



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

Date: 02/12/2018
Time: 02:50 PM
Location: 229
Committee: Senate Education

Department: Education

Person Testifying: Dr. Christina M. Kishimoto, Superintendent of Education

Title of Bill: SB 2388 RELATING TO STUDENT HEALTH.

Purpose of Bill: Allows schools to stock auto-injectable epinephrine. Authorizes designated school personnel to provide epinephrine to student for self-administration. Requires training to designated school personnel in the administration of insulin, glucagon, and auto-injectable epinephrine.

Department's Position:

The Department of Education (DOE) recognizes the intent of SB 2388 that amends Section 302A-1164, Hawaii Revised Statutes, and offers comments. Further, the DOE continues to closely work and collaborate with the Department of Health (DOH) to ensure students who require epinephrine are properly cared for.

Established training and procedures. Many of the proposed amendments are currently in place. The proposed bill requires training for designated school personnel in the administration of insulin, glucagon and auto-injectable epinephrine. At present, the DOH public health nurses (PHNs) review and authorize all physician prescribed medication requests to be administered in the school setting. In coordination with the student's parent or guardian, PHNs complete an emergency action plan (EAP) to provide the staff with individualized guidelines for the management of life-threatening allergies and diabetes. All EAPs are housed with School Health Assistants (SHAs) who share the guidelines with other staff and provide guidance, as deemed appropriate.

The DOH provides annual training to all SHAs on the administration of auto-injectable epinephrine, glucagon and blood sugar monitoring. The DOH, health care providers, and members of relevant health-related organizations provide training for other DOE personnel. The education and training are based on standards from the American College of Allergy, Asthma and Immunology, United States Centers for Disease Control and Prevention, American Diabetes Association, American Academy of Pediatrics and the National Association for School Nursing. The DOH maintains a list of DOE personnel trained in the administration of auto-injectable epinephrine, glucagon, assistance with blood sugar testing and emergency action plans. Parents or guardians who request that their child be able to self-administer emergency medications are required to complete a DOE form and are allowed to carry their medications with them at all times.

Stocking of auto-injectible epinephrine. The DOE is committed to a school environment that readily addresses the health needs of its students. Respectfully, the DOE has serious concerns about schools possessing and maintaining a stock auto-injectible epinephrine, enabling health care providers to prescribe auto-injectible epinephrine in the name of the school, entering into arrangements with manufacturers or third party suppliers of auto-injectible epinephrine. (Page 9, Lines 17-21; Page 10, Lines 1-14)

Thank you for the opportunity to provide testimony on this measure.

The Hawaii State Department of Education seeks to advance the goals of the Strategic Plan which is focused on student success, staff success, and successful systems of support. This is achieved through targeted work around three impact strategies: school design, student voice, and teacher collaboration. Detailed information is available at www.hawaiipublicschools.org.

**TESTIMONY OF NAHELANI WEBSTER ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) REGARDING S.B. 2388**

Date: Monday, February 12, 2018

Time: 2:50 p.m.

Room: 229

To: Chair Michelle N. Kidani and Members of the Senate Committee on Education

My name is Nahelani Webster and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) regarding S.B. 2388, Relating to Student Health.

We support the intent of the bill but ask that section (j), page 8, line 20, be amended so that the deleted language, “, except for a qualified health care professional providing the training required in subsection (g),” be reinserted. The provision would absolve doctors and other medical care professionals from liability even though they have the requisite skills and training. It is therefore good public policy that they be held to the usual standard of exercising reasonable care when acting in accordance with the requirements of this section.

Thank you for the opportunity to provide comments on S.B. 2388.



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Hawaii Director
American Diabetes Association

February 12, 2018

The Honorable Michelle N. Kidani
Chair, Senate Committee on Education
Hawaii State Capitol, Room 228
415 South Beretania Street
Honolulu, Hawaii 96813

RE: IN STRONG OPPOSITION OF SB2388

Dear Senator Kidani:

We write on behalf of the American Diabetes Association (Association) to express concerns over Senate Bill 2388 (SB2388), your legislation allowing schools to stock auto-injectable epinephrine and authorizing trained personnel to administer it to students.

Our concerns are not with adding epinephrine to the list of medications that can be administered by trained personnel, but rather we are concerned about what we think are unintended consequences of the bill's language that could create barriers for school personnel who want to volunteer to be trained to administer diabetes care and the organizations and individuals who want to provide training to the school personnel who do volunteer.

Additionally we are concerned the bill's language inappropriately conflates emergency care with routine diabetes care. Examples of this include the references in the bill to the "emergency health treatment training program." Most administration of insulin to students during the school day is routine and not done for emergency reasons; therefore we are concerned the new language would unintentionally exclude training for routine diabetes care which is critical to students with diabetes to remain healthy and have equal access to educational and recreational opportunities.

We appreciate your intention to make schools safer for students with asthma and allergies and would welcome the opportunity to discuss these concerns and how they can be addressed in more detail. Please do not hesitate to contact me at (808) 947-5979 x 7035 or by email to lduenas@diabetes.org.

Warmest aloha,

LJ Duenas, Hawaii Director
American Diabetes Association



21 people
are diagnosed with
diabetes every day
in Hawaii

American Diabetes Association
Pioneer Plaza
900 Fort Street Mall, Suite 940
Honolulu, Hawaii 96813
Tel (808) 947-5979 | Fax (808) 546-7502
1-888-DIABETES (342-2383)
diabetes.org/hawaii
Federal Tax Identification Number: 13-1623888

SB-2388

Submitted on: 2/11/2018 10:49:33 PM

Testimony for EDU on 2/12/2018 2:50:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Vickers	FARE	Support	No

Comments:

Testimony in support of SB2388, to be heard by the Senate Committee on Education, Hawaii State Legislature, on February 12, 2018

Dear Chair Kidani, Vice Chair Kahele, and members of the Committee:

My name is Kathleen Vickers. I have lived in Hawaii for 16 years. I work as a writer for Food Allergy Research & Education (FARE), a national patient advocacy group for individuals and families managing food allergies, including those at risk for life-threatening anaphylaxis. I am submitting this testimony as an individual and not as a representative of FARE.

I am writing in support of SB2388, which allows schools to stock auto-injectable epinephrine, authorizes designated school personnel to provide epinephrine to student for self-administration, and requires training to designated school personnel in the administration of insulin, glucagon, and auto-injectable epinephrine.

At present, Hawaii is the only state in the nation that does not allow or require public K-12 schools to acquire undesignated (stock) epinephrine for use to treat severe allergic reactions.

- Food allergies are a growing epidemic that affects an estimated 15 million U.S. residents, including 5.9 million children.
- Forty (40) percent of those children have experienced a severe or life-threatening allergic reaction to food.
- Every three minutes, a person in the United States receives emergency care for an allergic reaction to food.
- Fifteen (15) percent of school-aged children with food allergies have experienced a reaction at school.

During an allergic reaction to food, the immune system encounters a normally harmless protein and fights back, typically triggering symptoms within minutes. During a severe reaction, these symptoms can target the lungs, heart, mouth, throat, skin, gut and brain. The deadliest symptoms restrict breathing and circulation. In addition to food proteins, other types of proteins, such as insect venoms, can trigger severe reactions.

When a severe allergic reaction occurs, the only treatment we have is epinephrine, which can be safely injected into the leg using an epinephrine auto-injector. Epinephrine can reverse the deadly symptoms of anaphylaxis, but it must be given quickly. Delay in giving epinephrine is a risk factor for death from anaphylaxis. These deaths are thankfully rare, but they happen every year, and each death is a horrible, preventable tragedy. Only last June, a young man from Kauai who had food allergies died from an allergic reaction.

Stock epinephrine in schools allows students who don't have their own epinephrine with them or in the health room to receive the drug sooner, resulting in better outcomes, and even saving lives. Students whose allergies have never been diagnosed are protected by stock epinephrine. Studies have found that 20 to 25 percent of students who received stock epinephrine for a severe allergic reaction at school weren't known to have an allergy at the time.

My younger daughter's last preschool class in Honolulu had less than 20 students. They included a child with life-threatening egg allergy, another child who had his first anaphylactic reaction to bee stings at the preschool, and a third child with Type 1 diabetes. We can make school safer for these keiki and for keiki throughout the state by allowing schools to stock epinephrine, provide epinephrine to students to self-administer, and train designated school personnel to administer insulin to treat high blood sugar, glucagon to treat low blood sugar, and epinephrine to treat life-threatening allergic reactions.

Please support SB2388. Thank you.

SB-2388

Submitted on: 2/11/2018 12:25:56 PM

Testimony for EDU on 2/12/2018 2:50:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities	Support	No

Comments:

**PRESENTATION OF THE
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES**

DEMOCRATIC PARTY OF HAWAII

TO THE COMMITTEE ON EDUCATION

THE SENATE

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Monday, February 12, 2018

2:50 p.m.

Hawaii State Capitol, Conference Room 229

RE: Testimony in Support of SD 2388, RELATING TO STUDENT HEALTH

To the Honorable Michelle N. Kidani, Chair; the Honorable Kaiali'i Kahele, Vice-Chair and the Members of the Committee on Education:

Good afternoon, my name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on Senate Bill No.2388, relating to Auto-injectable Epinephrine use in DOE Schools.

The OCC Legislative Priorities Committee is in favor of Senate Bill No.2388 and supports its passage as Epinephrine is a lifesaving medicine for people with severe allergies.

Senate Bill No. 2388 is in alignment with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it authorizes designated school personnel to provide epinephrine to a student for self-administration. It further requires training to designated school personnel in the administration of insulin, glucagon, and auto-injectable epinephrine.

The DPH Platform states that "[w]e support community health initiatives that provide opportunities for the overall health of communities through strategic projects and programs focusing on increased interaction and physical activities among all age groups, as well as better nutrition." (Platform of the DPH, P. 7, Lines 378-380 (2016)).

Given that Senate Bill No. 2388 authorizes designated trained school personnel to provide epinephrine to a student for self-administration, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja

Melodie Aduja, Chair, OCC Legislative Priorities Committee

Email: legislativepriorities@gmail.com, Tel.: (808) 258-8889

SB-2388

Submitted on: 2/9/2018 7:54:50 PM

Testimony for EDU on 2/12/2018 2:50:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Maupin		Support	No

Comments: