

Act Number:	09-155	
Bill Number:	755	
Senate Pages:	4119-4129	11
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Committee:	Public Health; 167-189, 451-457	30

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SENATE**

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Yes, Mr. President, thank you. Mr. President, if we might change a marking on an item that was previously marked pass temporarily to now mark it go, and would be the next item for action. And that is on calendar page 7, Calendar 503, Senate Bill 755. If the Clerk might call that item.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 7, Calendar 503, File Number 710, Substitute for Senate Bill 755, AN ACT CONCERNING THE USE OF ASTHMATIC INHALERS AND EPINEPHRINE AUTO-INJECTORS WHILE AT SCHOOL, favorable report of the Committees on Public Health and Education. Clerk is in possession of amendments.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. I move acceptance of the Joint Committee's favorable report and passage of the bill.

THE CHAIR:

Question for the Senate's consideration is acceptance and passage.

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Would you remark further?

SENATOR HARRIS:

Thank you, Mr. President. Mr. President, this bill just in a very general sense -- and I'll get to an amendment -- will allow children to be able to carry on their persons, with the permission of their doctor, their health care professional, and their parents and a written certification that it's necessary, to carry an asthma inhaler or an EpiPen, an Epinephrine Auto-Injector, for peanut allergies is the common cause, to prevent anaphylactic shock -- they could hold those personally in school.

Mr. President, the Clerk is in possession an amendment, LCO 8495. I ask that it be called and that I be granted permission to summarize.

THE CHAIR:

Would the Clerk please call LCO 8495 to be designated Senate A.

THE CLERK:

LCO 8495, which has been designated Senate Amendment Schedule A, it is offered by Senator Harris of the 5th District, et al.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. This is a strike-all amendment, it becomes the bill. Before I begin, I want to thank Senator Frantz for participating in the crafting of this amendment. And one of the things that this bill does -- this amendment does right from the get-go is something that Senator Frantz caught, and that was our effective date. On the underlying bill we had an effective date of the usual October 1, and what Senator Frantz caught was that we had to move that up so that we could actually have this impact the next school year. So this amendment does make the effective date August 15, 2009.

The amendment also allows licensed athletic trainers to join a series of professionals that are able to administer medications in school -- in schools, and again, the key piece to this amendment and this bill is that it enables children, students with the permission of their doctor, nurse, or health care professional, and their parents, to be able to carry EpiPens and asthma inhalers in school.

Finally, with the work of the school nurses and their input, it makes sure that in the event a child is unable to use the asthma inhaler or the EpiPen,

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that the appropriate written authorization has been given, known as a "written order" actually under our statutes, to the school nurses so that they can actually administer the EpiPen or help with the administration of the inhaler. I urge adoption of the amendment and passage of the bill.

THE CHAIR:

Question before the Chamber is adoption of Senate A.

Would you remark further?

Senator DeBicella.

SENATOR DEBICELLA:

Mr. President, just to echo what Senator Harris said, I think this is a very well thought-out bill that is going to enable a lot of kids who need the EpiPen, sometimes in a very time-sensitive manner, to actually be able to take that medicine themselves while setting up the right controls to make sure that there aren't any adverse impacts of people who should not be using those or -- or other paraphernalia that might be about.

And I also join Senator Harris in thanking Senator Frantz, who was very influential in making sure that this bill got to the well-crafted point that

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it is here today. So I thank both Senator Harris and Senator Frantz for their work on this. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Frantz.

SENATOR FRANTZ:

Thank you, Mr. President. The amendment becoming the bill hopefully here, imminently. I would like to point out that we all have children in our districts, whether we know it or not, who have these kinds of allergies or asthmatic-related problems. What Senator Harris has done here with his leadership is address a very serious problem that not many of us really know all that much about unless we have a child of our own who may be afflicted with one of these different types of conditions.

We have one in our district, in the 36th District in the town of New Canaan, where a young child has a severe allergic reaction every time he is exposed to mustard seed, peanuts, and a few other nut-related items. And what happens is he goes into shock with almost immediate closing of the airway, and he attends a local public school in that town.

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The school told the parents who were aware of this problem when the child first entered the school, that he was not, in fact, able to carry the EpiPen with him. In fact, that pen would have to go down to the nurse's office which was down the hallway, which in and of itself could be such a long distance, I think it was only about 60 or 70 feet -- but that could be long enough a walk for someone to go down and get it or the child to go down and get it that it could mean the difference between life or death.

And they later learned that, in fact, the nurse is not there full-time when the kids are in school, I think about 30 or 40 percent of the time at the most. So obviously you've got a problem on your hands if he gets a peanut which -- even though schools have their own individual policies about food, peanuts in particular, oftentimes peanuts can sneak in inadvertently through other forms of food, or even just being on someone's skin can be a problem.

Now for this family it wasn't just a question of being worried and living on pins and needles every day wondering if their child was going to have a problem at school. When they decided that this was an unacceptable situation and looked at alternatives, the

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only alternatives where they were able to accommodate the need of this child was in the private school system, and we all know how expensive private schools are, ranging between twenty for this particular grade level -- ranging between \$22,000 and \$28,000 or \$29,000 in that particular town; it's a huge hardship on families.

So what this bill does, thanks to Senator Harris -- and it's been great working with you on all the details, particularly the starting day of it so it coincides with the start of the school year -- the benefit here is obvious and it's clear. The amendment is a good one, the urgency of this is obvious.

So with that, I support the amendment and the underlying bill. And thank you, Senator Harris, and thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Would you remark further? Will you remark further?

If not, Senate A is the item before the Senate. The Chair will try your minds. All those in favor, please indicate by saying, aye.

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Aye.

THE CHAIR:

All those opposed, say nay.

The ayes have it, Senate A is adopted.

Would you remark further on the bill as amended?

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. I thank the circle for adopting that amendment. And one other thing to make clear too, one part that I didn't put on the record, but I'd like people out there in the public to hear, another piece of this amendment also involves life-threatening food allergies. And that is -- there is already a requirement under our statutes for school districts to have plans with respect to the management of students with life-threatening food allergies. And what this amendment also does is it states that, if the district or the school has a website, then that plan should be posted on the website, and if not, there are other ways that notice can be provided, so parents can do everything possible to keep their children safe. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

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SENATOR HARRIS:

Mr. President, if there's no objection, I ask that this matter be placed on Consent.

THE CHAIR:

Is there objection? Is there objection?

Seeing none, so ordered.

Senator Looney.

SENATOR LOONEY:

Yes, thank you. Mr. President, if the Clerk might call the second Consent Calendar.

THE CHAIR:

Will the Clerk please call the second Consent Calendar?

THE CLERK:

Immediate roll call has been ordered in the Senate on the second Consent Calendar, will all Senators please return to the chamber. Immediate roll has been ordered in the Senate on the second Consent Calendar, will all Senators please return to the chamber.

Mr. President, the items placed on the Second Consent Calendar begin on calendar page 7, Calendar Number 503, Substitute for Senate Bill 755.

And calendar page 31, Calendar 380, Substitute

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for Senate Bill 1050.

Mr. President, that completes the items placed on the second Consent Calendar.

THE CHAIR:

The machine is open.

THE CLERK:

The Senate is voting by roll call on the Consent Calendar, will all Senators please return to the chamber. The Senate is voting by roll call on the Consent Calendar, will all Senators please return to the chamber.

THE CHAIR:

Members, please check the board to see that your vote is properly recorded.

And if all members have voted, the machine will be locked. Would the Clerk please take a tally.

THE CLERK:

Motion is on adoption of Consent Calendar
Number 2.

Total Number Voting	36
Those Voting Yea	36
Those Voting Nay	0
Those Absent/Not Voting	0

THE CHAIR:

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Consent Calendar Number 2 is adopted.

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, I would move for suspension for immediate transmittal to the House of Representatives of all items acted upon in the Senate today requiring additional action in the House of Representatives.

THE CHAIR:

Motion is for suspension of the rules.

Is there objection? Is there objection?

Seeing none, so ordered.

SENATOR LOONEY:

Yes, thank you, Mr. President. If we might stand at ease for just a moment?

THE CHAIR:

Would the Senate please stand at ease.

(Senate at ease.)

THE CHAIR:

The Senate please be in order

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President,

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THE CLERK:

On Page 22, Calendar 673, substitute for Senate Bill Number 755, AN ACT CONCERNING THE USE OF ASTHMATIC INHALERS AND EPINEPHRINE AUTO-INJECTORS WHILE AT SCHOOL, favorable report of the Committee on Education.

DEPUTY SPEAKER ALTOBELLO:

Representative Ritter of the 38th, you have the floor, madam.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, I move for acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER ALTOBELLO:

The question before the chamber is acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate. Please proceed, madam.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the Clerk is in possession of an amendment, LCO 8495. I ask that the Clerk please call the amendment and that I be granted leave of the chamber to summarize.

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DEPUTY SPEAKER ALTOBELLO:

Will the Clerk please call LCO 8495, which has been previously designated Senate A.

THE CLERK:

LCO number 8495, Senate A offered by Senators Harris, DeBicella, Frantz, Ritter -- and Representatives Ritter and Giegler.

DEPUTY SPEAKER ALTOBELLO:

The Representative has asked leave of the chamber to summarize the amendment. Without objection, please proceed, madam.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this is a strikeall amendment and so once approved, will become the bill. Mr. Speaker, this bill changes the requirements around the carrying and use of asthmatic inhalers and EpiPens by students while in schools.

The bill requires rather than allows the State Department Education to adopt regulations governing this regulation -- medication administration by school personnel and student self administration. It specifies that the latter must address the students using asthmatic inhalers and EpiPens. It permits licensed athletic trainers employed by a school board

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to administer medication to students under the general supervision of a school nurse and that would include in this case asthmatic inhalers and EpiPens.

In addition, Mr. Speaker, this bill requires school boards to make their plans for managing students with life-threatening food allergies available on the board or the school's website, or if such website does not exist, by some other means that it is free to select. It also requires boards to provide notice about these plans along with a written statement about pesticide applications that they must, by law, already provide parents and guardians.

Mr. Speaker, I urge adoption.

DEPUTY SPEAKER ALTOBELLO:

The question before the chamber is adoption of Senate A. Further on Senate A? If not, let me try your minds. All those in favor, please signify by saying, aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

Opposed.

The ayes have it. Senate A is adopted.

Further on the bill as amended? If not --

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Representative Giegler of the 138, you have the floor,
madam.

REP. GIEGLER (138th):

Thank you, Mr. Speaker. The bill before us protect our schoolchildren from life-threatening health issues. There's -- there was a concern expressed about the age of a child carrying the EpiPens or even the grade that they were in. However, you hear compelling testimony about the importance of children being able to administer the Epis on their own especially in light of the fact that they're out on the playground. There may not be time to get a teacher or get a school nurse to help them. We're one of 40 -- there are 42 states -- have passed legislation on EpiPens that we are in the minority for not doing, enacting this legislation.

It's really important that classmates be able to not be responsible for trying to help their fellow classmates in assisting them in case that they have this life-threatening problem. And I urge my colleagues' support. Thank you.

DEPUTY SPEAKER ALTOBELLO:

Thank you, madam. The question before the chamber is adoption of Senate A. Representative

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Klarides, you have the floor, madam.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. If I may, Mr. Speaker, a few questions to the chairwoman through you.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, madam.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. I'm noticing in this amendment that in line 11, licensed athletic trainers were added to this. Through you, Mr. Speaker, if I just may ask what was the reasoning for adding licensed athletic trainers?

DEPUTY SPEAKER ALTOBELLO:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, in the testimony we heard from athletic trainers concerning their -- or about their concerns. As athletic trainers, they are already trained and the administration and the use of these asthmatic inhalers and EpiPens, and they pointed out to us that the situations where most part not always, most commonly they were required were during athletic events where they were present and it made sense at that time based

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on the testimony to add them. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker and just for clarification, in lines, I believe it's 10 through 12, those are the ones that allow certain groups of people to administer the EpiPens. Is that what that's saying? I'm just a little unclear on that. Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Ritter.

REP. RITTER (38th):

One moment, Mr. Speaker.

Mr. Speaker, that is the beginning of the discussion to that effect. I would draw the Representative's attention to the lines, really, through line 40, where both the athletic trainers and the rest of those professionals are mentioned. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. And one last question,

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does this bill and this amendment that's become the bill contemplate the age of the children, or is this any school-aged child? Through you.

DEPUTY SPEAKER ALTOBELLO:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this must be done in concurrence with the children's parents or guardians, their physician, and with the full knowledge of the school nurse and no specific age is mentioned in this amendment, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. And I think the gentlelady for her answers.

DEPUTY SPEAKER ALTOBELLO:

Thank you.

Representatives Sawyer of the 55th, you have the floor, madam.

REP. SAWYER (55th):

Thank you, Mr. Speaker. A couple questions to the proponent of the bill.

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Please proceed, madam.

REP. SAWYER (55th):

As amended. In looking at the summary and trying to go back and forth between the bill, it said that in Senate Amendment A that it eliminates respiratory care therapists from the health-care providers, who can authorize a student's use of the inhaler. Could you just tell us why that was eliminated? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Ritter.

REP. RITTER (38th):

Mr. Speaker, I will be honest with you. I do not remember the answer to that question.

DEPUTY SPEAKER ALTOBELLO:

Representative Klarides -- I mean, excuse me, Sawyer. Sorry, madam.

REP. SAWYER (55th):

Understandable, sir. I was just surprised at that because you think of as a respiratory care therapist as being someone who should be able to authorize a student's use of an inhaler.

The other question I had was here we are asking also that the State Department of Education, were

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mandating that they come up with the particulars and it's no longer going to be permissive that we're mandating that they come up with the -- and adopt regulations. And yet we're talking about athletic trainers. Why did we not wait and let them go through the regulations and decide if athletic trainers should be included or excluded? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Ritter.

REP. RITTER (38th):

Mr. Speaker, in the discussions surrounding this bill both with the athletic trainers and the other professionals there was not a particular question raised to the point that Representative Sawyer is addressing. Rather it made sense to include them in that group of professionals.

DEPUTY SPEAKER ALTOBELLO:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, Mr. Speaker and I thank the chairwoman for answers. I just get concerned, Mr. Speaker, when we take upon ourselves and we -- we on one hand say please, adopt regulations. We've asked you before. The word was made before and now we're saying you

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shall create them, adopt them, but on the other hand than we say, but, oh by the way, we're going to let athletic trainers to this. It's not that I disagree with it, it's just that it looks confusing in the particular legislation.

Usually, we tend to try and be clear and talk to why we need regulations, what should be inclusive within the regulations versus putting something like this into a statute that changes the flexibility sincerely. But I would like to thank the committee for their work on this because I don't add so many more children are able to now handle their asthma. So many more children with high allergic reactions are able to participate in sports because of the medications that are now available on the market, and yet they have to be able to get to them immediately so that they don't have an anaphylactic shock or a respiratory failure. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Sawyer.

Representative Perillo of the 113th, you have the floor, sir.

REP. PERILLO (113th):

Mr. Speaker, thank you very much. If I could,

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just a brief question to the proponent.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. PERILLO (113th):

Through you, Mr. Speaker, historically I understand that the reason why EpiPens and medications in general were not allowed to be carried by students was out of concern for misuse, security issues. My question for the proponent is, what has changed in relation to that? Obviously, I understand severity of the need to access these medications very quickly, but what can schools do and what did the Public Health Committee consider in terms of a school's ability to ensure that, especially for a younger child who's got an EpiPen that, you know, another student doesn't use it, that it doesn't get misused, doesn't fall into the wrong hands? What steps can be taken? Through you, sir.

DEPUTY SPEAKER ALTOBELLO:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, the Representative asks a question of the precipitating events really that bring this bill to us. And I'm fairly sure the

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Representative may be aware that the prevalence of both EpiPens and asthmatic inhalers over the past 10, 20 years has markedly increased.

It has become far more common that students may require use of asthmatic inhaler multiple times during the day, as can be somewhat disruptive to that student's scheduled while at school and the same time, that student who perhaps 15 or 20 years ago was a rarity in a school, that is simply no longer the case. That is also the case with at the EpiPens. At the same time, the medical technology and delivery systems around the two devices have also changed increasingly overtime in the direction of making them far more, I would say user-friendly or able to be administered fairly without as much technical meet for assistance as had, perhaps been the case in the past. Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you. I just want to clarify my question. My concern is not with a student's ability to utilize an inhaler or an EpiPen appropriately on themselves. These are children who

live every day with an allergy, they know what they're doing, and that's one of the reasons why this is a good idea. My concern is, you know, especially with younger kids, you know, what, you know, if you look at the reason why it made sense historically to ensure that EpiPens and inhalers and other medications were locked up and secured in a nurse's office was so that kids who weren't supposed to use the EpiPen or the inhaler use them inappropriately. What did the Public Health Committee look at too mitigate the risk that, you know, Johnny's buddy Tony, who doesn't have an allergy doesn't stab himself with the EpiPen inappropriately. Through you, sir.

DEPUTY SPEAKER ALTOBELLO:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, you may recall that earlier in the discussion, I included points to the effect that students may not carry these in the classroom without going through certain inspection and assurances of knowledge and ability to do that that would include keeping it to themselves. And Mr. Speaker, there was a great deal of discussion about the availability of things -- these to be used

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incorrectly. And that will always remain a concern,
Mr. Speaker.

I think that the opportunities for the school
through their required planning to address that is
there, if indeed there is a problem and the
opportunities for the school professionals to be able
to a value wait to that would be there, Mr. Speaker.
The point of the bill is that students for whom these
are potentially, in some cases life-saving or life
impacting devices that can make a huge difference to
them, that we are doing everything possible to ensure
that those students have access to those devices in as
immediate a way as possible, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, I thank you and I thank the
chairwoman for her answer. This is a bill that I
support, but not without just a slight bit of
reservation because of some of the issues I mentioned.
And what, in my eyes, mitigates that is the simple
fact the good that can be done with the use of an
EpiPen and use of an inhaler far outweighs the
potential that if they're used inappropriately. At

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the end of the day, they're going to save lives. God forbid they were misused. The downside is not all that terrible so I would thank the Public Health Committee for its work on this. This is a good bill. Thank you.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Perillo. Further on the bill as amended by Senate A? Further on the bill as amended? If not, staff and guests please retire to the well of the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting by roll call. Members to the chamber.

DEPUTY SPEAKER ALTOBELLO:

Have all members voted? If all members voted, please check the board to make sure your vote is properly cast. If all members have voted, the machine will be locked. Will the Clerk please take a tally. And with the Clerk please announce the tally.

THE CLERK:

Senate Bill 755, as amended by Senate A in concurrence with the Senate.

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Total Number Voting	146
Necessary for Passage	74
Those voting Yea	146
Those voting Nay	0
Those absent and not voting	5

DEPUTY SPEAKER ALTOBELLO:

Bill as amended by Senate A is passed in
concurrence with the Senate.

Would the Clerk please call Calendar 350.

THE CLERK:

On Page 8, Calendar 350, substitute for House
Bill Number 6635, AN ACT CONCERNING SOLAR POWER,
favorable report of the Committee on Energy and
Technology.

DEPUTY SPEAKER ALTOBELLO:

Representative Nardello of the 89th District, you
have the floor, madam.

REP. NARDELLO (89th):

Good afternoon, Mr. Speaker. I move acceptance
of the joint committee's favorable report and passage
of the bill.

DEPUTY SPEAKER ALTOBELLO:

The question before the chamber is acceptance of
the joint committee's favorable report and passage of

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your professional work as an advocate you
have --

AMY O'CONNOR: No, I have never heard of that
collaborative --

SENATOR HARRIS: Okay.

AMY O'CONNOR: -- at all. And I think even if that
exists, this bill would provide a fail safe if
that doesn't happen, then at least the
pharmacist will have to get in touch with the
doctor.

SENATOR HARRIS: Okay. You might also -- you
should maybe go to Hamden and go to
Mr. Carbray's pharmacy because I know he does
that. It's not too far away.

AMY O'CONNOR: No, it's not at all.

SENATOR HARRIS: Thank you very much. I appreciate
it.

Next we have -- we're going to Senate Bill
755, Sandra Fusco Walker followed by Larry
Berman.

SANDRA FUSCO WALKER: Good afternoon, Senator
Harris and everybody else on the Public Health
Committee. My name is Sandra Fusco Walker,
and I'm with the Allergy and Asthma Network
Mothers of Asthmatics. We're a patient
advocacy and education group, and we've been
working for over a decade on student's rights
at school to carry their asthma inhalers and
their anaphylactic medication.

Breathing is a right, not a privilege, and we
applaud Senate Bill 755 which will allow
students to carry these lifesaving medications
during the school day. We urge you to pass

the bill without any amendments that might defeat the intent of this bill. We only have three minutes, and I've watched a lot of people get buzzed before they're finished, and I want to move quickly.

Three minutes isn't really enough time to talk about all the families whose students aren't coming home anymore because they died from asthma and anaphylaxis, or the issues families and students face every day when you send a child to school who lives with asthma or anaphylaxis, nor do we have the time to walk you through what it's like to be a student sitting in a chair and feeling your chest start to get tight and know that you have to raise your hand because the medicine you need right now is not there, and you have to raise your hand and you have to hope that the teacher calls on you and the teacher doesn't say to you, you don't look like you're having a problem, you could wait ten more minutes for lunch. Because most people don't know that our asthma inhalers have to be used at the first sign of symptoms, not when we need to be so-called rescued. We're supposed to avoid rescue. And first sign of symptoms, you can't see them, but we can feel them.

Three minutes isn't enough time to share all that AANMA and all the advocates have learned over the past decade. We've worked with families and medical associations, pharmacists, legislators and we have 47 states now that have laws protecting students' rights. And I passed out maps so you have maps and a binder from us.

We've learned so much, we don't have the time to go through all the issues that we've addressed, and I would like to, you know, offer you information later to go through

questions like, Well, you know, I saw somebody playing with their inhaler, so I took it away from them, which happened to a student in Pennsylvania. The student was not playing with their inhaler. We have to prime our inhalers three to four times. We have to pick them up, shake them and squirt them before there's enough medicine inside to give us the dose that we need. And because people who don't understand the disease, don't know that that's what we need to do, they thought this child was playing, they took it away, she didn't get her medication and she ended up leaving school with an asthma attack.

The only thing three minutes is, that I can assure you, it is enough time for a student to die at school from asthma and anaphylaxis. And we're counting on you to help us make sure no other student ever dies at school again, because they weren't permitted to carry their medication.

We're willing to work in any way we can with the state of Connecticut to help this happen. We'd like to make you the 48th state to turn dark blue on our map, and work with all the groups involved.

Thank you very much.

SENATOR HARRIS: Thank you.

Any questions?

Representative Lyddy.

REP. LYDDY: Good afternoon, how are you?

SANDRA FUSCO WALKER: Good. Nervous.

REP. LYDDY: I very much appreciate this -- don't

be nervous -- this piece of legislation. I had asthma growing up, and I can remember the fear of going to recess and gym class.

SANDRA FUSCO WALKER: Uh-huh.

REP. LYDDY: And for a child to fear doing those activities, that are so important to our development, is terrible. I was also put into an oxygen tent which is a very scary thing for a young person.

Currently is it up to each individual nurse at the schools in Connecticut to either hold, to possess that inhaler, or to allow the student to possess it? Do we have any kind of rules on the books as to how it currently works?

SANDRA FUSCO WALKER: It depends on the school individually. It's usually up to local control. One of the reasons that we started working on this issue back in the early nineties was because some school districts would allow kids to carry, some school districts wouldn't. What we did was we tried to -- went to the federal government and made a federal law that said any state that provided these rights to schools would have some brownie points when there was funding involved with asthma and anaphylaxis.

Since that law came into place, President Bush signed it in 2004. We are now up to the 47 states. In Connecticut itself, I've talked to school nurses and parents who think it is great, and I've talked to parents who think it is terrible. In that packet I actually have a couple of parents who contributed testimony living in Connecticut, the things that they are going through in order to have their students carry their medication.

When the medication is prescribed for the student, the student has usually had a problem. That's why they do it. If a student had a near-death experience, they don't forget that. I have a 22-year-old daughter who almost died at five years old. She never leaves the house without her inhaler. To this day she remembers what it was like as her fingers were turning blue, and she was shutting down, and she couldn't breathe and how scared she was.

Kids that have this disease know how to take care of it because we teach them to. And if a physician or a nurse practitioner writes a prescription and says, you know, this child is prepared, they need to have this medication on them at all times, nobody should interfere with that physician/patient relationship, and that child should carry it from the moment they get up in the morning until the moment they go to bed at night.

REP. LYDDY: Thank you very much.

SANDRA FUSCO WALKER: You're welcome.

SENATOR HARRIS: Thank you Representative.

Any further questions?

Thank you for sharing your experience. I guess I have one question.

SANDRA FUSCO WALKER: Uh-huh.

SENATOR HARRIS: Forgive me if it sounds obvious, but I'm new on this committee, and you're talking about having worked on this since the 1990s --

SANDRA FUSCO WALKER: Uh-huh.

SENATOR HARRIS: -- which, even to me now, is a long time ago.

SANDRA FUSCO WALKER: I'm retiring when we hit the 50th state.

SENATOR HARRIS: Okay. And how long have you been working on this in Connecticut?

SANDRA FUSCO WALKER: In Connecticut, actually we started talking about it in '97 or '98. And we've been try -- we have our advocates and there's members that will contact you and let you know the letters they wrote and the people they spoke to. And I think three years ago there was a bill introduced that didn't go anywhere, and then last year there was a bill introduced, that really wasn't quite -- didn't cover all the areas that it needed to cover, and the bill that's been written now really does say students need to carry -- they need their doctor's note on it, they need to know how to use it, and they need to have it with them at all times at the school.

Our concern is what we found in the other states and we've clarified a lot of the issues. If somebody will say, well, we don't want somebody carrying an anaphylaxis EpiPen because they might stab somebody with it, well, first of all, I've got lead in my arm from getting stabbed with a pencil in second grade, and I bet you there's a lot of people in here who have been stabbed by pencils. There can be a tool to hurt somebody if a student wants to do it.

The guarantee with an Epi-Pen is that if somebody takes it who doesn't need it, it lasts for about 15 to 20 minutes, and it'll make your heart race. It probably won't kill you unless you have a very bad heart

condition. But if you need it and you don't get that EpiPen, you're going to die, and it can be within a three-minute time period.

SENATOR HARRIS: Yes, I do remember those pens. We called them tetanus shots actually. It's pretty stupid --

SANDRA FUSCO WALKER: Well, I gave you all testers. You do all have testers.

SENATOR HARRIS: I would also imagine that someone who actually has an EpiPen and understands that it could be a matter of life or death to that person, probably wouldn't be around there using and stabbing at other people. I would think that even troublemakers understand about protecting themselves, but -- so I don't buy that argument against it.

The reason I ask is I know that this building doesn't always function on a rational basis, so I'm not trying to encounter that, but to me this seems like a no brainer. So why hasn't this happened? The only reason that I know about this is because the part about Epinephrine, about the EpiPens, came to me through a constituent Larry Berman who's going to be testifying next.

SANDRA FUSCO WALKER: Uh-huh.

SENATOR HARRIS: So why hasn't this happened yet? What am I going to hear?

SANDRA FUSCO WALKER: You know, I can't answer why it hasn't happened. We've approached Legislators and people have introduced bills that haven't gone anywhere.

The whole situation started during the 1980s with the zero drug tolerance policy in the

schools, because prior to that people carried their inhalers and their auto injectable Epinephrine. There was never a concern. But when we became, you know, really conscious about drugs in school and even cough drops you couldn't carry anymore, and that's when we saw the deaths start in the beginning of the nineties we actually had children die at school. We have a young boy, Phillip, that, you know, he'd be 23 today. He died sitting at school waiting for them to find a key to unlock the cabinet. He carried his inhaler everywhere else but in school because this Los Angeles school didn't allow anybody to carry any medication.

So why it hasn't happened in Connecticut sooner, maybe we needed to advocate more and maybe we needed to find more champions to make it happen, but we're here now, and we can make it happen, and we can become number 48, and then we can have two states left in the country that still need to do it.

Louisiana is working on it and South Dakota, we're trying to find advocates there.

SENATOR HARRIS: Well, I think we'd like to try to beat them.

SANDRA FUSCO WALKER: You don't want to be last.

SENATOR HARRIS: Yes, we don't. We don't want to be last, and I think we should move away from that zero tolerance to some common sense tolerance.

I might add that thank you to the Lyme Disease people for giving us the tick remover. And I was looking at it earlier, speaking of zero tolerance, and thinking this could actually violate a Homeland Security policy in this

building, and I definitely would get in-school suspension if I had this in a school, so I think we've got to start thinking and not doing what my grandmother used to say as being so open-minded that our brains fall out.

Anyway, thank you very much.

SANDRA FUSCO WALKER: Thank you very much, Senator.

SENATOR HARRIS: Larry Berman followed by Vicky Graham.

LARRY BERMAN: Senator Harris, Representative Ritter, and other members of the committee, I appreciate the opportunity to speak to you today in favor of Senate Bill Number 755, An Act Concerning use of Asthmatic Inhalers and Epinephrine While at School.

As I said, my name is Larry Berman and I'm here as a dad. My son Mark has a life-threatening food allergy to peanuts and tree nuts, and ever since he's been diagnosed when he was about three years old, he doesn't go anywhere without his EpiPen. As soon as he was old enough to be taught, and we gained confidence that he had -- that he had the responsibility to carry it himself, he did. We always carry a back-up when we're with him, but we've relied on him to advocate for himself when necessary for many years now.

This food allergy is part of his life, but it doesn't define who he is. He's acutely aware of his health risk and he, as well as the rest of his family and friends, are very vigilant about avoiding food allergies in the first place because -- or for food allergens because that's what's most important is to prevent it in the first place an allergic reaction.

We've educated hundreds of family members, parents, friends, coaches and teachers over the years, and despite that he's had two extremely frightening allergic reactions. Fortunately for him, he had his EpiPen which probably saved his life.

He spends the majority of his school -- spends the majority of his day in school and sports activities after school. I was astonished last summer to find out that Connecticut is one of the few states who do not allow students to carry their EpiPens during the school day. I knew he couldn't carry it, but I didn't realize that Connecticut was one of the very few. He's a freshman in high school, he's mature, he's responsible about protecting himself against this food allergy, and I can assure you that he would never allow that EpiPen to be taken away or to misuse it because he knows that he needs to have it with him at all times to protect his own life.

Every day he goes to school, his life is at risk because he doesn't have that EpiPen immediately available to him. He has to rely on teachers or his classmates to call a nurse, who we hope is immediately available to answer that call, to get into a locked cabinet to get his EpiPen, and then to run across a large high school to administer that Epinephrine hopefully in time.

His EpiPen must -- it's so critical that his EpiPen must be available immediately, and the only way to have that happen is to allow him to carry it during the school day where he spends the majority of his time. It could certainly be the difference between my son dying or the difference between him being able to live his life -- live a full life and enjoy that opportunity that he certainly should

have; and if not, my son that has an allergic reaction during the school day, perhaps it would save the life of one of the thousands of other sons and daughters of parents across the State of Connecticut.

I've provided additional information in my written testimony, and I respectfully ask that you support Senate Bill 755.

Thank you very much.

SENATOR HARRIS: Thank you, Larry, I appreciate you coming and, of course, bringing this to my attention.

Representative Giegler.

REP. GIEGLER: Thank you, Mr. Berman, for coming before us today.

I have a couple of questions. One, what age did your son learn to use his EpiPen?

LARRY BERMAN: He was using the trainer. We taught him with a trainer, and from the time he was very early in elementary school, but we did not rely on him using it himself at that time, because we just didn't have the confidence that he could go through that in a situation where he knows his life is in danger. But we certainly have always educated his teachers. He's carried his EpiPen since he was in grade school.

REP. GIEGLER: Did they allow him to keep it in his backpack when he was like in kindergarten or first grade?

LARRY BERMAN: The rules are, as I understand them, that like other prescription medications they're not allowed to have them, that they're

to be given to the nurse, as we did at the beginning of every school year and they were to be maintained in the nurse's office in a lock -- under lock and key. Okay. But that doesn't mean that he -- that he hasn't had it with him in a backpack.

REP. GIEGLER: Because one of the concerns I have, too, is I'm not sure that every school in the state of Connecticut actually has a school nurse present in their building. Sometimes I think some areas might just have a nurse within the district, that there's not one available. So would a teacher be allowed to administer the EpiPen?

LARRY BERMAN: I -- I don't know that specific situation. We haven't had a situation where my son has not been in a school that doesn't have a school nurse, so we've always communicated with the school nurse in his situation. So I can't speak on that behalf, but I would have to assume that it has to be a responsible staff member in the school that is authorized to administer it, because you certainly could not wait until a nurse came from another school in the district. I mean, it would be too late.

REP. GIEGLER: It's actually too late when it's locked up and say the nurse is at lunch or out of the building --

LARRY BERMAN: That's exactly my point.

REP. GIEGLER: -- and nobody's got the key to the cabinet, you know.

LARRY BERMAN: Absolutely.

REP. GIEGLER: Well, thank you so much, I appreciate it.

LARRY BERMAN: Thank you.

SENATOR HARRIS: Representative Heinrich.

REP. HEINRICH: Thank you, Mr. Chair.

I can actually answer that question. A few years ago we passed a bill in this General Assembly saying that somebody has to be present that is capable of administering the EpiPen. Of course, that doesn't solve the problem we're talking about today, but just to answer the question from Representative Giegler. We also extended that to daycares and after-school activities as well, not to say that that's the answer to your question but to her's.

Thank you.

LARRY BERMAN: Great. Thank you.

REP. HEINRICH: Thank you, Mr. Chair.

SENATOR HARRIS: Thank you, Representative Heinrich.

Any other questions.

Representative LeGeyt.

REP. LEGEYT: Thank you, Mr. Chairman. Thank you, Mr. Berman for coming today and sharing this very considerable concern.

I happen to be an elementary school teacher in the state of Connecticut, and I have been concerned for some time about the logistical situation that you describe with regard to keeping medications at a distance from the children who need to have them on occasion,

and there are any number of scenarios that could easily become problematic when the child is separated from lifesaving medication in a situation like this, not the least of which are field trips, situations as Representative Giegler describes when there might not be a nurse on duty or even in the building.

I do know that there are procedures in place to train some of the other staff to administer this medicine, but one of the significant concerns that I have is that in the building where I teach, I teach second grade, students don't necessarily appreciate the symptoms in time and so precious minutes are lost while they're coming to terms with what's happening, as they have a response, and that just further elongates the problem by the time, you know, some very caring professional says, okay, let's, you know, get this taken care of, time has passed.

So, I thank you for coming and I'm very much on board with this.

Thank you, Mr. Chairman.

SENATOR HARRIS: Thank you very much.

Larry, before you leave, Representative Giegler talked a little bit about or we're talking behind your back, sort of, about age.

LARRY BERMAN: Right in front of me.

SENATOR HARRIS: Yes, right in front of you behind your back. Do you think that the statute should have some kind of age cut-off or is it enough to just say that the licensed healthcare professional certified that it's okay?

LARRY BERMAN: Actually I do not think there should be an age specific, because as we all know, different children mature at different rates, and you could have an eight year old or even younger perhaps, but you can have an eight year old that would be very responsible and you could be confident that that child would be able to take care of their own EpiPen or address the situation, at least on the onset of the food allergy, and obviously, you have to dial 911. You have to get, you know, professional medical assistance. You have to get to a hospital.

But that initial response to having that medical emergency, with food allergic reaction, and you could have an eight year old that could be responsible that both the parents and the physician have confidence in, and yet you could have a 12 year old that you wouldn't feel the same way about.

So I really think it needs to be left to the physician and the parent to make that determination that they do want to entrust their child and are confident that they are going to entrust their child with that lifesaving measure.

SENATOR HARRIS: Leaving things to doctors and parents, it's a foreign concept to me.

I appreciate it. And as someone who has taken a while to mature, I can appreciate that answer also.

Any further questions?

Representative Esty.

REP. ESTY: Thank you, Mr. Chair.

Just a quick question Larry, if you know. This seems totally sensible. I know many many children now who carry EpiPens in all other settings except in school, and I share your concern.

I wonder, and maybe somebody else on the committee or in the audience knows, I wonder whether we aren't bumping up against some other well-intentioned law in the state of Connecticut that prohibits the carrying of weapons, and I wonder whether we don't have to look at that as part of this, if this -- if a needle would inherently be considered a weapon as a sharp device, and that we aren't going to also have to look at that and have a carve-out.

And I don't know if you know anything about that, but I think of a number of students who have had encounters on things that seemed less like a weapon than this, and if we're going to have to adjust that as well as part of our legislation.

LARRY BERMAN: Yeah, I can't answer that. I don't know that there's any law that would be in conflict with this, and I can -- again, I can only overemphasize enough that I cannot imagine that a child who knows that they have a life-threatening allergy would ever give up their EpiPen, okay, you know, to something that would be other than using that lifesaving measure that they know they need to have. They go about their daily life and try to live a normal life, but they know that they have to have that EpiPen.

REP. ESTY: I agree. I think it's just we may need to check just to make sure it's specifically exempted --

LARRY BERMAN: Right.

REP. ESTY: -- in case there's any question that we not run up against some other law, regulation.

LARRY BERMAN: Thank you.

SENATOR HARRIS: Thank you, Representative Esty, very good spot. We will take a look at that and another thing that we don't always do well is unintended consequences.

Representative Lesser.

REP. LESSER: Well, first off, I can sympathize personally as someone who's carried Epinephrine and it's varied the results of this legislation when I was a student and carried it.

Just out of curiosity, have you spoken with your school board, and what sort of feedback did they give you if you have?

LARRY BERMAN: I haven't spoken to the school board. We've spoken to the school nurses individually and spoken about this subject as he's gone -- progressed through the school system in our town, and I can tell you that there were different responses. There are some nurses who basically this is the rules and that's it. There are other nurses who couldn't officially put anything in writing that said you could officially carry it, but assured us that they were winking at us to say go ahead and carry it, and he has done so. Because if you look at the trade-off, I'd rather have an issue where somebody is calling me in the school because my son got caught carrying the EpiPen, than the -- than the worse reaction which is if he needed that EpiPen and didn't have it. I'll go talk to

any school administration any day of the week over the other consequence which -- which you can't have any further discussions on once it's happened and the reaction has occurred and the anaphylaxis hasn't been treated.

REP. LESSER: Well, I hope no one in this room would rat me out to my school nurse for carrying Epinephrine when it was against school policy.

SENATOR HARRIS: Thank you.

Representative Heinrich.

REP. HEINRICH: Thank you, Mr. Chairman, for the second time. I apologize, but I did want -- that reminded me -- your question reminded me of why your testimony is so important and why this bill is so important is that a school board cannot unilaterally just say it's okay for them to carry an EpiPen for insurance reasons, and so some of the things that we've already passed were necessary for us to pass into law for insurance purposes. They wanted to do it but they couldn't because of insurance purposes.

So passing this bill into law will also help the school boards and the school nurses to implement this in a way that it can be covered appropriately.

Thank you, Mr. Chair.

SENATOR HARRIS: Thank you and no need to apologize for thoroughness and explanation.

Any further questions?

Thank you, Larry. I appreciate it.

LARRY BERMAN: Again, thank you very much to the committee.

SENATOR HARRIS: Next we have Vicky Graham followed by Susan Albino.

VICKY GRAHAM: Hi, good afternoon. I'd like to thank Senator Harris, Representative Ritter, and the members of the committee for this opportunity to address you. My name is Vicky Graham, and I'm the president elect of the Connecticut Athletic Trainers Association. I'm here today in regard to Senate Bill 755 which we've been talking about.

The CATA, the Connecticut Athletic Trainers Association, is completely supportive of this legislation. As you've heard from the previous speakers it's essential that students be able to carry these medications both during the school day and also after school for sports. It does no one any good if the medication is locked in the nurse's office, and I know of many instances where -- I mean, kids basically, you know, with a wink and a nod break the rules so that they can carry their inhaler or their EpiPen with them after school and it creates some problems.

We're also requesting that licensed athletic trainers be included in the list of individuals who are able to administer or assist with the administration of these medications. In Connecticut, athletic trainers are required to work under standing orders from physicians, and we very often, under those standing orders, help administer these medications as needed.

The licensed athletic trainer is responsible for the health and welfare of the student athletes after school, and is very often the

only trained medical professional that's available after school hours. The athletic trainer is the primary responder to any type of medical problem or emergency that occurs during practices and competition. Athletic trainers are highly qualified multiskilled allied healthcare professionals and have been part of the American Medical Association's Health Professions Career and Education Directory for more than a decade.

Athletic trainers are assigned national provider identifier numbers like all other healthcare professionals and, in addition, have supported the American Academy of Family Physicians, American Academy of Pediatrics, American Orthopaedic Society for Sports Medicine, among others, and those groups are all strong political and academic supporters -- supporters of athletic trainers.

Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities. And while we've traditionally practiced in secondary school, college and professional athletics, about half of us now practice in sports medicine clinics, physician offices, the industrial setting, performing arts and the military.

Athletic trainers are required to have received a Bachelor's Degree from an accredited athletic training education program and to pass the national certification exam. Over 70 percent of athletic trainers have advanced degrees and all are required to complete ongoing continuing education in order to maintain both certification and licensure.

The CATA --

REP. RITTER: You may finish your sentence.

VICKY GRAHAM: Well, we are -- we're requesting that we be added to the list of people that are able to assist, and we're in favor of Senate Bill 755.

REP. RITTER: Thank you very much.

Are there questions from the committee? I don't think so.

Thank you very much for your testimony.

Next on the list we have Susan Albino, and she will be followed by Bruce Douglas.

SUSAN ALBINO: Senator Harris, Representative Ritter, and members of the committee, my name is Susan Albino and I'm representing the Connecticut Society for Respiratory Care. We are representing over 1500 licensed respiratory care practitioners in the state of Connecticut. I'm also a manager at Hartford Hospital, in the respiratory care department. We are in support of the passage of Senate Bill 755.

Nationally, asthma is one of the most common chronic diseases and a leading cause of disability in children. Senate Bill 755 would permit the children to possess and self-administer their asthmatic inhaler or automatic prefilled Epinephrine injector at all times while attending school. This will be allowed -- and this is important -- when a physician, physician assistant, advanced practice registered nurse and respiratory care practitioner make written certification after a comprehensive patient assessment. So obviously there is significant

physician/patient interaction going on, making sure it's appropriate for that student to carry the inhaler safely and appropriately.

Under current regulations local school districts may require that such devices be maintained, as we've heard, or stored in a locked cabinet, locked room, and not easily accessible. We strongly believe this process can, and have seen evidence that it delays or prevents the student from responding immediately to an asthma attack resulting in serious injury or even death. And I do believe that most people don't realize that asthma does kill. It is a very serious illness.

The Connecticut Department of Public Health presented Asthma in Connecticut 2008, a Surveillance Report. Some of the statistics, 10.5 percent or 86,000 incidents of asthma among children ages zero to seventeen, the highest incidents occur in school-aged children between the ages of five and twelve, which is 11.6 percent. This is higher than the national average of 8.9 percent. The Connecticut DPH Asthma Program and Connecticut Asthma Advisory Council are in the process of developing a revised statewide asthma plan. We believe this bill would also support their efforts.

Prompt intervention can also reduce hospitalizations and emergency department visits which currently average 18 visits per 10,000, and 85.9 visits per 10,000 respectively. This translates into a cost of nearly \$14 million per year based on the study that was presented.

The Healthy People 2010 Initiative from the U.S. Department of Health and Human Services

has also focused on asthma.

So in conclusion, the Connecticut Society for Respiratory Care is prepared to assist you in any way to help craft or revise statutory language that all entities can accept.

I thank you for allowing me to testify in support of this bill.

REP. RITTER: Thank you very much.

Are there questions from the committee? None.

Thank you very much for your time.

VICKY GRAHAM: Thank you.

REP. RITTER: We're going to move to our next bill, which is House Bill 5599, An Act Concerning Licensure Exemption for Magnet Schools that Administered Daycare Services. And our speaker is Bruce Douglas.

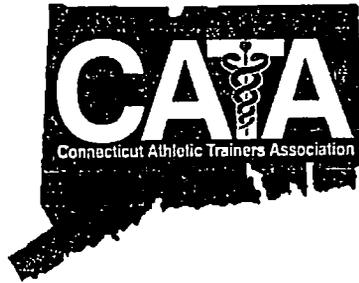
BRUCE DOUGLAS: Good afternoon, Representative Ritter, and Senator Harris, and members of the Public Health Committee. My name is Bruce Douglas, and I'm here with my colleague, Ms. Lisa Wheeler, who's the director of early childhood education for the Capital Region Education Council. And I'm here to speak in support and to speak on House Bill 5599, An Act Concerning Licensure Exemption from Magnet Schools that Administer Daycare Services.

CREC supports DPH exemptions for charter schools, but would like to supplant in line 2 the term magnet with charter. CREC provides early childhood education to our young and often most at risk populations. Charter schools have been able to provide unique educational experiences for a diverse

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 2
313 - 623**

2009



To: Public Health Committee

From: Vicky Graham, ATC, LAT
Connecticut Athletic Trainers' Association

RE: S.B. No. 755 (RAISED) AN ACT CONCERNING THE USE OF ASTHMATIC INHALERS AND EPINEPHRINE AUTO-INJECTORS WHILE AT SCHOOL.

Date: February 6, 2009

Good morning. I would like to thank Senator Harris, Representative Ritter, and the members of the Public Health Committee for this opportunity to address the committee. My name is Vicky Graham, and I am the President-Elect of the Connecticut Athletic Trainers' Association (CATA). I am speaking today in regard to S.B. No. 755 (RAISED) AN ACT CONCERNING THE USE OF ASTHMATIC INHALERS AND EPINEPHRINE AUTO-INJECTORS WHILE AT SCHOOL.

The Connecticut Athletic Trainers' Association is supportive of this legislation. We believe it essential that students have immediate access to emergency medications, and support their being able to carry asthma inhalers and Epi-pens with them at school, as well while participating in sports and other after school activities. We are requesting that Licensed Athletic Trainers be included in the list of individuals able to administer or assist with the administration of these medications.

In Connecticut, Athletic Trainers (ATs) are required to work under standing orders from a Physician. ATs very often administer or assist with the administration of asthma inhalers and epinephrine auto-injectors, per standing orders from their supervising Physician. The Licensed Athletic Trainer is responsible for the health and welfare of students participating in sports at the school, and is typically the only trained medical professional on school grounds after classes end. Secondary school athletic practices and events occur after school, well into the evening. The AT is the primary responder to any type of medical problem or emergency that occurs during practices and competition.

ATs are highly qualified, multi-skilled allied health care professionals and have been part of the American Medical Association's Health Professions Career and Education Directory for more than a decade. Athletic trainers are assigned National Provider Identifier (NPI) numbers like all

other health care professionals. In addition, the American Academy of Family Physicians, American Academy of Pediatrics, and American Orthopaedic Society for Sports Medicine, among others, are all strong clinical and academic supporters of ATs. Athletic Training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities. While traditionally practicing in secondary school, college, and professional athletics, the AT also practices in sports medicine clinics, physician offices, the industrial setting, the performing arts, and the military. ATs are required to have received a Bachelor's degree from an accredited Athletic Training Education Program, and to pass a national certification examination. Over 70% of Athletic Trainers have advanced degrees, and all are required to complete ongoing continuing education in order to maintain certification and licensure.

The Connecticut Athletic Trainers' Association is requesting that the language in S.B. 755 be modified to include Licensed Athletic Trainers as individuals who, along with "...the principal, any teacher, licensed physical or occupational therapist employed by a school district, or coach of intramural and interscholastic athletics of a school..." may administer asthmatic inhalers and epinephrine auto-injectors.

Thank you.



STATEMENT OF THE CONNECTICUT SOCIETY FOR RESPIRATORY CARE
Before the PUBLIC HEALTH COMMITTEE
in support of SENATE BILL 755

February 6, 2009

Sen. Harris, Rep. Ritter and members of the committee:

The Connecticut Society for Respiratory Care represents licensed respiratory care practitioners in the state of Connecticut. We strongly support the passage of Senate Bill 755, An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School.

Nationally, asthma is one of the most common chronic diseases and a leading cause of disability in children. Senate Bill 755 will permit students to possess and self-administer an asthmatic inhaler or automatic prefilled epinephrine injectors at all times while attending school. This will be allowed when a physician, physician assistant, advanced practice registered nurse and respiratory care practitioner make written certification after a comprehensive patient assessment. This practice will ensure prompt treatment of the child's asthma and protect the child against serious harm or death. Under current regulations, local school districts may require that such devices be maintained, stored, and administered by the school nurse or administration. This process can delay or prevent the student from responding immediately to an asthma attack, resulting in serious injury or even death.

Asthma in Connecticut 2008: A Surveillance Report, reported a 10.5% (86,000) incidence of asthma among children ages 0 – 17 years. The highest incidence occurred in school-aged children, ages 5 – 12 years (11.6%). This compares to 8.9% of children in the United States. Children have been identified as a priority for asthma intervention in Connecticut. The CT DPH Asthma Program and Connecticut Asthma Advisory Council are in the process of developing a revised statewide asthma plan to address asthma in Connecticut. The plan will focus on expanding asthma interventions. The addition of Senate Bill 755 will be of tremendous assistance in reducing hospitalizations and mortality in children with asthma that cannot receive emergent care in a timely manner. Prompt intervention can reduce hospitalizations and ED visits which are currently averaging at 18 visits per 10,000 and 85.9 visits per 10,000 respectively. This translates into a cost of nearly \$14 million dollars per year.

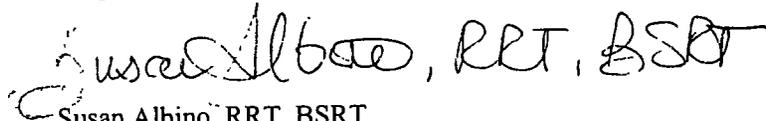
The Healthy People 2010 developed by the US Department of Health and Human Services has identified specific objectives for asthma. Among these are: Reduce asthma deaths, reduce pediatric hospitalizations and emergency room visits, and reduce the number of missed school days related to asthma. Connecticut still falls short of its target based on these objectives.

Asthma prevalence in Connecticut is on the rise. Although there is no known cure for asthma, it can be managed through proper medical treatment. With proper management and prompt access to medications during an acute episode, asthma patients should not have to seek emergency care or be admitted to the hospital because of their asthma. Allowing students to carry and administer these medications independently may prevent these consequences.

The Connecticut Society for Respiratory Care is prepared to assist you in any way to craft statutory language that all entities can accept.

Thank you for permitting me to testify on behalf of this bill. I will be happy to answer any questions you may have.

Respectfully submitted,



Susan Albino, RRT, BSRT
CTSRC Delegate 2007-2012
CTSRC Past-president 2002-2004
Respiratory Care Department Manager
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February 6, 2009

Senator Jonathan A. Harris
Chief Assistant Majority Leader
Public Health Committee, Chair
Connecticut General Assembly
Legislative Office Building, Room 3000
Hartford, CT 06106-1591

Dear Senator Harris and Members of the Public Health Committee,

It was about six months ago that I was very surprised to learn that Connecticut is one of the very few remaining states in the country that has not enacted legislation that allows students, with permission from their parents and doctors, to carry their prescribed epinephrine at school. As of today, forty-two out of the fifty states and the District of Columbia have enacted legislation allowing students to carry their prescribed epinephrine at school (please reference The Food Allergy & Anaphylaxis Network (FAAN) link <http://www.foodallergy.org/advocacy/advocacy-schools.html> and attachment). In addition, legislation has also been proposed in Georgia and New York in addition to here in Connecticut with S.B. No. 755, An Act Concerning The Use of Asthmatic Inhalers And Epinephrine Auto-Injectors While At School.

My fourteen year old son, Marc Berman, has a life threatening allergy to peanuts and tree nuts. Since he was diagnosed at a very young age, his Epipen has always, always, always been nearby. It has to be because we never know what moment it may be essential to saving his life. Despite Marc being acutely aware of his health risk along with his family, friends, coaches, and teachers, and his being extremely vigilant about avoiding exposure to food allergens, he still has had two extremely frightening allergic reactions. His Epipen may very well have saved his life. This school year he began his freshman year in high school and it has become more and more absurd that he is not allowed to carry his Epipen with him where he spends the majority of his day, in school. It is simply unacceptable at his age to have to rely on a teacher or classmate making a phone call to the nurse who we hope is immediately available that then has to get his Epipen out of a locked cabinet and then transport it across a large high school to administer his Epipen... hopefully in time!

Having his Epipen immediately available while at school may make the difference one of these days between my son dying or having the opportunity to live to enjoy the full life that he deserves! If not my son, then it may quite possibly save the life of one of the thousands of food allergic sons and daughters of other parents across the state Connecticut.

I respectfully ask that you please support passage of S.B. 755. Thank you.

Sincerely,



Larry S. Berman

* **Source: The Food Allergy & Anaphylaxis Network**

Sen. Bill H. 1307, introduced in Virginia, calls on each local school board to develop and implement a policy for managing public school students with life-threatening food allergies no later than January 1, 2010. The bill also requires appropriate school personnel to receive food allergy management training.

For information on helping pass any of this legislation, please send an email to cweiss@foodallergy.org



Carrying Prescribed Epinephrine at School

Below are the states that now have laws or regulations allowing students to carry, and potentially self-administer, their prescribed epinephrine at school (with year of enactment in parentheses):

Alaska (2005)	Maine (2004)	Oregon (2007)
Arizona (2005)	Maryland (2005)	Oklahoma (2008)
Arkansas (2005)	Massachusetts (1993)	Rhode Island (1998)
California (2004)	Michigan (2004)	South Carolina (2005)
Colorado (2005)	Minnesota (2004)	Tennessee (2005)
Delaware (2003)	Missouri (2006)	Texas (2006)
District of Columbia (2007)	Montana (2005)	Utah (2008)
Florida (2005)	Nebraska (2006)	Vermont (2008)
Hawaii (2004)	Nevada (2005)	Virginia (2005)
Idaho (2008)	New Hampshire (2003)	Washington (2005)
Illinois (2006)	New Jersey (2001)	West Virginia (2004)
Indiana (2001)	New Mexico (2005)	Wyoming (2007)
Iowa (2004)	North Carolina (2005)	
Kansas (2005)	North Dakota (2005)	
Kentucky (2004)	Ohio (2006)	

COLLEGE SCHOOL ISSUES

Statewide Guidelines for Schools

Statewide guidelines to help schools manage students with food allergies have now been published in Arizona, Connecticut, Maryland, Massachusetts, Mississippi, New Jersey, New York, Tennessee, Vermont, and Washington.

School Lunch Guidelines

The U.S. Department of Agriculture (USDA), the federal body that oversees the national school lunch program, has a guidance document entitled *Accommodating Children with Special Dietary Needs*. In this document, the USDA recommends that children with life-threatening food allergies be given a safe substitute meal, based on instructions from the child's physician.

Schools and the Law

It is generally accepted that children with life-threatening food allergies are considered disabled under federal civil rights laws, such as Section 504 of the Rehabilitation Act and the Americans With Disabilities Act (ADA). Section 504 is overseen by the U.S. Department of Education's Office for Civil Rights, and the ADA is overseen by the U.S. Department of Justice.

CAMP-RELATED ISSUES

State Statutes Protecting Student Rights to Carry and Self-Administer Prescribed Asthma and Anaphylaxis Medications

