



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

**Date:** 02/24/2022

**Time:** 10:00 AM

**Location:** CR 211 & Videoconference

**Committee:** Senate Ways and Means

**Department:** Education

**Person Testifying:** Keith T. Hayashi, Interim Superintendent of Education

**Title of Bill:** SB 2071, SD1 RELATING TO HEALTH.

**Purpose of Bill:** Requires all principals, guidance counselors, and teachers to perform self-review of seizure safety materials annually. Requires a seizure action plan for every diagnosed student and distribution of the plan to employees charged with supervising the student. Requires public schools, private schools, and public charter schools to have an employee trained to administer seizure disorder rescue medication. Exempts schools that do not have a student with a seizure disorder. Appropriates funds. Effective 7/1/2050. (SD1)

**Department's Position:**

The Hawaii State Department of Education (Department) respectfully offers comments on SB 2071, SD1.

The Department currently has systems in place to support students with chronic health conditions such as seizure disorders. Upon notification of a student with a chronic health condition, a team is formed with the student's parent or legal guardian, a Hawaii State Department of Health (DOH) Public Health Nurse, and all appropriate school staff to develop an Emergency Action Plan individualized to the student's medical needs. The Emergency Action Plan is reviewed annually and as needed.

To ensure the safety and well-being of all students, every Department school has a School Health Assistant trained in first aid, cardiopulmonary resuscitation and medication administration. Sections §302A-851 and §302A-853, Hawaii Revised Statutes (HRS), support the safe and effective administration of medication to students

by School Health Assistants and the Nurse Practice Act allows and covers medication administration by School Health Assistants.

Per Section §302A-1164, HRS, the Department allows the self-administration of medication by a student for asthma, anaphylaxis, diabetes, or other potentially life-threatening illness.

Under the Individuals with Disabilities Education Act and Section 504 Rehabilitation Act of 1973, a student with a seizure disorder may be eligible to receive additional services. An Individualized Education Program may be developed in collaboration with the legal guardian, school staff, and DOH Public Health Nurse to determine how to best meet the student's needs at school, before and after school, and during school-sponsored programs and co-curricular, extra-curricular, and non-academic school-sponsored events or activities.

Given the above-mentioned systems in place to support students with chronic health conditions such as seizure disorders, asthma, diabetes, and severe allergies, the Department believes that this bill is not necessary at this time.

Thank you for the opportunity to provide testimony on this measure

DAVID Y. IGE  
GOVERNOR



CRAIG K. HIRAI  
DIRECTOR

GLORIA CHANG  
DEPUTY DIRECTOR

**STATE OF HAWAII**  
**DEPARTMENT OF BUDGET AND FINANCE**  
P.O. BOX 150  
HONOLULU, HAWAII 96810-0150

EMPLOYEES' RETIREMENT SYSTEM  
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
OFFICE OF THE PUBLIC DEFENDER

ADMINISTRATIVE AND RESEARCH OFFICE  
BUDGET, PROGRAM PLANNING AND  
MANAGEMENT DIVISION  
FINANCIAL ADMINISTRATION DIVISION  
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

**WRITTEN ONLY**  
TESTIMONY BY CRAIG K. HIRAI  
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE  
TO THE SENATE COMMITTEE ON WAYS AND MEANS  
ON  
SENATE BILL NO. 2071, S.D. 1

**February 24, 2022**  
**10:00 a.m.**  
**Room 211 and Videoconference**

RELATING TO HEALTH

The Department of Budget and Finance (B&F) offers comments on Senate Bill (S.B.) No. 2071, S.D. 1.

S.B. No. 2071, S.D. 1, adds a new section to Chapters 302A, 302C, and 302D, HRS, to require: 1) public schools, private schools, and public charter schools to have an employee trained to administer seizure disorder rescue medication; 2) a seizure action plan for every diagnosed student and distribution of the plan to employees charged with supervising the student; and 3) all principals, guidance counselors, and teachers to perform self-review of seizure disorder materials annually. The measure exempts schools that do not have a student with a seizure disorder. Lastly, the measure appropriates an undetermined sum of general funds for FY 23 to train employees to administer or assist with the self-administration of seizure rescue medication at each public school and public charter school.

B&F notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that

states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai'i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.

DAVID Y. IGE  
GOVERNOR



**LATE**

JOHN S.S. KIM  
CHAIRPERSON

STATE OF HAWAII  
**STATE PUBLIC CHARTER SCHOOL COMMISSION**  
**(‘AHA KULA HO‘ĀMANA)**

<http://CharterCommission.Hawaii.Gov>  
1111 Bishop Street, Suite 516, Honolulu, Hawaii 96813  
Tel: (808) 586-3775 Fax: (808) 586-3776

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FOR: SB2071 SD1 Relating to Health  
DATE: February 24, 2022  
TIME: 10:00 A.M.  
COMMITTEE: Committee on Ways & Means  
ROOM: Conference Room 211 & Videoconference  
FROM: Yvonne Lau, Interim Executive Director  
State Public Charter School Commission

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Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Committee:

The State Public Charter School Commission (“Commission”) appreciates the opportunity to submit this testimony in **SUPPORT of SB2071 SD1**. The bill requires: all principals, guidance counselors, and teachers to perform self-reviews of seizure safety materials annually; a seizure action plan for every diagnosed student and distribution of the plan to employees charged with supervising the student; public schools, private schools, and public charter schools to have an employee trained to administer seizure disorder rescue medication; and exempts schools that do not have a student with a seizure disorder.

The Commission appreciates the inclusion of funding by the Senate Education and Health committees to increase health assistant and nurse services in state public charter schools which will allow charter schools to better meet the requirements of the bill as many of our public charter schools do not have Health Aides or at times access to the Department of Health, Public Health Nurses as do our Hawaii Department of Education public schools. Additionally, our public charter schools do not have access to a Keiki Nurse program in the way that our Department public schools have established.

The Commission has been working directly with the Hawaii Department of Health and the Department of Education to establish a similar “Keiki Nurse” program for our public charter schools. In fact, the Hawaii Department of Health has provided foundational funding through a recent grant given through the Hawaii Department of Education to assist with setting up a similar program for our public charter schools.

The Commission hopes that the funding provided in this measure will begin to address the operational and capacity issues that public charter schools face so that the intent of this bill can be met.

Thank you for the opportunity to provide this testimony.



**Testimony to the Senate Committee on Ways and Means  
Thursday, February 24, 2022; 10:00 a.m.  
State Capitol, Conference Room 211  
Via Videoconference**

**RE: SENATE BILL NO. 2071, SENATE DRAFT 1, RELATING TO HEALTH.**

Chair Dela Cruz, Vice Chair Keith-Agaran, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 2071, Senate Draft 1, RELATING TO HEALTH.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would require the Department of Education (DOE) to:

- (1) Have at least one school employee on duty during the entire school day to administer or assist with seizure rescue medication;
- (2) Ensure that all school employees assigned to administer or assist with seizure-rescue medication be trained with the best practice guidelines on seizure treatment; and
- (3) Require principals, guidance counselors, and teachers to complete at least one hour of self-study review of seizure disorder materials;

at all public and public charter schools in Hawaii.

The bill also appropriates unspecified amounts of general funds for fiscal year 2022-2023 to:

- (1) Train employees to administer or assist with the self-administration of seizure rescue medication at each public school and public charter school; and
- (2) Increase health assistant and nurse services in state public charter schools.

The bill would take effect on July 1, 2050.

The HPCA notes that this bill is based on model legislation proposed by the national Epilepsy Foundation to increase the public's awareness of seizure disorders and to make our Nation safer for those afflicted. Under the leadership of the Epilepsy Foundation of Hawaii, the HPCA has been a partner in this effort.

The HPCA is committed to this initiative and pledges to work with the Epilepsy Foundation of Hawaii and all other stakeholders for this cause. As a network of fifteen (15) health centers situated throughout the State, the HPCA welcomes the opportunity to assist and participate in the discussion.

Because of the prevalence of this malady, this Committee may want to consider expanding its scope to include private schools, as well as institutions of higher education, such as the University of Hawaii System and private universities and colleges in our State.

With that said, we also recognize that much of this bill pertains to the "conditions of employment" that should more appropriately be addressed through collective bargaining. But if this bill can start the conversation between DOE, the Hawaii State Teachers' Association, the Hawaii Government Employees Association, the United Public Workers and the applicable stakeholders, this bill would have accomplished much to improve the situation.

In closing, we'd like to share this thought: Try to imagine how scary it would be for a child to experience a seizure in a classroom. Imagine how scary it would be for the other students in the classroom who watch while this occurs. . . And also try to imagine how helpless the teacher will feel if he or she sees a student under his or her care in distress and not knowing what to do when this happens? If you were that teacher, would you be able to sleep that night and would you be hesitant to go back to school the next day?

**For these reasons, we urge your favorable consideration of this measure.**

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or [eabe@hawaiipca.net](mailto:eabe@hawaiipca.net).





**S E A C**  
**Special Education Advisory Council**  
1010 Richards Street Honolulu, HI 96813  
Phone: 586-8126 Fax: 586-8129  
email: [spin@doh.hawaii.gov](mailto:spin@doh.hawaii.gov)

February 24, 2022

**Special Education  
Advisory Council**

Ms. Martha Guinan, *Chair*  
Ms. Susan Wood, *Vice Chair*

Senator Donovan M. Dela Cruz, Chair  
Committee on Ways and Means  
Hawaii State Capitol  
Honolulu, HI 96813

Ms. Sara Alimoot  
Ms. Virginia Beringer  
Ms. Mary Brogan  
Ms. Deborah Cheeseman  
Ms. Annette Cooper  
Ms. Shana Cruz  
Mr. Mark Disher  
Ms. Mai Hall  
Ms. Melissa Harper Osai  
Dr. Kurt Humphrey  
Mr. Kerry Iwashita  
Ms. Melissa Johnson  
Ms. Tina King  
Ms. Jennifer Leoiki-Drino  
Ms. Cheryl Matthews  
Dr. Paul Meng  
Ms. Kiele Pennington  
Ms. Carrie Pisciotto  
Ms. Kau'i Rezentes  
Ms. Rosie Rowe  
Ms. Ivalee Sinclair  
Mr. Steven Vannatta  
Ms. Lisa Vegas  
Ms. Paula Whitaker  
Ms. Jasmine Williams  
Ms. Susan Wood

Ms. Annie Kalama, *liaison to  
the Superintendent*  
Ms. Wendy Nakasone-Kalani,  
*liaison to the military  
community*

Amanda Kaahanui, Staff  
Susan Rocco, Staff

RE: SB 2071, SD 1 - RELATING TO HEALTH

Dear Chair Dela Cruz and Members of the Committee,

The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), **supports the intent** of SB 2071, SD 1 that aims to ensure Seizure Safe Schools in public schools, public charter schools, and private schools for students with seizure disorders. With 2000 school age children in Hawaii who have a diagnosed seizure disorder, as estimated by the Center for Disease Control and Prevention, it is critical that seizure medications and vagus nerve stimulation magnets be added to the list of emergency interventions school personnel may administer.

This bill acknowledges the need to create a seizure action plan for each student with a seizure disorder and distribute it to all school personnel charged with supervising the student, with clear instructions on who to contact in the event of a seizure on campus. Beginning in January 2023 the bill requires an annual self-study review on the signs and symptoms of seizures and the appropriate steps for seizure first aid for all principals, counselors and teachers in public and private schools where there is one or more students with a seizure disorder. It also requires the designation of at least one school employee to administer prescribed seizure medications or stimulation with a vagus nerve stimulation magnet as needed.

SEAC believes these measures will go a long way in ensuring the safety of Hawaii's students with seizure disorders. We appreciate the opportunity to provide testimony on this important issue.

Respectfully,

Martha Guinan  
Chair

THE SENATE  
THE THIRTY-FIRST LEGISLATURE  
REGULAR SESSION OF 2022

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair  
Senator Gilbert S.C. Keith-Agaran, Vice Chair

NOTICE OF DECISION MAKING

DATE: Thursday, February 24, 2022  
TIME: 10:00 A.M.  
PLACE: Conference Room 211 & Videoconference  
TIMESLOT: WAM

POSITION: **STRONG SUPPORT SB2071, SD1**

Dearest Chair, Honorable Senator Donovan M. Dela Cruz  
and Vice Chair, Honorable Senator S.C Keith Agaran,

My name is Darlyn Chen Scovell, a volunteer advocate for families and children with FASD (Fetal Alcohol Spectrum Disorder) and the Hawaii FASD Action Group. Being the voice of children who have none and individuals with FASD who have been marginalized, unrecognized, and without help, attention, and services for many years.

I am writing in STRONG SUPPORT of SB 2071, SD1. Seizures are observed with a frequency of 3-21% in children with fetal alcohol spectrum disorders (FASD). In a scientific study, they retrospectively identified children with FASD and epilepsy or seizures from the databases of seven Italian pediatric neurology divisions. EEG and clinical follow-up are recommended in children with FASD and epilepsy, since severe conditions require aggressive treatment. Neuroradiological evaluation is warranted because it could associate several brain anomalies with maternal alcohol consumption during pregnancy. (Nicita et al., 2014). EEG showed diffuse or focal epileptic activity; two children developed electric status epilepticus during sleep (ESES). Structural brain anomalies, including polymicrogyria, nodular heterotopia, atrophy, and Arnold-Chiari type 1 malformation, were discovered in 50% of children with FASD. (Nicita et al., 2014).

Critical Health, Safety Training, and Education for all who work with children with FASD. Administration of emergency seizure rescue medication; training. (a) Beginning January 1, 2024, each school shall have at least one school employee on duty during the entire school day to administer or assist with: (1) The self-administration of seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the United States Food and Drug Administration; and (2) A manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet as approved by the United States Food and Drug Administration. (b) The department shall ensure that all school employees assigned to administer or assist with the self-administration of seizure rescue medication, vagus nerve stimulator magnet, or any other medication prescribed to treat seizure disorder symptoms are either trained: (1a) Through a training program adopted by rule under chapter 91 for the training of school personnel in the health care needs of students diagnosed with a seizure disorder; or (2a) By a physician, advanced practice registered nurse, or physician assistant consistent with best practice guidelines on seizure treatment and the recognition of the signs and symptoms of seizures and the appropriate steps for seizure first aid.

Fetal Alcohol Spectrum Disorder (FASD) is associated with secrecy and shame, possibly because of its preventable nature and the stigma attached to it CAUSED by ALCOHOL CONSUMPTION during pregnancy. Alcohol is legally accessible in community stores, often left in unlocked cabinets in many homes. Therefore, it is not surprising that the research stated that 1 in 20 first graders do have FASD. According to the research study questions, "Is this shame the reason for the marginalization of the children and families with FASD? Or access to alcohol and low cost of alcohol?" (Barker, Kulyk, Knorr, & Brenna, 2011). FASD diagnosis is neurological damage caused by alcohol, a processing disorder, learning disability, and attention-deficit/ hyperactivity disorders, almost the same as Autism Spectrum Disorders (Astley, 2010; Kodituwakku & Kodituwakku, 2014). Somewhere between 1% and 4% of all children worldwide have FASD. The NEURODEVELOPMENTAL IMPAIRMENTS associated with FASD came WITH SIGNIFICANT SOCIAL COST ACROSS THE LIFESPAN in increased medical, educational, and vocational support lost productivity (Lupton, Burd, & Harwood, 2004; Popova, Lange, Burd, & Rehm, 2015).

I have worked with children with Autism as a Registered Behavioral Therapist under ABA Guidelines. I visited many schools in our state with the presence of our State Legislators, Psychologist, and Biochemist to address the needs of the children with FASD and Seizure in our school system. To collaborate approaches and best practices in how to work with this invisible disability. In my observations, FASD is a Developmental Disability that is equally severe as Autism. If the national data states that 1 in 20 first graders has FASD, we can make it 1 in 1,000 - 1 in 10,000, 100,000 even in 1 in a million because FASD is COMPLETELY PREVENTABLE BY CEASING ALCOHOL USE during pregnancy. SB2071, SD1 is one of many solutions to this predicament. Please let us work together for our Tomorrow Today. Let us help these innocent children born in an impossible world impacted by alcohol. We must make their life and world possible for them as we made alcohol legal for public consumption. In hindsight, we will be able to keep our children safe in the school system save our children, women, and families of Hawaii.

I beg you to support and consider passing SB2071, SD1 for safer and healthier children and the families of Hawaii.

Taking Care of our Tomorrow Today Mahalo Nui Loa, for your kind consideration and your unfailing support. Thank you for the opportunity to submit my testimony for my **Strong Support for SB2071, SD1.**

Always with Gratitude.

Respectfully yours,

Darlyn Chen Scovell MA, CSAC, CSACI, RBT

#### Reference

Nicita, F., Verrotti, A., Pruna, D., Striano, P., Capovilla, G., Savasta, S., Spartà, M. V., Parisi, P., Parlapiano, G., Tarani, L., & Spalice, A. (2014). Seizures in fetal alcohol spectrum disorders: Evaluation of clinical, electroencephalographic, and neuroradiologic features in a pediatric case series. *Epilepsia*, 55(6). <https://doi.org/10.1111/epi.12638>



Senator Donovan Dela Cruz, Chair – Senate Committee on Ways and Means  
Senator Gilbert Keith-Agaran, Vice Chair – Senate Committee on Ways and Means  
Public Hearing: February 24, 2022 at 10:00 am  
415 South Beretania Street, Conference Room 211 & Videoconference  
Honolulu, HI 96813

RE: Senate Bill 2071 SD1

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran, and Members of the Senate Committee on Ways and Means:

On behalf of the Epilepsy Foundation of Hawaii and the Epilepsy Foundation of America, we urge your support of Senate Bill 2071 SD1. This bill supports a critical priority for the epilepsy community – safety and continuity of care in the event of a seizure. This legislation makes certain that school personnel, including nurses, teachers, and volunteers, are not only prepared but can recognize and respond appropriately and efficiently to a student experiencing a seizure. Even more importantly, the legislation safeguards physician-directed care in the school setting, allowing students to access necessary and potentially life-saving medication. The legislation would also mandate the use of a Seizure Action Plan, to be distributed to all personnel charged with the care of a student, to ensure that they have access to information that may be specific or unique to that student. Taken together, provisions in this bill represent important protections necessary to ensure the safety of students living with epilepsy while they are attending school or a school-related function.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of the at least 3.4 million Americans with epilepsy and seizures. The Epilepsy Foundation of Hawaii, advocates and provides services for the 14,000 individuals living with active epilepsy throughout Hawaii. Collectively, we foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition characterized by seizures, which are sudden surges of electrical activity in the brain, that affects a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy, and approximately 1 in 10 people will experience a seizure, at some point in their lifetime.

A seizure can happen to any person, in any place, at any time. Much like diabetic emergencies and anaphylaxis, seizures do not occur every single day in schools. However, 1:26 children may have epilepsy and, for them, the risk of a life threatening seizure is present every single day of their lives. This is why it is vital that school personnel are prepared to appropriately and efficiently respond.

Compared to students with other health concerns, one Centers for Disease Control and Prevention study showed that students aged 6-17 years old living with epilepsy were more likely to miss 11 or more days of school in the past year. For these students, proper seizure first aid and consistency of care while they are at school is crucial to ensuring they can reach their full potential with as minimal disruption to their learning environment as possible.

Senate Bill 2071 SD1 would require school personnel, including school nurses, to undergo a short training to learn how to recognize a seizure and how to properly provide seizure first aid. The seizure recognition and first aid

Our mission is to lead the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives. **Please learn more about our advocacy work at [epilepsy.com/advocacy](http://epilepsy.com/advocacy).**



training, developed by the Epilepsy Foundation of America in partnership with the Centers for Disease Control already exists. They are available online, on demand, or in-person provided by the Epilepsy Foundation of Hawaii. Training would come at no additional cost to schools, school personnel, or the state. It would educate personnel on different seizure types, general seizure first aid, how to recognize a seizure emergency, and how to best socially and academically support students living with epilepsy.

Senate Bill 2071 SD1, if passed, would also facilitate continuity of care while a student is at school by providing school personnel with a Seizure Action Plan, containing information specific to the student's unique disorder. While seizure first aid is largely consistent no matter who the student is, there are times when a particular student may have specific triggers or treatment protocols that are individual to them. The Seizure Action Plan, which would be filled out in consultation with the child's physician, provides school personnel with important considerations, precautions, and contact information to help ensure aid is timely, tailored to the student's needs, and properly administered. Further, Senate Bill 2071 SD1 ensures that children have access to their anti-seizure medications while on school grounds, and in the case of seizure rescue medication, necessary to stop a seizure emergency.

This bill is based on model legislation utilized in a nation-wide effort to make every school in every state seizure safe. As of July 2021, there are 12 states that have seizure safe schools legislation enacted and many more actively pursuing similar bills this year. I am extremely hopeful that Hawaii can be added to that list and becoming a more seizure safe community. With the successful passing of Brennan's Bill last session, SB936 SD2 HD2 CD1, and working with the Hawaii Department of Health to be able to offer businesses credible and reliable seizure first aid information for the work place, we know we are moving in the right direction creating a seizure-safe Hawaii.

On behalf of the Epilepsy Foundation of Hawaii and our Board of Directors, we humbly thank you for the opportunity to testify and urge your support for Senate Bill 2071 SD1.

Mahalo nui loa,

A handwritten signature in blue ink that reads 'Naomi Manuel'. The signature is written in a cursive, flowing style.

Naomi Manuel  
Executive Director  
Epilepsy Foundation of Hawaii

Our mission is to lead the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives. **Please learn more about our advocacy work at [epilepsy.com/advocacy](https://www.epilepsy.com/advocacy).**

**LATE**

**TESTIMONY OF EVAN OUE ON BEHALF OF THE HAWAII  
ASSOCIATION FOR JUSTICE (HAJ) SUPPORTING WITH  
COMMENTS ON SB 2071**

Date: Thursday, February 24, 2022

Time: 10:00 a.m.

My name is Evan Oue and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) **SUPPORTING THE INTENT OF THE MEASURE WITH COMMENTS** on SB 2071, Relating to Health. While HAJ appreciates the intent of the measure, we have concerns with **SB 2071** in its current form as it grants immunity from any civil damages arising from administration of seizure medication by school employees.

Specifically, on page 6, line 5-10 states “Any employee of the private school shall not be held liable for any civil damages arising out of any act or omission relating to administering or assisting with the self— administration of seizure rescue medication, vagus nerve stimulator magnet, or any other medication prescribed to treat seizure disorder symptoms pursuant to this section.” Further, this same limitation of liability provision applies for public charter schools.

HAJ understands the need for requiring private and public schools to have an employee trained to administer seizure disorder rescue medication to ensure student safety. However, designated private and public charter school employees should not be granted complete immunity from civil liability for administration of seizure medication. The standard of care for our vulnerable students should be upheld. When a school employee is rendering aid, the applicable standard would be similar to Hawai’i’s good Samaritan statutes which provides for immunity “unless the person's acts constitute gross negligence or wanton acts or omissions.” HRS § 663-1.6.

Further, “any person who in good faith renders emergency care, without remuneration or expectation of remuneration, at the scene of an accident or emergency to a victim of the accident or emergency shall not be liable for any civil damages resulting from the person's acts or omissions,

**except for such damages as may result from the person's gross negligence or wanton acts or omissions.**” HRS. § 663-1.5.

Therefore, at the very least school employees who render aid under this bill should be immune from liability unless their acts constitute gross negligence or wanton acts. Furthermore, schools owe their students a duty of reasonable care in ensuring each student’s safety. *See Doe Parents No. 1 v. State, Dep't of Educ.* Courts have held that the DOE shares a “special relationship”—*i.e.*, a quasi-parental or *in loco parentis* custodial relationship—with its students, which obligates the DOE to exert reasonable care in ensuring each student's safety and welfare, as would a reasonably prudent parent. In other words, the DOE owes its students the duty to take whatever precautions are reasonable to prevent harms that it anticipates, or reasonably should anticipate. While this case discusses the DOE’s relationship with its students, the same reasoning applies to private schools and public charter schools. Private schools and public charter schools owe their students a duty of reasonable care in ensuring each student’s safety, this should include when rendering aid. Exempting private and public charter schools from all liability in connection with rendering aid for seizure disorders is not in line with Hawai’i Supreme Court precedent nor Hawai’i’s current Good Samaritan law.

Accordingly, HAJ respectfully requests that subsection (5) on page 6, lines 5-10 and subsection (g) page 9, lines 11-16 be deleted to remove the civil liability limitations for private and public charter school employees to preserve the rights of our students.

Thank you for allowing us to testify regarding this measure. Please feel free to contact us should you have any questions or desire additional information.

Brennan Yamaguchi

State of Hawaii Student (Age 13)

My name is Brennan Yamaguchi, I am a 7th grade student at Maryknoll School. SB2071 is important to me because it will require schools in Hawaii to have first aid seizure placement of information and training for teachers. Seizures can happen to a great part of the population, 1 in 26 people will be diagnosed with Epilepsy in their life. 1 in 10 will have a seizure whether from a fever, car accident, a fall, or even COVID. As of 2019, over 15,000 people in the State of Hawaii and over 3 million in the United States were living with Epilepsy.

It's not enough to say we have a plan for a student we know has Epilepsy or a critical illness. Often the first onset of Epilepsy is during childhood or while they're a teen so if a teacher or staff is not prepared in seizure first aid there can be dire circumstances. Also although I'm here to advocate on behalf of those with Epilepsy I think its key we remember those with fevers can have a seizure. Work place injuries or chemical exposure or car accidents. We have too many teachers and staff as well as students in the education system to take this lightly or only consider those cases we are aware of. This affects all of us.

I know this because I co-wrote and passed Senate Bill 936 with Senator Glenn Wakai during the last 2 sessions (one closed due COVID) regarding Seizure Safe Workplaces. Businesses are now safer for owners, employees, and customers because of that bill and I want the same for our keiki and educators. I've done the research and testified in person and in writing several times about how it can affect people in the community. We need to take care of each other just as I take care of my best friend who has Epilepsy.

Students should have a safe class room. Teachers should be know how to provide basic first aid for seizures as they are so common. But they also should feel safe their fellow staff members and they too will be ok if a seizure ever happens to them.

I ask our senate and house leaders to please do the right thing for our students and for our health. Please support Senate Bill 2071. Thank you for your time.



**SB-2071-SD-1**

Submitted on: 2/20/2022 11:44:22 PM

Testimony for WAM on 2/24/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
LorMona Meredith	Individual	Support	No

Comments:



Aloha EFH Community,

**Senate Bill 2071 SD1** (SB2071 SD1), relating to Seizure Safe Schools legislation, has made it through the Senate Joint Committees on Education and Health. The bill was referred to the Committee on Ways and Means and that committee will hold a public decision making on **Thursday, February 24, 2022 at 10:00 AM.**

Please consider **submitting written testimony** by Wednesday, February 23, 2022 at 10:00 AM.

If passed, this measure will ensure that schools are well-equipped with the tools necessary to provide a safe and enriching environment for students living with epilepsy and seizure disorders.

The legislation makes certain that school personnel, including nurses, teachers, and volunteers, are not only prepared but also can recognize and respond appropriately and efficiently to the student experiencing a seizure. Even more importantly, the legislation safeguards physician-directed care in the school setting allowing students to access necessary and oftentimes life-saving medication. Lastly, by bringing awareness to the entire educational community, students living with epilepsy or a seizure disorder can feel safe in school, reach their full academic potential, and build meaningful friendships without fear of being stigmatized.

**SB 2071 SD1** Key Components:

- Require school personnel to complete a seizure recognition and first-aid response training
- Mandate that every student with a diagnosed seizure disorder has a seizure action plan, is made part of the student's file, and made available for school personnel and volunteers responsible for the student
- Ensure students with epilepsy can access their FDA-approved, anti-epileptic drugs (AEDS) prescribed by their treating physician
- Asking that students be educated and trained in basic seizure-response measures

\*A Good Samaritan clause is included.

**Your written testimony is valued and needed.**

Here are some important links related to [SB2071 SD1](#):

[Legislature Website](#)

[Bill Information Page](#)

[Hearing Notice](#)

You must be registered and login to submit written testimony. Instructions on how to do so can be found at the bottom of the [Hearing Notice](#).

**Written testimony should be submitted by**

**Wednesday, February 23, 2022 at 10:00 AM**

**Please also find sample testimony below:**

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Senate Committee on Ways and Means,

My name is LorMona Meredith, I am a resident of Hawaii. I **STRONGLY SUPPORT** SB2071 SD1, which will ensure that schools are well-equipped with the tools necessary to provide a safe and enriching environment for students living with epilepsy and seizure disorders.

Living with a serious, chronic condition like epilepsy isn't just a danger to a child's health. Epilepsy can pose a threat to a child's ability to thrive socially, emotionally, and academically.

Seizure Safe Schools legislation allows students with epilepsy an opportunity to make the most of their educational experience; ensuring access to first aid (through trained staff) and the ongoing support and care they need while at school.

SB2071 SD1 aims to raise awareness about epilepsy and to ensure standardized, in-case-of-seizure emergency protocols by training school personnel and students on best practices to support students with seizure disorders.

In closing, please PASS SB2071 SD1. Mahalo nui loa for this opportunity to testify on this measure.

LorMona Meredith

Kaneohe, Oahu, Hawai'i

**SB-2071-SD-1**

Submitted on: 2/21/2022 8:47:14 PM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Johnnie-Mae L. Perry	Individual	Support	No

Comments:

SUPPORT SB 2071 RELATING TO HEALTH.

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Senate Committee on Ways and Means,

My name is Masako Cummings, I am a resident of Hawaii. I **STRONGLY SUPPORT** SB2071 SD1, which will ensure that schools are well-equipped with the tools necessary to provide a safe and enriching environment for students living with epilepsy and seizure disorders.

Living with a serious, chronic condition like epilepsy isn't just a danger to a child's health. Epilepsy can pose a threat to a child's ability to thrive socially, emotionally, and academically.

My 13 year old son has epilepsy, and have average 2-5 seizures per month. Sometimes it happened at school, sometimes at home, day and night. We just don't know when he has seizure, and how long does it take. Most of time, I am not confident to secure his breathing as he always have saliva in his throat. What if he is choking even I make his body and face on side way. It is very challenging if you don't know what to do.

On the other hand, it would be a great relief if we, communities including school staff, classmates know what epilepsy is, and what we can do when the person in front of you start to show symptom. People could loose their lives from seizures...

As a parent, I have restress years. My mind always have to be ready to pick up a phone and be ready to stay calm in case school call me. Even I prepare my heart for emergency call, it is always a quite chilled moment to find out that a call is from a school that he started to have a seizure..

Lucky, our school staff, health nurse, and DOH staff are all great and caring to us all those years. But my anxiety will never go away as long as my son has epilepsy.

Seizure Safe Schools legislation allows students with epilepsy an opportunity to make the most of their educational experience; ensuring access to first aid (through trained staff) and the ongoing support and care they need while at school.

SB2071 SD1 aims to raise awareness about epilepsy and to ensure standardized, in-case-of-seizure emergency protocols by training school personnel and students on best practices to support students with seizure disorders. . Please help us to provide better environment that means to educate us, communities, including young children at school.

In closing, please PASS SB2071 SD1. Mahalo nui loa for this opportunity to testify on this measure.

**SB-2071-SD-1**

Submitted on: 2/22/2022 8:42:36 AM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
kira	Individual	Support	No

Comments:

Senate district 22 Hawaii State Capitol, Room 208

SB2071 SD1

Friday, February 24, 2022

10:00AM Conference room 211 & Video conference

Aloha, my name is Kira Dante, I am a student at University of Manoa in the Bachelors of Social work program but, I am representing myself. I am testifying on behalf of SB2071, Relating to health. I support SB 2071, which will improve safety in schools for students who experience seizures.

I had a classmate in highschool who experienced a seizure during class and there was little to no staff on campus with knowledge on what to do. The students in my class were all around 16 years of age and shocked. Thankfully, another student who has experienced seizures in the past knew what to do and was able to perform seizure protocols until medics arrived on campus.

A few days later I talked with my classmate and asked him about his seizures. He mentioned to me how upset he was that there weren't a lot of people on campus at the time that knew what to do. A few weeks later he transferred to a different school, hopefully to one that included more staff that is aware of what to do in that type of situation.

In closing, more schools should have employees that are trained to administer seizure disorder rescue medication. I am in support of SB2071 and I hope to see it passed.

Kira Dante

Representative of myself

Big island, Hawaii 96720





## Bill SB2071 SD1

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Senate Committee on Ways and Means,

My name is Rena Arquinez, I'm born & raised in Hawai'i & I live with epilepsy. I 100% support bill SB2071 SD1 which will ensure that schools are able to provide a safe environment for students living with epilepsy and seizure disorders.

1 in 26 people live with epilepsy. 14,000 people in Hawaii live with active epilepsy, 2,000 of them are children. Many people don't know about epilepsy and what a seizure is. Living with epilepsy and seizure disorders can be dangerous for a student's health. If they have a seizure in school, does a teacher or school staff member know what is happening? Do they know how to assist a student?

As an adult living with epilepsy I always need a safe environment to ensure that I don't get hurt while having a seizure. I always make sure there's a person around me that can assist me if I have a seizure. I'm 41 years old & was diagnosed at the age of 20. I didn't experience having seizures while being in school. I would definitely want to feel safe and have the support I need to make the best of my education.

Epilepsy can affect more than health. It poses a threat to a student emotionally, socially and mentally. This Bill allows students with epilepsy an opportunity to make the most of their educational experience. Please PASS SB2071 D1 for all our Epilepsy Warriors.

Mahalo, Rena Arquinez

February 5, 2022

To: The Honorable Senator Donovan M. Dela Cruz, Chair  
The Honorable Senator Gilbert S.C. Keith-Agaran, Vice Chair,  
Members of the Senate Committee on Ways and Means

Re: Strong Support of SB2071 SD1 RELATING TO HEALTH

Hrg: Thursday, February 24, 2022 at 10:00 am

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**Position: Support**

Good morning, Chairperson Dela Cruz, Vice-Chair Keith-Agaran, and members of the Senate Committee on Ways and Means. My name is Ann Yabusaki from Kaneohe, Hawaii. Thank you so much for the opportunity to submit testimony on SB2071 SD1. I strongly support the services by the DOE for seizure disorders of students with epilepsy. To wit:

- Require school personnel to complete a seizure recognition and first-aid response training
- Mandate that every student with a diagnosed seizure disorder has a seizure action plan, is made part of the student's file and made available for school personnel and volunteers responsible for the student
- Ensure students with epilepsy can access their FDA-approved, anti-epileptic drugs (AEDS) prescribed by their treating physician
- Asking that students be educated and trained in basic seizure-response measures
- A Good Samaritan clause is included.

I am a psychologist who treats children and individuals and their families affected by fetal alcohol spectrum disorders. Research (2010) has shown that individuals with FASD experience six times more probability of seizures during their lifetime than the general population. I am aware of several cases where children were left unattended during a seizure because people were unaware of seizure disorders. I would like to add that all school personnel receives training every year on seizure recognition and first-aid response to keep our children safe.

Mahalo for the opportunity to submit testimony.

Respectfully,  
Ann S. Yabusaki, Ph.D., LMFT

**SB-2071-SD-1**

Submitted on: 2/22/2022 12:01:43 PM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Kenichi Yabusaki	Individual	Support	No

Comments:

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran and Members of the Senate Ways and Means Committee:

I strongly support passing SB 2071 relating to Safe Schools and Seizure Education. There is no substitute for ensuring the children in Hawaii's public schools are in safe and competent hands; especially in times of emergency. A child having a seizure during school (includes all activities such as riding a school bus, outside the classroom activities) is a life or death situation. I know of a child affected by the condition of fetal alcohol Spectrum Disorder (FASD) that had a seizure while riding the bus and the driver was uninformed of what to do. The DOE pointed fingers at the Bus company, and vice versa. All parties are responsible for having personnel trained on how to administer to a child in the schools having a seizure. It's incumbent that SB 2071 passes, This is not about using lack of funds, but about safety of lives.

Respectfully submitted,

Kenichi K. Yabusaki, Ph.D.

Kaneohe

**SB-2071-SD-1**

Submitted on: 2/22/2022 3:48:04 PM

Testimony for WAM on 2/24/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Ashleigh Loa	Individual	Support	No

Comments:

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Senate Committee on Ways and Means,

My name is Ashleigh Loa and I am writing to you today as a mother whose daughter was recently diagnosed with epilepsy.

A few months ago, my family went through a life-changing experience that brings me here to advocate **in support of SB2071**. My family was on our way to dinner one night when my younger daughter tapped my shoulder and told me to look at her big sister. When I turned around, my older daughter's eyes were rolled upward and her body was convulsing. As we hurriedly pulled our daughter out of the car to lay her on the cold pavement, we called 911. Our minds immediately went to the worst-case scenario. My husband and I started to panic – we thought we were going to lose our daughter. I can tell you honestly that epilepsy was the last thing going through our minds. At that moment, what seemed like an eternity only lasted five minutes, and the months that followed were the most confusing time of our lives as a family.

After a series of tests and several doctor visits, our daughter was diagnosed with generalized epilepsy in December 2021. We began to educate ourselves, our daughter, and our extended family on what epilepsy is and participated in a training by the Epilepsy Foundation of Hawaii. I kept in constant contact with my daughter's school (principal, nurse, teachers), and together, we developed a Seizure Action Plan of our own that was tailored to my daughter's needs.

As a parent, this experience has taught me that we can never be too prepared for anything and that those who are in my daughter's life care about her and her safety. After going through the seizure training with the Epilepsy Foundation, I shared my notes with her school and let them know what to do in the event that she has a seizure. They know the possible triggers, the medication she's on, step-by-step instructions on seizure response, important contact information, and her medical providers' information. Doing this not only put my mind at ease, but it also put her school care team's minds at ease. They know what to look for and what to do.

I am still new to epilepsy and how it affects individuals and families, but having a plan in place at school will hopefully ease the scary feeling of navigating the unknown while a seizure is happening.

Mahalo nui for the opportunity to testify on this measure. If you have any questions, please feel free to contact me. I apologize that my testimony is late.

With lots of aloha,

Ashleigh Loa

**SB-2071-SD-1**

Submitted on: 2/22/2022 9:27:07 PM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Maureen Ballard	Individual	Support	No

Comments:

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Senate Committee on Ways and Means,

My name is Maureen Ballard, and I am a resident of Hawaii, and a person living with epilepsy. I strongly support SB2071 SD1, which will ensure that schools are well-equipped with the tools necessary to provide a safe and enriching environment for students living with epilepsy and seizure disorders. It provides educators the necessary skills and knowledge to respond appropriately if, and when, a student has a seizure in their presence.

There is no doubt having or witnessing a seizure can be a scary thing. I had my first seizure when I was 12 and at home. My younger sister, and baby brother were in the room when I started having my seizure. My sister ran to get our mother, who happens to be a nurse. When she entered the room, my baby brother was under the table saying "I didn't do it". My mother knew what to do, and how to respond to my siblings to make sure they understood what had happened. And what might happen again. It did happen again three years later, on the first day of my sophomore year of high school. That time I was alone in the bathroom. Another brother heard something and got my parents up. Had it been just an hour or two later, that seizure would have been at school, where there was no seizure training available.

Living with a serious, chronic condition like epilepsy isn't just a danger to a child's health. Epilepsy can pose a threat to a child's ability to thrive socially, emotionally, and academically.

Seizure Safe Schools legislation allows students with epilepsy an opportunity to make the most of their educational experience; ensuring access to first aid (through trained staff) and the ongoing support and care they need while at school. By ensuring training is available across the Department of Education, we can ensure teachers are prepared with the basics of seizure safety before they witness a seizure first hand. It provides a basic level of understanding before being informed of a specific seizure plan that is necessary for the specific student.

SB2071 SD1 aims to raise awareness about epilepsy and to ensure standardized, in-case-of-seizure emergency protocols by training school personnel and students on best practices to support students with seizure disorders.

In closing, please PASS SB2071 SD1.

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

**SB-2071-SD-1**

Submitted on: 2/22/2022 10:29:36 PM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Piilani Pareisa	Individual	Support	No

Comments:

Aloha mai kakou,

My family and I strongly SUPPORT Senate Bill 2071 SD1. My adult brother has lived with different seizures types his entire life. Therefore, my family has lived with the effects and challenges of seizures for over 40 years. We were raised between Hilo and very rural Puna with minimal medical resources. I don't even know at what age my brother was actually able to be treated by a neurologist, much less an epilepsy specialist. When we were younger, we knew very little about epilepsy and seizures with limited information available to us. We relied heavily on ourselves and our community to keep him as safe as possible with what little we had.

He faced discrimination and bullying at school due to his seizures and I strongly believe that if our teachers and school community had known basic seizure recognition and had a seizure action plan to know how to respond and best support him, my brother would have had an entirely different educational experience that included compassion, support, realistic information, and inclusion. My family would have felt more at ease with less anxiety and stress while he was at school and we would have saved a lot of money on unnecessary ambulance rides, hospital visits, and having to take leave without pay from work to tend to what may or may not have been seizure emergencies.

I humbly ask that you support SB2071 SD1 in supporting students living with seizure disorders and their families.



**SB-2071-SD-1**

Submitted on: 2/22/2022 10:39:39 PM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Eloy Paglinawan	Individual	Support	No

Comments:

Aloha, I'm from Maui and writing to SUPPORT that schools be safe for children who have seizures. There are many different types of seizures and seizures are so common that they can often be overlooked. Educating adult eyes who work in schools can serve as a protective factor from negative outcomes that result from the mishandling of a seizure is not in the best interest of the child.

I fully support Senate Bill 2071 SD1 because it will educate school employees, who are responsible for children, on what seizures are and how to safely help them. Senate Bill 2071 SD1 also asks that children who have seizures have a seizure action plan. PLAN PLAN PLAN. Seizures are unique to each person so an individualized seizure action plan is critical to the health and safety of that child especially if they are prescribed seizure rescue medication to be used in the case of a seizure emergency. This can literally save a life.

One in 10 will experience a seizure in their lifetime. One in 26 will develop epilepsy.

Please support Senate Bill 2071 SD1 to increase awareness of seizures and epilepsy and to ensure a safe, supportive and enriching learning environment for students who live with seizures.

Mahalo for the opportunity to testify. Our keiki need this to be enacted.

**SB-2071-SD-1**

Submitted on: 2/22/2022 11:12:38 PM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Sela Kimura	Individual	Support	No

Comments:

I was diagnosed with epilepsy in 2017 when I was 13 years old. I support this bill because due to the lack of knowledge about seizures and epilepsy my school nurses were trying to limit what I could do and were trying to make me go to extreme measures, despite all of my doctors saying I could continue all of my normal activities. Having this bill in place would have made it easier for me to deal with my diagnosis. Epilepsy is extremely common and due to the lack of knowledge and the negative stigma people may refrain from informing their child has epilepsy. This bill can help to get rid of the negative stigma and can make sure all kids with epilepsy are safe at school.

**SB-2071-SD-1**

Submitted on: 2/23/2022 3:27:22 AM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
mark matsushita	Individual	Support	No

Comments:

I am writing in STRONG SUPPORT of SB 2071, SD1. Seizures are observed with a frequency of 3-21% in children with fetal alcohol spectrum disorders (FASD). In a scientific study, they retrospectively identified children with FASD and epilepsy or seizures from the databases of seven Italian pediatric neurology divisions. EEG and clinical follow-up are recommended in children with FASD and epilepsy, since severe conditions require aggressive treatment. Neuroradiological evaluation is warranted because it could associate several brain anomalies with maternal alcohol consumption during pregnancy. (Nicita et al., 2014). EEG showed diffuse or focal epileptic activity; two children developed electric status epilepticus during sleep (ESES). Structural brain anomalies, including polymicrogyria, nodular heterotopia, atrophy, and Arnold-Chiari type 1 malformation, were discovered in 50% of children with FASD. (Nicita et al., 2014).

Critical Health, Safety Training, and Education for all who work with children with FASD. Administration of emergency seizure rescue medication; training. (a) Beginning January 1, 2024, each school shall have at least one school employee on duty during the entire school day to administer or assist with: (1) The self-administration of seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the United States Food and Drug Administration; and (2) A manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet as approved by the United States Food and Drug Administration. (b) The department shall ensure that all school employees assigned to administer or assist with the self-administration of seizure rescue medication, vagus nerve stimulator magnet, or any other medication prescribed to treat seizure disorder symptoms are either trained: (1a) Through a training program adopted by rule under chapter 91 for the training of school personnel in the health care needs of students diagnosed with a seizure disorder; or (2a) By a physician, advanced practice registered nurse, or physician assistant consistent with best practice guidelines on seizure treatment and the recognition of the signs and symptoms of seizures and the appropriate steps for seizure first aid.

Fetal Alcohol Spectrum Disorder (FASD) is associated with secrecy and shame, possibly because of its preventable nature and the stigma attached to it CAUSED by ALCOHOL CONSUMPTION during pregnancy. Alcohol is legally accessible in community stores, often left in unlocked cabinets in many homes. Therefore, it is not surprising that the research stated that 1 in 20 first graders do have FASD. According to the research study questions, "Is this shame the reason for the marginalization of the children and families with FASD? Or access to alcohol and low cost of alcohol? (Barker, Kulyk, Knorr, & Brenna, 2011). FASD diagnosis is neurological

damage caused by alcohol, a processing disorder, learning disability, and attention-deficit/hyperactivity disorders, almost the same as Autism Spectrum Disorders (Astley, 2010; Kodituwakku & Kodituwakku, 2014). Somewhere between 1% and 4% of all children worldwide have FASD. The NEURODEVELOPMENTAL IMPAIRMENTS associated with FASD came WITH SIGNIFICANT SOCIAL COST ACROSS THE LIFESPAN in increased medical, educational, and vocational support lost productivity (Lupton, Burd, & Harwood, 2004; Popova, Lange, Burd, & Rehm, 2015).

Mark Matsushita LMFT, CSAC

Licensed Marriage and Family Therapist

Certified Substance Abuse Counselor

**SB-2071-SD-1**

Submitted on: 2/23/2022 8:09:10 AM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Karin Kimura	Individual	Support	No

Comments:

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Senate Committee on Ways and Means,

Please support SB 2071 SD1 for Seizure Safe Schools by passing this measure.

My name is Karin Kimura. As a resident of Hawaii, I strongly support SB 2071 SD1 for Seizure Safe Schools and ask for your support of this important bill that will safe and enriching environment for students, like my daughter, living with epilepsy and seizure disorders.

Seizure awareness and education are vital to empower educators, school staff, and students with knowledge and understanding of seizure disorders to provide a safe and enriching learning environment in which there are no barriers or stigma associated with epilepsy.

1 in 10 people will have a seizure in their lifetime; 1 in 26 people will develop epilepsy. Thus, it is important for teachers, school staff and students to be aware of the different types of seizures and know how to appropriately respond to seizures to provide a safe environment, both physically and mentally, to students living with epilepsy.

My daughter, Sela, who is now a senior in high school, has had to deal with the challenges and struggles of acceptance of her epilepsy with school staff, friends, and peers since being diagnosed with epilepsy in the 7th grade. She has had to advocate for herself and others living with epilepsy by spreading awareness and educating her teachers, coaches, friends, and peers about epilepsy and how to safety respond to seizures to help provide a safe environment for herself and others in addition to breaking down the barriers surrounding epilepsy. We have had to fight for her right to pursue opportunities as a student living with epilepsy, like cheerleading, which Sela has been able to happily, actively, and successfully participate in for six years safely...with epilepsy.

Please PASS SB 2071 SD1. Thank you for the opportunity to testify in strong support of this measure for Seizure Safe Schools.

**SB-2071-SD-1**

Submitted on: 2/23/2022 8:30:30 AM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Nani Fay Paglinawan	Individual	Support	No

Comments:

Knowing what to do during a seizure is life or death. Seizure training is free through the Epilepsy Foundations and accessible for all. I have three personal reasons why I wholeheartedly SUPPORT SB 2071 SD1.

I was in the 5th grade (I'm 77 years old now) and my classmate had epilepsy. She would have the kind of seizures where she would space out. The nuns and teachers thought she was just daydreaming and the kids would tease her. Kids have a way of teasing that's really mean and hurtful. She ended up dying from a seizure. That was the first funeral that I attended that was for a child. My entire class attended and I remember feeling very sad and confused about what happened, wondering if I could have done something to help her.

My cousin that I grew up with had seizures every so often, but no one knew anything about it. I was raised that if he was having a shaking spell to shove a spoon in his mouth so that he wouldn't swallow his tongue. I know now that we should never do that. I still see him, in my mind, out in the yard shaking and everyone freaking out. I remember feeling extremely scared for him with others around me crying, not knowing what was going to happen to him – in the back of my mind thinking about my friend who passed away. Education and knowing what to do can reduce anxieties for everyone involved, answer difficult questions, and empower our community to respond safely with compassion and understanding.

When my nephew who has epilepsy was going to school, my sister had such a hard time dealing with his different schools because my nephew had different kinds of seizures. Some would be subtle. Some would be major. Different schools had different protocols with very little information about epilepsy. His access to the right care on the Big Island was sub-par in my opinion. It's a lot for a parent to deal with; worrying if your child is safe at school, knowing not everyone is on the same page or know how to keep him safe.

With these three examples in mind, I strongly feel that teachers MUST be aware of seizures and to talk about it openly as educators with peers, in class with students, so that it can prevent teasing and bullying, and maybe save a life. This can only be achieved through mandated, standardized, and vetted education programs.

There's no excuse to have any form of ignorance or misinformation around epilepsy. That's something we simply cannot afford.

I appreciate the opportunity to testify and ask that you support Senate Bill 2071 SD1.

**SB-2071-SD-1**

Submitted on: 2/23/2022 9:49:29 AM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
DANIELA MENDOZA	Individual	Support	No

Comments:

Aloha and thank you for your time Honorable Ronald D. Kouchi  
President of the Senate  
Thirty-First State Legislature  
Regular Session of 2022  
State of Hawaii,

I am here to testify for the bill SB2071. I am fully aware that Your Committees received testimony in support of this measure from the State Public Charter School Commission, Hawaii Association for Justice, Epilepsy Foundation Hawaii, Hawai'i Primary Care Association, Special Education Advisory Council, and fifteen individuals. It brings me confidence in knowing that this bill is on the way to success. However, I wanted to remind those who it may concern, that our community is in desperate need of a positive change. Laws must be passed in order for these rules to be implemented. I hope this testimony finds you well and serves as a reminder of all the people who will be affected. People have worked tirelessly to have SB2071 passed so that our classrooms are packed with education and safety for our future generations of epileptics.

I I work as an intern at the Epilepsy Foundation of Hawai'i and am aware of Naomi's dedication to this non-profit. community She works tirelessly to ensure that individuals suffering from epilepsy or who are affected by epilepsy are acknowledged and provided for. It's incredible to witness how much a human being can care for others. Please give us a chance.

Mahalo for your time,

Daniela Mendoza



**SB-2071-SD-1**

Submitted on: 2/23/2022 9:58:32 AM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Jensye Ishii	Individual	Support	No

Comments:

Aloha Chair Dela Cruz, Vice Chair Angaran and members of Committee of Ways and Means,

My name is Jenyse Ishii, and I am a resident of Hawaii. I STRONGLY SUPPORT SB. No. 2071, which will ensure that schools have the tools necessary to provide a safe, supportive, and enriching environment for students living with epilepsy and seizure disorders.

According to the Epilepsy Foundation of Hawai'i, 1 out of every 10 people will have a seizure in their lifetime. This means seizures are far more common than we may believe. SB2071, will greatly improve the care and support of students with epilepsy and seizure disorders. Seizure First Aid training increases the knowledge, skills and confidence in recognizing seizures and appropriate response.

In closing, I urge the committee to pass SB2071. Thank you for this opportunity to testify.

Sincerely,

Jensye Ishii

**SB-2071-SD-1**

Submitted on: 2/23/2022 2:28:17 PM

Testimony for WAM on 2/24/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
jocelyn arboleda	Individual	Support	No

Comments:

i support