily routine diabetes care.

We would greatly appreciate your deep consideration and urge you to support these important amendments and invite your colleagues to do same.

Sincerely,

Lawrence Duenas, Assoc. Director
American Diabetes Association

Enclosures



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

DATE: March 2, 2015

TO: Senator Jill Tokuda
Chair, Committee on Ways and Means

Submitted Via WAMtestimony@capitol.hawaii.gov

RE: **S.B. 846 – Relating to Education**
Hearing: Tuesday, March 3, 2015, 9:10 a.m.
Conference Room: 211

Dear Chair Tokuda 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 17 stores on the islands of Oahu, Maui and Hawai`i.

Walgreens **supports** S.B.846, which authorizes DOE employees and agents to volunteer to administer auto-injectable epinephrine to a student with anaphylaxis in an emergency situation, and allows DOE to make arrangements to receive auto-injectable epinephrine supplies from manufacturers or suppliers.

Anaphylaxis is a life threatening allergic reaction that can occur when people are exposed to an allergen. The availability of an epinephrine auto-injector can be life-saving to a person experiencing this type of allergic reaction. Walgreens supports this measure because it expands access to a critical drug that can save children’s 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
C. Mike Kido

999 Bishop Street, Suite 1400
Honolulu, HI 96813
(808) 539-0840

Dear Senator Kidani, Senator Green, and Members of the Senate Committees,

Thank you for SB946, this life saving bill would allow 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.

1. Could guidelines be provided to require scheduled and strategically placed volunteers to ensure coverage as appropriate? I ask this because in the cafeteria, a volunteer was not present when my son was fed a food he has anaphylaxis to and the epi pen was locked in another building, in the health aid room - inaccessible.

2. Medication storage. DOE policy requires secure, aka locked, epi pen storage in the Health Aid Room. Per medical order, Kevin's life saving epi pen must be within 25 yards at all times which is also best case practice but DOE State Superintendent Matayoshi documented legislation is required to alter DOE policy of locking epi pens unsafely away.

In fact, my son is unable to access a free and public education (FAPE) and attend school because the DOH is unable to create an Emergency Action Plan which is required before kids who need medications at school can attend. DOH cites DOE's policy of locking epi pens away as the reason DOH is unable to create a plan for my son to attend school.

Wavers are used to by DOE for youth to carry and self administer to comply with DOE's locked and inaccessible epi pen policy. Although, elementary students or a youth with a cognitive disability are depending on this legislation to protect them.

3. Training is very important to me. Could we include training (which many schools offer) but also a drill to ensure appropriate communication, location of volunteers, and ability to obtain the epi pen and administer expeditiously.

Thank you for all your hard work and please contact me if you have any questions or would like the documentation.

Sincerely,

Robin Hall
808-772-4013
Kevins.keeper@yahoo.com

Dr. Jane K Kadohiro, DrPH, APRN, CDE, FAADE
Diabetes Education and Support Consulting Services
1629 Wilder Avenue 504
Honolulu, HI 96822
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(808) 271 1282 kadohiro@hawaii.edu

March 2, 2015

The Honorable Jill Tokuda, Chair
The Honorable Scott Y. Nishimoto, Vice Chair
House Committee on Finance
Hawaii State Senate
Hawaii State Capitol
Honolulu, Hawaii 96813

RE: SB 846
Testimony for hearing March 3, 2015 at 9:10 am
In support of SB 846 with proposed amendments (see page 2)

Dear Chair Tokuda, Vice Chair Kouchi, and Members of the Senate Ways and Means Committee

Successful academic achievement and preparedness for a productive life is seriously impaired among students who have life-threatening health needs that are not addressed during the school day and during school related activities. Diabetes is life-threatening for most children so affected.

I am writing in support of SB 846 which, if amended as proposed on page 2, will improve the ability of children who have diabetes to receive their life saving insulin which is required around the clock, including throughout the school day and during school related activities. By being medically safe at school, these children will maximize their learning and go on to live rich, full, and productive lives.

Unfortunately, this is often not the case with children who have diabetes in Hawaii's schools. In many situations, parents have been instructed by school officials to enroll their child at a school that has a nurse, and in numerous situations, parents have had to take time off work every day to go to their child's school to give their child insulin, test blood sugar, etc. A number of parents have actually had to quit their jobs to care for their child during the school day, and some have actually moved to the mainland U.S. where care is available within the school system. A teenager (who was an honors student and active in his school and community) was warned that he could not keep any food in his possession (which is needed to treat low blood sugar), and if he was ever caught with an insulin syringe at school, he would be taken immediately to the police station! This youth, as with most teens who have diabetes, is well able to self manage his diabetes without a disruption in his learning- and with minimal supervision.

For over 20 years, I have been involved in numerous meetings with various school officials and others to address the critical health dangers faced (and experienced) when the issues addressed in SB 846 (and the proposed amendments noted below) are not available to students- and in fact in numerous cases have been denied. Representing my official work and volunteer work, though attempted many times, I have never been given an appointment with any of the Superintendents in these 20 years. After many unsuccessful attempts to schedule a meeting over many years, when finally seen by the Chair of the Board of Education and two other members, we were told that our concern is not their responsibility. We were informed at a meeting this past year- and the DOE testified before the House Committee on Health in 2013- that that our concerns are clearly addressed in DOE policy This is NOT so!

The Department of Education has had many years of many opportunities to correct these serious concerns, and they have not. While a small amount of progress has been made over many years, there is still no DOE policy to address these serious issues, and the same calls of desperation continue year after year from parents of newly diagnosed children or when children transfer or advance to a new school.

In addition to the amendments proposed by the American Diabetes Association (1-3, below), there are additional aspects of care that are also live saving aspects of standards of care and self management for all children who have diabetes. In sum, the following additional amendments to SB 846 (4 and 5 below) will address these additional critical needs of students with diabetes:

- 1. allow department employees and others to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan;**
- 2. permit students who are able to test and self-manage their diabetes (including high and low blood glucose levels) in the classroom or at any school-related activity;**
- 3. allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.**
- 4. permit students with diabetes to test their blood glucose during routine academic (including standardized) test taking, treat as needed, and resume test taking.**
- 5. make known to and assist parents or guardians of all students who have diabetes, the DOE policies regarding diabetes, the 504 process, the required**

forms, and other individualized plans and accommodations that the student may require.

Please note that the proposed amendments to SB 846 have no additional cost implications for the DOE. In fact, passage of SB 846 with the proposed amendments should result in not only some cost savings, but **may very likely reduce the likelihood of lawsuits if the critical needs of these students are not met** (and they are NOT met at present). Please feel free to contact me to discuss any concerns or questions. I can best be reached at kadohiro@hawaii.edu or at 808 271 1282.

Mahalo nui loa for your interest in the health and learning of Hawaii's children!! I am most appreciative of your serious attention to and support of SB 846, together with these very important amendments- all a basic standard of care of a child with diabetes all day, everyday throughout his or her life.

Dr. Jane K Kadohiro

Lifetime Volunteer and Past President, American Diabetes Association – Hawaii
Past National Board Member, American Diabetes Association
Chair, Advocacy Committee
President and CEO, Diabetes Education and Support Consulting Services
The Queen's Medical Center, Diabetes Center, retired. 2009-2013
Professor and Advanced Practice RN from University of Hawaii, retired. 1991-2009
Deputy Director of Health, State of Hawaii, 2002-2004
Public health Nurse, Hawaii State Department of Health, 1978-1991
Person with Type 1 Diabetes for 60 years

March 1, 2015

**Testimony to Ways and Means Committee
Tuesday, March 3, 2015 at 9:10am
State Capitol - Conference Room 211**

**RE: SENATE BILL NO. 504 SD1 RELATING TO HISTORIC
PRESERVATION**

Dear Chair Jill Tokuda, Vice-Chair Kouchi, and members of the Committee,
Mahalo nui for this opportunity to provide my testimony in opposition to
SB 504 SD1.

My name is Nicole O’Kief. I am a law student at William S. Richardson
School of Law and have lived in Hawaii for fifteen years. I am
passionate about Historical Preservation in Hawaii, and will be working
on Historical Preservation as a primary focus in the years to come.

I strongly oppose this bill. If permitting agencies and landowners are
allowed to decide the significance of historic properties prior to the
current process that require the determination be made only after the
properties have been properly identified inventoried, iwi kūpuna and
historic sites could be irreparably harmed.

This bill is supposedly intended to improve inefficiencies associated
with processing of applications seeking land use permits. This bill seeks
to rectify this problem that is supposedly caused by the historic
preservation review process causing these undue delays. But after
reading about OHA’s investigation on this matter, it seems that is an
inaccurate depiction of what is responsible for the delays.

Further, it has been noted by OHA that amending the definition of
“historic property”, as proposed by this bill, would have “unintended
consequences for Native Hawaiian historic and cultural resources
relative to the narrow residential issue this bill seeks to address.”

Essentially, if the definition of “historic property” is amended so that it
is based on the state historic register criteria, determinations by agencies

and landowners seeking project approval, without the oversight of SHPD, will be made. To lose out on the information and expertise provided by SHPD could cause irreparable harm to sites that did not have a detailed archeological survey, but are in fact very culturally significant to Native Hawaiians.

It has been noted as well that if implemented, this measure could cause additional delays to processing project applications since changing the definition of “historic property” requires extensive revising of many of SHPS’s administrative rules.

Mahalo for the opportunity to provide testimony in opposition to SB 540 SD1.

Sincerely, Nicole O’Kief