



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.

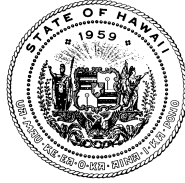
Established training and procedures. Many of the proposed amendments are currently in place. The proposed bill requires training for designated school personnel in the administration of insulin, glucagon and auto-injectable epinephrine. At present, the DOH public health nurses (PHNs) review and authorize 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.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
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doh.testimony@doh.hawaii.gov

Testimony COMMENTING on S.B. 2388
RELATED TO AUTO-INJECTABLE EPINEPHRINE; DOE; SCHOOLS

SENATOR MICHELLE KIDANI, CHAIR
KAIALII KAHELE, VICE-CHAIR
SENATE COMMITTEE ON EDUCATION

Hearing Date: 2/14/18

Room Number: 229

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) supports the intent of S.B. 2388 and
3 provides recommendations. This bill allows schools to stock auto-injectable epinephrine,
4 authorizes designated school personnel to provide epinephrine to student for self-administration,
5 and requires training to designated school personnel in the administration of insulin, glucagon,
6 and auto-injectable epinephrine.

7 All medication requests to be administered in the school setting are reviewed and approved by
8 DOH in accordance with Section 302A-853, Hawaii Revised Statutes. The DOH Public Health
9 Nurses (PHNs) complete an emergency action plan (EAP) in coordination with the student's
10 parent or guardian. These EAPs provide individualized guidelines for managing life-threatening
11 allergies and diabetes. The education and training are based on standards from the American
12 College of Allergy, Asthma and Immunology, U.S. Centers for Disease Control and Prevention,
13 American Diabetes Association, American Academy of Pediatrics, and National Association for
14 School Nursing.

15 Therefore, we recommend the following modification in Section I, (g) for clarity: "The training
16 shall be conducted by an entity or individual that follows a nationally recognized organization
17 experienced in training laypersons in emergency health treatment or an entity or individual
18 approved by the department of health." (Page 6, Line 9-12).

19

1 Thank you for the opportunity to testify.



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LJ Duenas
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

**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.

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.

EDU Testimony

From: Robyn Harano <RHarano@diabetes.org>
Sent: Monday, February 12, 2018 9:42 AM
To: EDU Testimony
Subject: Opposition of SB2388

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

Dear Senator Kidani:

I write in **opposition** of SB2388, your legislative allowing schools to stock auto-injectable epinephrine and authorizing trained personnel to administer it to students. My concern with this bill is not with adding epinephrine to the list of medications that can be administered by trained personnel, but how it was written as most administration of insulin to students during the school day is routine, and not done for emergency reasons. The language in the current bill will unintentionally exclude training for routine diabetes care which is critical to keep our keiki with diabetes healthy. I ask you defer this bill for further discussions with the Hawaii Safe at School working group comprised of representatives from the Dept. of Education, Dept. of Health, Dept. of Health Public Health Nurses, Kapiolani Medical Center, American Diabetes Association, and Kaiser Permanente.

Thank you,

Robyn Harano
Manager, Development and Administration
Hawaii



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EDU Testimony

From: Leigh.Goodwin@sanofi.com
Sent: Monday, February 12, 2018 9:21 AM
To: EDU Testimony
Subject: SB2388

Please support this bill to aid our keiki in Hawaii.

https://www.capitol.hawaii.gov/session2018/bills/SB2388_.htm

Leigh Ann Goodwin

Diabetes Territory Manager | SP1

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