

Legislative History for Connecticut Act

**PA 14-176**

HB5521

House	2954-3039	86
Senate	3458, 3475, 3480-3481	4
Education	371-380, 381-382, 789- <u>790, 917-918, 938-949</u>	28
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**H - 1189**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2014**

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2693 - 3043**

Will the Clerk please announce the tally.

THE CLERK:

Senate Bill 57 as amended by Senate "A."

Total number voting 142

Necessary for passage 72

Those voting Yea 142

Those voting Nay 0

Those absent and not voting 9

DEPUTY SPEAKER SAYERS:

The bill as amended is passed in concurrence with the Senate.

Will the Clerk please call Calendar Number 281.

THE CLERK:

On page 44, Calendar Number 281, favorable report of the joint standing committee on Appropriations, Substitute House Bill Number 5521, AN ACT CONCERNING THE STORAGE AND ADMINISTRATION OF EPINEPHRINE AT PUBLIC SCHOOLS.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Thank you, Madam Speaker.

I move acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER SAYERS:

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

Representative Fleischmann, you have the floor, sir.

REP. FLEISCHMANN (18th):

Thank you, Madam Speaker.

Madam Speaker, the bill before us would allow schools to designate and train nonmedical staff in addition to school nurses to administer emergency epinephrine injectors, better known as EpiPens in the cases of surprise reactions, such as people who haven't been diagnosed with allergies and are having a first-time reaction. It authorizes the emergency use of EpiPens by these staff only if the school nurse is not present and available and certain other conditions are met.

Madam Speaker, the Clerk is in possession of an amendment, LCO Number 4423. I ask the Clerk please call and I be given permission to summarize.

DEPUTY SPEAKER SAYERS:

djp/mb/lgg/cd  
HOUSE OF REPRESENTATIVES

264  
April 28, 2014

Will the Clerk please call LCO Number 4423, which will designated Senate Amendment Schedule "A" -- excuse me -- House Amendment Schedule "A."

THE CLERK:

LCO Number 4423 designated House "A" and offered by Representative Fleischmann, Senator Stillman, Representative Sayers and Ryan.

DEPUTY SPEAKER SAYERS:

The Representative seeks leave of the chamber to summarize the amendment. Is there any objection to summarization? Is there any objection?

Hearing none, Representative Fleischmann, you may proceed with summarization.

REP. FLEISCHMANN (18th):

Thank you, Madam Speaker.

And I thank you for your help with this amendment. The amendment before us carries out the spirit of the underlying bill while making clarifications about who shall be defined as a qualified school employee and aligning what we're going in this bill with what's already done in public schools around the state where there are people who are getting training to back up school nurses. It also makes clear that the Department of Education and

Public Health shall jointly develop in consultation with the school nurse advisory council the training regimen for those who would be administering the EpiPens. I move adoption.

DEPUTY SPEAKER SAYERS:

The question before the chamber is adoption of House Amendment Schedule "A."

Will you remark on the amendment?

Representative Ackert of the 8th.

REP. ACKERT (8th):

Thank you, Madam Speaker.

And if I could because I just now received this amendment, ask a couple questions, if I could in general terms to the good ranking -- the good chair of education. You did briefly explain the difference from the -- could you reiterate that, Madam Speaker, from the -- the bill that went through Education.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Thank you, Madam Speaker.

So the most important difference comes up at the end, I believe, where it clarifies that the State Department of Education shall in consultation with the

Department of Public Health and the School Nurse  
Advisory Council, develop the annual training program  
for those who would be backing school nurses in  
providing the EpiPen and that's on the last page of  
the bill, page -- I'm sorry -- the amendment, page 7,  
section 2, starting at line 187 so that's -- that's  
key.

And then the other language in the amendment  
essentially better clarifies what was in the  
underlying bill making evident that when we're talking  
about qualified school personnel who are to  
essentially back up the school nurse in that nurse's  
absence that it aligns with personnel who we are  
already defining as playing those roles in other parts  
of our statutes.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Ackert.

REP. ACKERT (8th):

Thank you, Madam Speaker.

And thank you to the good chair of the Education.

I think one of the key components that we were  
concerned with is, you know, an untrained individual  
in some manner to be you know replacing a school

nurse, which we know is -- the value of a school nurse. So if the -- if I could ask, through you, Madam Speaker, the individuals are volunteers that would take on this training, through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER SAYERS:

Representative Ackert.

REP. ACKERT (8th):

Thank you, Madam Speaker, and just for clarity -- one of the other -- and I don't see it -- I believe it's still in the amendment. I haven't -- because this piece hasn't changed, that it would require a school to have a refrigerator and EpiPens -- how is that, if I can do that, if you don't mind -- on hand because one of the things that we learned from the discussion that we had in -- and heard from the public hearing is that -- the value of these pens on hand so -- but it does not -- so they will be in the schools for the use of those trained, but it does not overreach and say that they need to have them on a

school bus or other areas like that. Through you,  
Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I would direct my  
good ranking member to Line 89 in the bill where it  
says the conditions and procedures for the storage and  
administration of EpiPens by school personnel are  
going to specified the school personnel, I believe.  
Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Ackert.

REP. ACKERT (8th):

Thank you, Madam Speaker.

I thank the good chair for his answers and I will  
-- and I have any remaining questions I will keep it  
to the bill that will be this amendment. So thank  
you.

DEPUTY SPEAKER SAYERS:

Thank you.

Representative Ziobron of the 34th.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

I have several questions for the proponent of the amendment, please, through you.

DEPUTY SPEAKER SAYERS:

Please prepare your question.

Representative Fleischmann.

Go ahead.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

I remember asking several questions about this bill in appropriations and a lot of those questions had to deal with the cost of training for these school personnel and if the good chairman of Education could provide an update on the training and the cost of that program as he indicated in that last meeting, I would appreciate hearing what he has learned. Through you.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Thank you, Madam Chair.

I will defer to our Office of Fiscal Analysis and it simply indicates that the professionals must meet training and other requirements before being allowed to administer EpiPens. Schools must have at least one qualified professional on school grounds during

regular schools and maintain the storage of EpiPens for emergency use. So as you and I have discussed and some others have discussed in the chamber, there is already training required of personnel who are in schools and backing up school nurses when they are not on duty and so what we're talking about a slight marginal increase in cost. Those folks are already getting various types of medical training and this would be simply added to that day of training. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

And I thank the good gentleman for that answer. I believe when we last talked about this that the statement was made that that training may be already provided but they weren't sure at the time, so I'm glad hear an update on that. Also, Madam Speaker, I would like -- through you, ask a question to the proponent on the amendment, lines 142 through 145. It states that -- that only another qualified school employee other than a school nurse could administrate the EpiPen limited to situations when they're not

absent or unavailable. The good chairman of the Education Committee can explain to me what unavailable means and how are they going to assess that situation because obviously this is an emergency situation where a child is going to need delivery of this lifesaving medication, how are they going to determine that the school nurse is unavailable. Through you.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, in this circumstance, as in all others, we would used the plain English definition. So we have a lot of schools in the state of Connecticut that have a school nurse who is there part-time and will spend half a day at that school, half a day at another school or maybe even just a third of a day at one school and then a third at a second and third at a third school. When a school nurse is not on the premises of a school ground and the surprise reaction occurs, then the qualified training person who is there is back-up the school nurse would be expected to jump in. So I think it is the plain English understanding that we would rely upon. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

And I would like to follow up on that answer if I could please, Madam Speaker, and through you, in plain English, when a nurse is busy serving another student or dealing with another emergency on school grounds, how does that -- how is that relayed in plain English to somebody else who will be able to administer in that emergency critical time is of the essence.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I think my colleague has just described a situation where a nurse is unavailable and the other qualified personnel would need to jump in, through you.

DEPUTY SPEAKER SAYERS:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

There is a mention here about the training and I'm going to get back to that because we talked about how this kind of training was done all the time, but yet, I notice in line 146 and 147 that they're talking about a qualified school employee who annually completes a training program. So is there a minimum or a maximum number of personnel who are going to be able to avail themselves to this training? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker. I would expect that the minimum would be one professional per school and if a district wanted to go beyond that, I believe that would be their prerogative. Through you.

DEPUTY SPEAKER SAYERS:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

I'm going to reserve the other questions I have onto the underlying bill and I thank you for your time.

DEPUTY SPEAKER SAYERS:

Thank you.

Representative Aman of the 14th.

REP. AMAN (14th):

Thank you, Madam Speaker.

As someone who has a wife who is very allergic to bees, I am very aware of the potential problems and the problems that occurs if the EpiPen is not used as quickly as possible. I do have some questions with regard to the bill through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Please prepare your question, sir.

REP. AMAN (14th):

Yes, line 89 talks about conditions and procedures for storage but I'm wondering how these standards are set because storing the EpiPens while not difficult, if it's not done correctly, their efficiency can definitely be impaired so I'm wondering how the state standards -- or what are the standards for those procedures and how are the schools been educated on what these standards are, through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, it's my understanding that every school district has a chief medical officer or advisor and that person is responsible for matters such as this, through you.

DEPUTY SPEAKER SAYERS:

Representative Aman.

REP. AMAN (14th):

So this will be an obligation of the schools to have this medical personnel meet and train some individuals in each of the schools within the district? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, it is already the obligation of every district to have such a chief medical officer or advisor and this would simply be one additional item on their to do list. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Aman.

REP. AMAN (14th):

Yes, again, looking at line 92, it talks about people who do not have written authorization so this

section of the bill, how does that relate to the people or the students that do have authorization and if the bill covers both those who do and don't, why do we need the language of the other in the bill. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Madam Speaker, 24 percent of the cases of reaction in schools over the past few years occurred in children who were not previously diagnosed with any type of allergy. I want to repeat that. Twenty-four percent of cases so what we're trying to do in this bill is not only protect those children who have a prior diagnosis, but also protect children who haven't been diagnosed, but suddenly go into anaphylactic shock. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Aman.

REP. AMAN (14th):

I believe that's pretty much what I was thinking of. If we want to have all students covered, why we have language talking about those who have written permission and those who do not have written

permission? I can understand having a section that says if for some reason the parents or guardians have said we do not want this administers, but barring those students, I guess, through you, Madam Speaker, is why isn't the bill written to cover everyone except those who I have written to just make things easier and clearer on school personnel? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I'm sorry. I really don't understand the question. The bill as I read it is written to address both children who have a prior diagnosed condition and children who have a reaction having had no prior diagnosis. That's the full group of children who you find in the schools. The amendment also allows for a family to opt out if they have some kind of religious objection to the use of an injector. I think that that covers all children and I guess I'm not quite sure of the question. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Aman.

REP. AMAN (14th):

I agree with the proponents' description. I'm just looking and saying that the language and the way it's written in the bill, even though us standing here can understand exactly what the intent was, I think it may be more confusing for someone in an emergency situation, but to continue on, it talks about a qualified school employee administering and I'm wondering -- I know it gives some descriptions of some of the people that are qualified in the next section by terms, but I'm wondering why medical technicians and EMTs are not -- not on that list as someone who is or does one of those sections actually cover that type of personnel. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, as I understand it, the list individuals who can potentially be trained under this amendment is the same list that exists in current statute regarding other types of medical training as back up to a school nurse, through you.

DEPUTY SPEAKER SAYERS:

Representative Aman.

REP. AMAN (14th):

Yes, and I just -- I understand that that's current language. It's just one of those things when we're correcting bill, I'm kind of surprised not only at this, but many other times when we don't read through the rest of it and say what other corrections do we happen to need at that time. The bill talks about and I know we've had this problem in some of the bills, at least one qualified school employee on the grounds during regular school hours and the question I've had in the past, what is the liability of the school if they don't have a qualified person on the school grounds when an occurrence happens? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I don't know the answer to that question. It seems to me that with or without this amendment, there are liability questions for schools that don't properly respond to a situation where a child has an reaction and I believe that the amendment before us better protects our school districts and schools. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Aman.

REP. AMAN (14th):

I don't know that I can agree with that interpretation because I think it's very clear that they have to have one qualified person on at all times. Tying into that, what is the obligation of the schools to have someone who is qualified and trained to be at athletic events, field trips and other on and off-campus activities, including something like the athletic fields that may be a quarter mile, a half mile away from the school nurse's office, especially when you take into consideration that this sort of treatment should normally be given almost immediately or as soon as possible. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I don't know.

DEPUTY SPEAKER SAYERS:

Representative Aman.

REP. AMAN (14th):

Could I have the proponent -- he caught me a little flat-footed with his answer, please explain his answer a little bit more in detail. Thank you.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I don't know means I do not know.

DEPUTY SPEAKER SAYERS:

Representative Aman.

REP. AMAN (14th):

I'm looking at a bill that the proponent of the bill just said all of the schools have to do this and the two questions that I asked, the answer was basically I don't know. The answer to what happens if you have more than one location or field trip, et cetera, I don't know I think it is a very unsatisfactory type of answer because we're looking and telling a board of education this is what you have to do. We expect you to do this. We want certain things to occur and I think a very reasonable question of a board of education member who is trying to do the budget this year is we have a high school that is covering a considerable amount of distance. We have a

new law that says that something has to be administered fairly quickly and the answer to how do we maintain this, how do we do this, is an answer of I do not know. I don't know how if I was a member of the board of education or school superintendent, I would respond to that type of information or that type of law. I think it gives guidance to our board of education, our teachers, our principals, here's the law. We're not going to tell you what you have to do is definitely a mistake.

If that is the tendency of this law, I don't know if any further questioning is going to do any good because right now, there are no answers to what I can consider some of the most important questions under this bill. Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Shaban of the 135th.

REP. SHABAN (135th):

Thank you, Madam Speaker.

Through you, if I may, a couple of questions on the amendment.

DEPUTY SPEAKER SAYERS:

Please prepare your questions.

REP. SHABAN (135th):

Thank you, Madam Speaker.

I'm trying to rectify a couple of the sections in here. I'm looking specifically at lines 89 through 94, I think, where we're forcing the commissioner to adopt regulations in particular for folks -- for kids who may not have written authorization for the prior use of an EpiPen, but then in the same section, 109 through 114 or 115, it says the regulations shall require authorization pursuant to, one, basically a doctor, and two, written authorization. So through you, Madam Speaker, maybe I'm missing some transitional language, but those two sections appear to contradictory. Have I gone awry?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I'm not sure if the good -- if my good colleague could explain the contradiction that he's concerned about, I might better be able to answer, but I'm -- I did not follow the contradiction.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Madam Speaker.

No, fair enough. It looks to me that in the sections in the lines I'm talking about which is section, well, it's C, it's a subpart C, but we're starting in line 80, basic part, Commission of Public Health shall adopt regulations in accordance with including but not limited to regulations and then one of the things they have to adopt regulations for appears to me, unless I'm misreading it, to anticipate conditions with students who experience allergic reactions but do not have prior written authorization for the administration of an EpiPen, but then later in the same section, it appears to say the regulation shall require written authorization both from a doctor and a parent. So to me it appears there's a contradiction saying adopt regs for a situation where you have no authorization but your regs shall require authorization. I'm trying to figure out where's the disconnect.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, as I understand it, the written authorization would be standing order developed by the medical advisor to a school district in circumstances where there is a previously known condition, an allergy to peanuts or to some other allergen in the school that they would have to respond to. The new language in lines 89 through 94 is intended to deal with a circumstance that's not foreseen, that does not involve an existing medical order because the child suddenly has a reaction that was not expected. So I believe that the two different parts of this subsection can be read in concert rather than in contradiction.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Shaban.

REP. SHABAN (135th):

Thank you -- thank you, Madam Speaker.

And I think I understand what the gentleman was getting at that the new language is trying to capture situations where you don't have a note from your doctor, but unfortunately, the existing language appears to require that they do. Perhaps, through

you, Madam Speaker, under the existing language of the statute, are these regulations already adopted under the old language?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, there are already regulations in place for all the current language and I hope that answers my colleague's question.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Shaban.

REP. SHABAN (135th):

It does, and thank you, Madam Speaker.

I guess that makes sense. I think, as presently sitting here or as presently structured, the new language could arguably be considered contradictory just sitting on the page, but I guess temporally, perhaps it makes it more relevant. Moving on in the bill, if I may, following up on one of my other colleagues, lines 142 to 145, such administration of epinephrine by a qualified school employee shall be limited in a situations when the school nurse is

absent or unavailable. Now through you, Madam Speaker, I'm curious why so limited?

Through you.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, if the school nurse is present or available that individual is the preferred person to take care of administration thanks to their medical training.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Madam Speaker.

Could the student or I guess better yet, could the student's parents authorize additional people outside of the statutory limit, i.e., when, you know, young Johnny is at track practice or soccer practice, that their coach can administer an epinephrine shot regardless of whether the nurse is present?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I believe that if that coach has received proper training and the family has a prior doses -- prior diagnosis in hand they can make such an election.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Madam Speaker.

And I think that's important because that goes to some of the questions some of our colleagues have been asking, i.e., if you're on a large -- and I use one of my high schools, for example, and frankly, I could even use my kids', because my kids are, two of whom have EpiPens, they have to carry with them -- carry them with at all times for a number of reasons, most food allergies, but if it's a 15-, 20-, 30-acre campus, like a lot of our schools are, and you're down at football practice and the nurse is up in the building, that's a half hour event. Through you, Madam Speaker, is there specific -- and it maybe in here and I'm trying to get up to speed here -- is there language in the bill that goes to the

gentleman's last response, i.e., that the parents can in fact increase the list of authorized people who could give the EpiPen beyond the folks limited by line 144?

Through you.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

And through you, Madam Speaker, I believe that the subject matter that my good colleague is asking about is not something that relates to new language in the amendment but relates actually to existing standards of practice around school, school, school nurses and diagnoses, and I believe that parents who have a diagnosis from a doctor are able to go ahead and take all sorts of steps under the -- under the guidance of their school district's medical advisor that best protect the health and safety of that child, and that's already existing in -- in not only statutes but regulations that have already been put forward in this state. So this amendment would not effect that.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Shaban.

REP. SHABAN (135th):

Thank you, Madam Speaker, and I thank the gentleman.

Yeah, as I'm reading some of the existing language I can and going through my own memory on some these -- these issues, that does sound right and I appreciate the gentleman's response because that does make sense. It appears to being obviously that they were -- not obviously -- it appears to me that this amendment is trying to fill in a gap where one may have existed, i.e., where -- where someone gets an allergy response that they didn't know they had it, which happens all the time as the gentleman said. I think he used the -- the quote 24 percent. Well, thank you, Madam Speaker, and I thank the gentleman for his responses. That pretty much hits my list of questions that popped up on the amendment.

Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Thank you, sir.

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

I rise in strong support of this amendment and of

course the underlying bill. It has been something that has long coming to our -- to our students in the school system. And as the good representative said the incidents of anaphylaxis the first time around, where obviously the diagnosis has not yet been made because it happens the very first time, is extremely high up in the 20 to 25 percent first time episodes without knowing that the person is prone to have an anaphylactic reaction. So following the federal model and having EpiPens in school is definitely the right thing for us to do so that a first time anaphylactic students also have the protection that the other student have where the diagnoses has already been made, has been established and have the appropriate protocols in place for epinephrine to be administered. Having said that, Madam Speaker, just a few questions to the proponent of the amendment.

DEPUTY SPEAKER SAYERS:

Please prepare your questions, sir.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, this training that the personnel have to be given so that they are able to administer the epinephrine, through you, Madam Speaker, does the good representative know how long

the training period will be per time?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, no. The bill doesn't speak to the duration of the training only to the key elements of it.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, in that case, am I to understand that the Department of Education, through the school boards will establish the various criteria of what this training and what this education should be?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, as is evident in lines 188 and 189, it's going to be the Department of Education with the Department of Public Health in

consultation with the School Nurse Advisory Council that will develop the clear parameters for the training.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, will the same group of people also establish the criteria of the training program on an annual basis when these people have to be re-credentialed?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, the -- it's -- it's clear that the parties I just mentioned have to develop this annual training program. I don't believe it specifies how frequently they must revisit the training program. But I trust that given that there are very specific elements of training that have to be included and that those elements change over time, it will make sense that those parties will revisit the training to make sure that it is up to date.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, as we're aware of, the storage of the epinephrine cartridges is very critical, the way it is stored. Who, through you, Madam Speaker, is responsible in the school system to make sure that these epinephrine cartridges are adequately stored?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, as I stated earlier, the chief medical advisor, I believe, would develop the criteria and then the schools would follow those criteria.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, I'm aware that the criterias will be established and the schools will

follow, but my question is who in the school, you know when we built a CAT, who's the person that's going to build a CAT and make sure that the epinephrines are stored on a, let's say, monthly basis, you know, six-month basis, that everything is as it should be?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Thank you, Madam Speaker.

That responsibility would lie with the school nurse who's responsible for pretty much all medications within a school.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, who would be writing the prescription to the school so that they can get the stock supply of the epinephrines?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I believe that the chief medical advisor to the district would write a prescription in the -- in the form of a standing medical order and then all the schools would be able to obtain the epinephrine and the EpiPens pursuant to that order.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, who decides as to how many epinephrine cartridges the adults volume, the senior and the junior epinephrines will be kept at every school?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, so as my colleague knows better than anyone in this chamber there are ratios that would be appropriate and I believe the chief medical advisor to the district would calculate those ratios and then work to make sure that the school nurses had the proper number of EpiPens for

their school or schools that they were covering.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, I'm not aware of any ratios that exists per se, maybe the good chair can tell us where to find the appropriate ratios for number of students and the number of epinephrines.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, so I don't have the relevant Office of a Legislative Research information in front of me, but it was my understanding that for an average sized elementary school four EpiPens was considered sufficient coverage, when you get to a school that's larger, six may be appropriate, and that was based, as I understood it, on what was considered an appropriate ratio of EpiPens to children based on the happenstance of unexpected anaphylaxis.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

I do appreciate that answer that give me a little bit of an idea, a better grip on how many epinephrines would be there and four to six per school sounds very reasonable. Because once again, there are unknown anaphylaxis. So hopefully too many of those will not happen that we will be exhausting our supply, our school supply of epinephrines. But on that line in the four to six that we have per school, let's say on an average, what would be the distribution between the adult version of the epinephrine and the junior version?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I'm not sure. I think that would really be within the discretion of the chief medical advisor, but I expect that most of these EpiPens that we're talking about since they're intended for children would be the child-sized dosage. I'd like to point out that we're really particularly

concerned with first time unexpected anaphylaxis and that's more common among children than it is among adults to my knowledge.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, the good representative is absolutely correct. It's much more common in children, but epinephrine is given by weight and not by age, and so if you cross a certain weight threshold, and as we all know 68 pounds is a threshold where you cross from the junior to the senior, so it is children, but children can be as we know of all different sizes and weights and that's my concern that we make sure that both an appropriate number of the adult and the junior epinephrines are kept in every school.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Thank you, Madam Speaker.

Through you, my good colleague makes an excellent

point, and I would expect that the school -- I'm sorry -- the school district medical advisor would develop guidelines which school nurses would execute so as to make sure that they had the right ratio of junior pens to small children and larger pens, adult pens, for the larger children.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

And through you, Madam Speaker, the -- my final question is that when the -- the first time around the -- the professionals in the school get the training, and obviously they need to be trained as we see in the amendment on an annual basis, but if -- is that annual -- annual training once a year for everyone who is coming up or what if somebody's training comes up in another three months or six months? Will we have multiple annual training courses so that they are kept current?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I'm not sure. As I read the bill it appears to me that will be an annual training, probably right at the outset of each school year. I imagine a good school medical advisor would seek to ensure that if there were a change in protocol that there would be an additional supplementary training to make sure that school nurses and qualified personnel were made aware of those updates.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

And as I said earlier this is an extremely important part of medical treatment that our schools need to have the first time anaphylactic reaction. If we are able to do something so that the anaphylactic reaction which has occurred or is occurring is treated, treated appropriately, obviously, they'll be saving a lot of lives. So this is an extremely important amendment, and I hope that both sides of the aisle will support the amendment.

Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Thank you, sir.

Representative Case.

REP. CASE (63rd):

Thank you, Madam Speaker. A question to the proponent of the bill, please.

DEPUTY SPEAKER SAYERS:

Please prepare your question.

REP. CASE (63rd):

Thank you, Madam Speaker.

Real quickly, on the front of the bill, can I -- through the -- to the good gentleman of the Education, the definition of "Public Schools" as we discussed in Appropriations the other day.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, so "public schools" is a term or art defined in statute. And I believe it encompasses all schools that are what we would call neighborhood schools, magnet schools, publicly funded charter schools, any school that essentially has -- has its key funding source, public dollars, be they state or local.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Case.

REP. CASE (63rd):

Through you, Madam Chair, so does this cover the three quasi-private schools that we have here that have their own boards of education? I'm just trying to cover all bases of the schools here.

Through you, Madam Chair.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I -- I believe if those schools are not defined as public school= then they are not covered by the amendment.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Case.

REP. CASE (63rd):

Okay, so when you have a town where three-quarters of their students go to a semi-private school but it's paid for through town tuition, they're not covered? I'm just getting clarification because I -- I thought it would be in the bill and it's not in the amendment, but through you, Madam Chair -- Madam

Speaker, I'm sorry.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, it's my understanding that those academies and there are only three in the state of Connecticut are unique. They have their own school boards. They have private endowments and private sources of funding, in addition to the tuitions that my good colleague has referenced. And therefore, have a unique status that falls outside the definition of public schools. I certainly would have no problem working with my good colleague if he wished to have the measure before us cover those schools as well, but I believe that this draft that we have before us does not.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Case.

REP. CASE (63rd):

Thank you, Madam Speaker, and I thank the good chairman for them and I will work with him on that.

DEPUTY SPEAKER SAYERS:

Representative O'Neill of the 69th.

REP. O'NEILL (69th):

Yes, thank you, Madam Speaker. If I may, a few questions to the proponent of the amendment.

DEPUTY SPEAKER SAYERS:

Please prepare your question, sir.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

In line 147 there's an opt out provision, at least that's what I think it means, where -- and it says, starting out on line 147, the parent or guardian of a student may submit in writing to the school nurse and school medical advisory, if any that -- epinephrine shall not be administered to such student under this subdivision. My question is how is a parent going to find out that they have this option?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, that's not specified in the bill. I think we're leaving some local control over that decision. It would be my hope that information of that sort would be provided to parents at the initial orientation at the beginning of the

school year.

Through you.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

It sounds like that other than the exchange that we have just had though there is nothing in the records so far to indicate that there should be a disclosure to parents that they have this new decision to make, and I just want to be sure that -- that I'm not going down a wrong track here. Is there some sort of general requirement when students enroll that the school district has to get them to authorize or refuse to authorize declined various kinds of emergency medical treatments that might occur in the school setting?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, it's my understanding that in this and in other areas there is a presumption that the school acting in loco parentis will provide

health care and emergency health care to a student in need through the school nurse or if the school nurse is absent or unavailable through qualified medical personnel. Given the fact that so many of our schools have school nurses offices, I think this is pretty widely known. For someone who objects to the provision of medical treatment to a child, there are opt-out provisions in other parts of statute related to other medical treatment and we're seeking here to provide an opt out for this as well out of respect for -- for some people's core religious beliefs.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

I'm sorry, Madam Speaker, the last few words of the answer I didn't quite catch it. I got as far as "out of respect." Perhaps the chair of the Education Committee could repeat those last few words.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

This provision for an opt-out is included here

and in other sections of our statute out of respect for some people's core religious beliefs.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

Given that school districts are going to need to I suppose construe this and I'm not sure if this is one of the subjects that the Department of Education, and I believe it's the Department of Public Health are supposed to jointly issue regulations on -- but just so that there is something in the record I heard a reference to core religious beliefs. Now there's nothing in the language that's before us that relates to religious objections being the basis of parental refusal to allow the use of use of an epinephrine injection, but given that this is now part of the record, so I would ask the question of the chair, is the parental refusal only to be allowed in the event that the parent asserts that use of an epinephrine pen constitutes a violation of their core religious beliefs.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, no. What I was citing was what is sort of a typical and primary reason for people to opt-out of treatment. Neither this amendment before us, nor our statute specifies that that need be the source of objection. So for instance, if there were a family that simply believe that medical treatment was against their -- their beliefs in general and they did not wish to have administration of medicine or if they didn't believe in the efficacy of medicine, contrary to all the science available to us, they would have the power to opt out.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

And I understand that the reference to various kinds of beliefs which need not necessarily be religious in nature but which seem to be global in terms of their rejection of medical treatment.

Supposing a parent raised an issue saying that they had had issues with the use of epinephrine pens previously, would that in and of itself be enough where the -- they were -- weren't rejecting medical treatment in general just the use of an epinephrine pen or perhaps even the use of an epinephrine pen by someone who's not a trained medical professional. Through you, Madam Speaker, would that be enough to justify the parental refusal to allow?

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, yes. As I read the language before us, it simply specifies that the parent or student -- or guardian of a student may submit in writing to the school, the school nurse, school medical advisor, if any, that the epinephrine shall not be administered. So whatever their basis for objection they may make such submission and reject the -- the use of an EpiPen.

Through you.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

And again, noticing that it talks about the notice going to the school nurse and the school medical advisor, if any, the way I read that but I want to be sure that I'm reading it correctly and as I say I believe we may be creating the only record that anyone's going to have the ability to look at for guidance, is the -- the use of the "and" there meant to be a requirement that both the student school nurse and the school medical advisor have to be given the written notice?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, that's a good question. It seems to me that if there is a clear letter that's provided to the school nurse, the school nurse could very easily forward that to the school medical advisor and that would qualify as an "and" in my view.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

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REP. O'NEILL (69th):

Thank you, Madam Speaker.

So just notifying, and I don't know if anybody would really necessarily know who the school medical advisor is, a parent that is someone who's outside the system, but if either one of these were to receive the notice then it sounds like based on that previous answer it's up to the person who receives the notice within the school system to make sure that the other half of this two-person system gets the notice. Is that correct?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, that seems to me to be a reasonable to interpretation.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

And when we talk about something being submitted in writing and the chair of the Education Committee will recollect perhaps some earlier discussions we had

about notices and there was some references in those conversation to the use of "bricks." But would a -- a lighting also include such a thing as an emailed transmission or a text transmission to, let's say, the school nurse or the other -- the school medical advisor?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, so the question that my good colleague has put to me it seems in some ways more appropriate for the chair of the Judiciary Committee than the Education Committee, but it's my understanding that an email that was properly formatted and that made a request that the child not be subject to any epinephrine injection would satisfy this requirement as would it -- a text if it were properly formatted, since both of those are forms of written communication.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

And just so that -- and to try to make sure about this because we've had -- I guess I would ask the question, if -- since this language is here, if the parent does provide the notice that's called for in this section, and let's assume for the moment that we don't have to worry about the interpretation that we've just had the colloquy, but let's say the parent notifies both the school nurse and the school medical advisor in writing using a piece of paper, standard old-fashioned traditional understanding of the word "writing" so there's no question that both of them got the writing, and nevertheless, the child was administered an injection of epinephrine, what would be the parents' recourse at that point in time? What -- what have -- if they violate this provision, the school system does, what is the recourse that a parent has?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, so again this is getting a bit outside my area of expertise. I -- I'm

not sure what recourse there would be. I suppose it would -- it would in some ways relate to what kind of damage was done to the child and the family by such administration, but I don't -- I really don't know the details.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Well, I do see the chair of the Judiciary Committee in the chamber and a couple of times the reference has been made that perhaps that -- my questions might be more appropriately addressed to the chair of the Judiciary Committee, so perhaps I could ask this question of the chair of the Judiciary Committee, but try to -- because I don't know that he's been following this discussion in quite the same level of detail as the chair of the Education Committee was following it, but we have in the amendment that is before us on line -- starting on line 147, a provision that says that the parent or guardian of a student may submit in writing to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to such student

under this subdivision. We went through a rather, I think, detailed and informative discussion which I think illuminated some of the issues, perhaps it would have been helpful had they been in detail addressed in the amendment, but nevertheless, we have this section before us and presuming that the parent has notified both the school nurse and the school medical advisor in writing and by -- we had a little discussion about what does "writing" mean in this context -- but assuming that it's a piece of paper with words printed on it in the English language that are intelligible by the school nurse or perhaps some other language that would be in common use by the nurse and the parent as well as the school medical advisor that they receive the written notice, each of them, so that we fully comply with the obvious letter of this statute, in -- but in spite of that the child of that parent is in fact given an injection of epinephrine by the qualified school employee, what would the parents' recourse be? Who -- would they be entitled to take action, some sort of legal action against the school district?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fox, do you care to respond?

REP. FOX (146th):

Thank you, Madam Speaker. I will try, through you. If the parents did each of the steps that the bill requires of them in order to make it clear that they do not want -- wish their child to be administered the -- the epinephrine, then I would think that if the school went ahead and did it anyway that the school could then be subject to at least civil exposure.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Fox.

REP. FOX (146th):

I think I just tried to answer.

DEPUTY SPEAKER SAYERS:

I'm sorry.

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

And I very much appreciate the answer of the chair of the Judiciary Committee. It actually seems like this question falls in between somewhere in the aisle next to the chair of the Insurance Committee,

Judiciary and Education because my assumption is -- and I don't know the answer to this question -- that there may well be, because I know there are a lot of specialized statutes relating to the rights of parents and the rights of children and the treatment of children, especially some federal ones, that wouldn't generally apply to the rest of society, but because you're in an educational context there may be some kind of additional protection or there may be additional immunities of some kind granted to school districts, and so, but it sounds like the Judiciary Committee chair does not know of any specific federal or state law that says that when school districts breach state statutes that school districts are subject to civil liability. I'll just -- judging from the answer that it's just looking at it saying well, if you violated a statute you might be subject to liability. Is that true?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fox.

REP. FOX (146th):

Thank you, Madam Speaker.

And through you, yes, I would state that if they

violate the language, the express language of the statute, they would expose themselves to civil liability.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Thank you, Madam Speaker.

And perhaps going back to the chair of the Judiciary Committee -- rather the Education Committee, if I might, I would ask, is -- is he aware of any statutes that in a general sort of way put obligations on school districts that they have to follow our statutes above and beyond what anybody else is subject to in terms of civil and or criminal liability? I know that there's some federal laws that seem to obligate people to do things. I've -- I hear a phrase where an acronym IDEA used a lot, I'm not sure exactly what it means, what all the ramifications of it are, but I'm just wondering is the chair of the Education Committee aware of -- of a law that -- that says if you violate a -- a statute that guarantees a right to a parent then you're subject to some sort of liability?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I'm not aware of any such statute.

DEPUTY SPEAKER SAYERS:

Representative O'Neill.

REP. O'NEILL (69th):

Well, I -- I'm -- I can't say that I'm aware of anyone either although I think this conversation has illustrated that perhaps such a statute would be a good idea. It's unfortunate that at least in this particular amendment there isn't a specific recourse that's opened up for the parents so that they will be able to take an action because my experience, and I think the experience of most of us, is that if there's no penalty, people who are in a position of power and can take action without suffering any consequences are much more likely to do that than if there is a penalty. And so I -- I think that while this language of the lines 147 through 149 -- or actually 150, seems like it guarantees that the parents are going to be able to protect their children from the unwanted administration of the epinephrine pen. It sounds like

it may not be that much, that it may create perhaps even an illusion of protection if there is no obvious recourse. And I appreciate the Judiciary Committee's suggestion that just a plain reading of the statute and thinking in terms of the normal mechanisms of a civil liability that there should be some sort of a cause of action that should arise, perhaps it would be something such as a simple assault. I can imagine that myself. Maybe there's something more and yet I think it would have been very helpful to this amendment since this is a really important thing regarding the rights of parents that if you're going to create a right, if you're going to say that this parent would have the right to decline that use of that epinephrine pen on their child that it should be a right that carries some weight that a school district can't just ignore it and then say -- and there's nothing really you can do about it that it is a piece of wishful thinking on the part of the legislature that we would do this, but if we don't there's no clear cut penalty set forth in the statute, and then you have to hire a lawyer and go looking at the case law hoping that you find something that provides some measure of -- of protection, some

measure of recourse for the parent to exercise if this is done. And I understand that the damages issue is -- is going to be consequential. Certainly, if no -- if there's no harm to the child then perhaps the parent would -- would not feel the need to do anything other than perhaps write a sternly worded letter to the superintendent or to the Board of Education or to a letter to the editor. But if the child were to suffer some kind of adverse reaction to the epinephrine pen, I'm not sure. I know that I've had complaints by people -- we've actually brought actions here in the legislature -- not actions, but -- but resolutions forward to authorize parents to bring lawsuits against school districts, because the school districts will claim a form of governmental immunity and say they can't be sued for injuries that are inflicted upon the children within a school district, and it's -- so it's my hope that when we get to the point where -- and I'm sure it's going to happen if this amendment passes and becomes law that some school district is going to get the letters that the parent is going to -- has done everything they could to tell the school district do not give my child epinephrine, and the child is going to get the epinephrine and then

we're going to be sitting here asking ourselves why didn't we provide in this very amendment, in this statute, a form of recourse so that the school district would know that there are consequences if it ignores the parents' wishes. And so I -- I think the -- many parts of the amendment are good, but I worry whether or not this protection that seems to be an important element in this amendment and this whole concept if this is really more of an illusion than a reality. I hope that it is a reality, but I fear that it may not be.

Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Piscopo of the 76th.

REP. PISCOPO (76th):

Thank you, Madam Speaker. Madam Speaker, a quick question, through you, to the proponent, please.

DEPUTY SPEAKER SAYERS:

Please prepare your question.

REP. PISCOPO (76th):

Yes. My -- thank you, Madam Speaker -- my question goes to the fiscal note. I see the -- the state mandate and I understand the 270 to 360 per school, and some, you know, some towns have two to

three schools in them so, you know, my little town would be about 1,000 bucks, but I don't know if section two was taken into consideration in the fiscal note. I -- I don't know if the proponent could answer this question, but section 2 requires a whole lot of different first aid training, cardio pulmonary resuscitation, general first aid. I took first aid in college, it was a -- it was a whole semester, it was a three credit course, a CPR course was a half of day. So, I think, the fiscal note -- I don't know if the fiscal note actually took section 2 into consideration and I'm concerned about it. There's nine different things that -- nine different areas of training that we have to now put these new administrators -- administrators of this medicine through, potential administrators of this medication through. So I'm wondering if that was taken into consideration on the fiscal note, if the gentleman knows.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, yes, I believe the Office of Fiscal Analysis read the full amendment

before us.

Through you.

DEPUTY SPEAKER SAYERS:

Representative Piscopo.

REP. PISCOPO (76th):

Thank you, Madam Speaker. Madam Speaker, if this happens sometime, there's a -- a file that sails out of committee, I think it was unanimous, 32-nothing, if I'm correct, and then we get this -- all of sudden we get kind of surprise with a strike-all amendment. And I don't really quite understand it, the file was pretty well, you know, it was a pretty well written file as Dr. Srinivasan -- Representative Srinivasan said earlier, and it seemed to address a lot of the different objections that came up during the public hearing. The Connecticut Nurses Association was worried about the actual -- who would actually administer the meds and what kind of coordination for training. It seems that was taken into consideration in the final debate when they JF'd the underlying bill, and it doesn't seem to be here in the amendment. Can I put that to you, through you, to a question to the proponent, please?

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Thank you, Madam Speaker.

In point of fact, both the bill that reported out of committee and now the amendment before us are -- have been developed in dialog with various stakeholders including the school nurses of Connecticut and in fact that is the reason that the section two of the bill that my good colleague has referenced involves not only the Departments of Education and Public Health but also the School Nurse Advisory Council because the school nurses did very much want to be involved with the process of developing the training. So in -- this is a situation that we often have where the underlying bill was pretty good and we believed that the new amendment is -- is stronger, having taken into account additional comments that we received from school nurses and from some other parties with knowledge of this area.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Piscopo.

REP. PISCOPO (76th):

Thank you, Madam Speaker.

Yeah, I -- well, I would disagree -- just mildly disagree with some of that answer because the file had some great definitions, it -- it really outlined what a cartridge was, what an EpiPen was, the different sizes of EpiPens, who would be administering this, the -- the training itself, and I think that's what the Connecticut Nurses Association was going after in their testimony. I read their testimony a couple times. But I will just -- I'll leave that for now and take the gentleman's answer -- answer for that, but the School Nurses Advisory Council almost made a plea to -- could we just put this off one more year. They were -- we just -- we just formed them in 2013, they were slated to meet in -- they -- we just -- we just formed them in 2013, they were slated to meet several times during this year and so they made a plea, could you please put off this mandate until the -- the School Nurses Advisory Council could kind of, you know, understand this and make plans to better -- to better implement this policy. I guess that was ignored, you know, with this amendment, and basically the underlying bill, I would mention, so I guess there's no question there. The Hartford School Health Professionals testified against it. This -- of

course, CCM had some real problems with the bill, and they were pretty much based on a liability issues that Representative O'Neill brought up earlier. I don't know if that was really vetted, but there is -- there's some underlying real potential liability. And of course, the Connecticut Association of Boards of Education opposed it because of the mandate. It's -- it's -- you're mandating that the school spend this money this year and it's -- I -- you know, I wish that something better can be -- can be brought to the solution to at least make it a funded mandate instead of an unfunded mandate.

Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Thank you, sir.

Representative O'Dea of the 125th.

REP. O'DEA (125th):

Thank you very much, Madam Speaker.

A few questions for the proponent if I may.

DEPUTY SPEAKER SAYERS:

Please proceed.

REP. O'DEA (125th):

Thank you.

I want to thank the proponent and for everyone

here for supporting 5487, which was the expansion of the Good Samaritan law and applying it to Narcan, and I think this is an expansion of that as well, the concept, and I'm very much in favor of the bill itself but I have a few questions of the -- on the amendment. And through you, Madam Speaker, to the proponent, the Good Samaritan law, section 52-557b, I think applies to the application of this or any issues of liability with regard to this bill. Is that correct?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I believe that may be correct, though I -- my guess is that my good colleague who is both an attorney and I believe a member of the Judiciary Committee would have better awareness of that than I.

Through you.

DEPUTY SPEAKER SAYERS:

Representative O'Dea.

REP. O'DEA (125th):

Well, in my reading of it I would -- I would believe it applies -- 52-557b and it includes in the

definition title, school personnel not required to administer or render. So my reading of it, just for clarification purposes, would be that if a teacher or school official does not apply the EpiPen they will not be held liable under 52-557b, and just for legislative intent, I would like to confirm that that's your understanding.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, based upon the statute that my good colleague has just read to me, that sounds like a reasonable interpretation.

DEPUTY SPEAKER SAYERS:

Representative O'Dea.

REP. O'DEA (125th):

I would -- I would like to thank the gentleman for his answer. And in following up on Representative Piscopo's questions regarding the fiscal note, it appears 270 to \$360 per school with four to six EpiPens generally per school, seems like a pretty small amount of money. And I guess my question is -- my understanding is -- is -- are all the EpiPens

donated to the schools so there wouldn't be any cost for the actual EpiPen itself and that all that fiscal note is for the training itself?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, actually the fiscal note assumes that every school in Connecticut would have to purchase these EpiPens. In fact, we heard in testimony before the committee and in discussions with the committee that the manufacturers of epinephrine and the injector pens would be prepared to donate two two-packs, four EpiPens per school in Connecticut as they have done nationwide since 2012, and that that offer of four free EpiPens per school is certainly in place through December 31, 2015 and potentially in place past that date. So that would indicate that the cost in the fiscal note associated with the price of a two-pack EpiPen would -- would actually be wiped away by the generosity of the manufacturer.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Dea.

REP. O'DEA (125th):

I would like to thank the proponent for the answers to those questions. If I understood then correctly, the cost of the EpiPens, did I hear that correctly is -- I'm sorry, I'm having a hard time hearing, but as I understand the good gentleman's response that the cost is approximately \$250 per EpiPen, I'm sorry, did I hear that correctly?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, no. The Office of Legislative Research actually spells out the price range fairly accurately in this third sentence of their fiscal note. EpiPens cost on average \$90 to \$120 per two pack, so you know, around 100-\$110 for a two pack or 50-\$55 for a single EpiPen. But as I mentioned, it's expected that on a basis of four per school those items would be donated.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Dea.

REP. O'DEA (125th):

I would like to thank the proponent for the responses, and I believe he had stated that the manufacturer had agreed to provide those through 2015. Is there -- was there any -- if -- I think the proponent stated that if not further, has there been any commitment from the manufacturer to go further out through 2015?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, the manufacturer has made a written commitment through December 31, of 2015, orally, I have been assured that given that this donation program has been ongoing for three years as expected, sometime next year to be extended, but the - - the only sort of guaranteed donation program runs through December 31, 2015.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Dea.

REP. O'DEA (125th):

Thank you very much, Madam Speaker, and thank you to the proponent for those responses, that's

encouraging. How -- what is the shelf -- through you, Madam Speaker, what's the shelf life of an EpiPen? How long can the -- I mean, is it ten years? Is it a year?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, folks more expert in these matters than I have indicated that the shelf life is approximately one year.

Through you.

DEPUTY SPEAKER SAYERS:

Representative O'Dea.

REP. O'DEA (125th):

Thank you very much, Madam Speaker, and thank you to the proponent. With regard to the waiver that was discussed in lines 147 through 150, is the intent that the waiver will be drafted by the State Board of Education or will that be drafted individually by each Board of Ed?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, by my reading, the situation is actually simpler than that. I think each parent or guardian would have the ability to write a simply letter indicating that they wished that their child not be subject to the administration of an EpiPen and that would suffice.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative O'Dea.

REP. O'DEA (125th):

Thank you, Madam Speaker, and thank you to the proponent.

With regard to lines 154 to 162, specifically actually line 156, the definition of "coach" would that be only a paid coach of the school or would that include a volunteer coach that would be helping out?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, since the language before us doesn't specify, I believe their volunteer coach as well as a paid coach could volunteer for the

type of training discussed here, and further I'd -- I would observe that many of the volunteer coaches in the state of Connecticut are teachers, so that you would have someone who is available during school hours and after school hours under optimal circumstances.

Through you.

DEPUTY SPEAKER SAYERS:

Representative O'Dea.

REP. O'DEA (125th):

Thank you, Madam Speaker, and thank you to the proponent.

And I bring that out from a personal perspective because a number of years ago before this law was even thought of, I believe, a parent had given me an EpiPen to use on their child when I was coaching a fourth-grade team for the youth program in my town, and I'm wondering would a volunteer youth coach who was on school property be included in this definition for legislative intent?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I believe that if such coach went and received the training that's described in section two, they would be covered.

Through you.

DEPUTY SPEAKER SAYERS:

Representative O'Dea.

REP. O'DEA (125th):

Thank you, Madam Speaker, and thank you to the proponent.

I am a strong advocate or proponent of this bill and would encourage my colleagues to vote for it, and I thank the proponent very much for the response to his questions.

Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Madam Speaker. Good evening.

DEPUTY SPEAKER SAYERS:

Good evening, sir.

REP. LEGEYT (17th):

Madam Speaker, I'm glad that this bill is before us because I think it's important to have some legislative direction for a circumstance that occurs

probably too often in public schools, private schools as well, where nurses and other trained professionals have to react quickly when there's an anaphylactic shock that comes upon a particular student. In my experience as a teacher that most often happens outside, not in the classroom, and also at times away from the school grounds on a school function. And there are genuine issues of liability that result, obviously, and that's part of what this bill covers, and I'm pleased that we have it here. I'm in support of it, but just to satisfy my understanding and perhaps to add some legislative intent I have a few questions for the proponent of the amendment.

DEPUTY SPEAKER SAYERS:

Please proceed, sir.

REP. LEGEYT (17th):

Thank you, Madam Speaker.

And through you, I'm looking at lines 12 through 14 where the details about who is eligible to provide this remedy to a student are listed, and I don't find that it lists paraprofessional. However in lines -- in line 50, where there's some reference to that same list, "school paraprofessional" is listed and even on lines 154 to 157, "school paraprofessional" is listed.

And so I'm wondering is that an omission that it's not listed on the list on lines 12 through 14?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, no, I don't believe that's an omission. The -- the lines first cited by my good colleague are existing statute, and under existing statute paraprofessionals are not among those who are foreseen to administer other medications. For the purposes of this bill, we're talking about an EpiPen, which is something that is not hard to administer, and there was a desire on the part of advocates to have a good broad list of folks employed in the school who could do it. So the list of people who are potentially qualified school employees for administration of the EpiPen is larger and longer than the list in statute for other medications.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Madam Speaker, and I appreciate that

answer. That clarifies a concern that I had relative to liability as the -- on the bald face of the amendment and that explanation I think will suffice if anyone is ever concerned about that. In line 20 where -- as part of a list of those medical personnel who are qualified to give a written order, in line 20, it lists optometrist but it doesn't list ophthalmologist. In my understanding an ophthalmologist has more training than an optometrist and has more ability to prescribe drugs, and so I'm wondering if that's an oversight or if the good chairman of the Education Committee understands that an ophthalmologist would also be part of that list by some other reference?

Through you.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Thank you.

Through you, Madam Speaker, first I'd observe this is existing statute, second, I would point my good colleague to line 19 where it references the written order of a physician licensed to practice medicine. That is a broad reference to all doctors, so an ophthalmologist would be permitted to go ahead

and provide such a written order according to our current statute.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Madam Speaker.

And again, I thank the chairman of the Education Committee for providing that clarification, and that makes for good legislative history as well. In lines 29 through 33, we again have the reference to "school paraprofessional" which I think is justified and good drafting, but it doesn't say anything about licensed school paraprofessional and many of the other categories of personnel that are listed there are -- it does say licensed, so I'm wondering if that is an omission of if there's some other explanation for why school paraprofessional would not be referred to as licensed?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, the part of the

amendment that my good colleague is references is --  
is part of existing statute. As I understand it  
paraprofessionals are not licensed and are therefore  
not included in that existing statute.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Madam Speaker.

I seem to -- I seem to remember that there was  
some licensing process for paraprofessionals and  
therefore that would render this an important  
clarification. Through you, Madam Speaker, am I wrong  
about that?

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, while there are some  
paraprofessionals who do get certain certifications or  
licenses, it is not required that one be licensed in  
order to be a paraprofessional in a school in the  
state of Connecticut.

Through you.

DEPUTY SPEAKER SAYERS:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Madam Speaker.

I appreciate that answer for its clarification relative to legislative history. In lines 52 through 56, we are talking about -- the bill talks about paraprofessionals, but it's also talking about policy and procedures that shall be adopted for the situation where a student is allowed to self-administer medicine. I assume that since that is existing statute that we're not talking about EpiPens. Is that true?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I'm not sure.

Because there's a reference to self-administration of medicine, it -- and automatic injectable equipment, I believe that is possible that that section does include EpiPens.

Through you.

DEPUTY SPEAKER SAYERS:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you, Madam Speaker.

I do recollect in my tenure as a teacher that there were students who did have an EpiPen that they actually were allowed to carry with them in case they had to inject themselves, so I appreciate that clarification as well. It does say in lines 55 and on that school districts shall adopt procedures and policies governing that self-administration and I know that it references section c, which requires the State Board of Ed to adopt regulations as well. And I'm just wondering if the good chairman of the Education Committee reads that existing language -- existing statutory language to mean that local districts would adopt their own policies and procedures in conjunction with but not necessarily identical to those promulgated by the State Board of Education.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Fleischmann.

REP. FLEISCHMANN (18th):

Through you, Madam Speaker, I -- I think that's roughly correct. The way I would characterize it is this that the State Board of Education in consultation

with the commissioner of Public Health has adopted regulations covering this area, and then our local school boards have set up in place policies that match those state regulations.

Through you.

DEPUTY SPEAKER SAYERS:

Representative LeGeyt.

REP. LEGEYT (17th):

Thank you very much, Madam Speaker, and I appreciate the answers by the good chairman of the Education Committee. It's always helpful if we can air some details that some of us aren't particularly sure about such that the responses for legislative history will clarify what the intention of the bill is and make it a better piece legislation.

Thank you very much, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Will you remark? Will you remark further on the amendment that is before us? If not, let me try your minds. All those in favor of the amendment please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER SAYERS:

Those opposed, nay.

The ayes have it. The amendment passes.

Will you remark further on the bill as amended?

Will you remark further on the bill as amended?

Representative Ackert.

REP. ACKERT (8th):

Thank you, Madam Speaker.

This piece of legislation, although new to some of us today, is a -- is a piece of legislation that we all can support and get behind for the protection of our kids in our schools, so I urge full support of this legislation and thank the chairman for his responses.

DEPUTY SPEAKER SAYERS:

Will you -- will you remark further? Will you remark further on the bill as amended? If not, will staff and guests please come to the well of the House. Will the members take their seat and the machine will be opened.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please report to the chamber immediately.

DEPUTY SPEAKER SAYERS:

Have all the members voted? Have all the members voted? Please check the board to see that your vote has been properly cast.

If all the members have voted -- if all the members have voted, then the machine will be locked and the Clerk will take a tally.

The Clerk will announce the tally.

THE CLERK:

House Bill 5521, as amended by House "A."

Total number voting	143
Necessary for passage	72
Those voting Yea	141
Those voting Nay	2
Those absent and not voting	8

DEPUTY SPEAKER SAYERS:

The bill as amended passes.

Will the Clerk please call Calendar Number 414.

(Speaker Sharkey in the Chair.)

THE CLERK:

On page 25, House Calendar 414, favorable report of the joint standing committee on Government Administration and Elections, Senate Bill 181, AN ACT

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House Bill 5115, move to place on the Consent  
Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

And also, Madam President, Calendar 500 on Page 17,  
Calendar 5547, move to place on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Moving to Calendar Page  
18, where there is one item, Calendar 507, House Bill  
5530, move to place on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Moving to Calendar Page  
19, where we have four items. The First, Calendar  
514, House Bill 5521, move to place on the Consent  
Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

And the second, Calendar 516, House Bill 5500, move to  
place on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

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Calendar 500, House Bill 5547.

On Page 18, Calendar 507, House Bill 5530.

On Page 19, Calendar 512, House Bill 5386.

Calendar 514, House Bill 5521.

Calendar 516, House Bill 5500.

Calendar 517, House Bill 5305.

On Page 20, Calendar 527, House Bill 5592.

Calendar 528, House Bill 5453.

On Page 21, Calendar 531, House Bill 5299.

Calendar 533, House Bill 5290.

On Page 22, Calendar 541, House Bill 5456.

Calendar 539, House Bill 5294.

On Page 24, Calendar 551, House Bill 5588.

Calendar 552, House Bill 5269.

On Page 25, Calendar 564, House Bill 5489.

Calendar 562, House Bill 5446.

(HB5466)

On Page 26 --

THE CHAIR:

Hold on. Okay. Sorry. Please proceed.

THE CLERK:

On Page 26, Calendar 568, House Bill 5434.

Calendar 569, House Bill 5040.

Calendar 566, House Bill 5535.

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SENATOR LOONEY:

If we might pause for just a moment to verify a couple of additional items.

Madam President, to verify an additional item, I believe it was placed on the Consent Calendar and Calendar Page 30, on Calendar Page 30, Calendar 592, Substitute for House Bill 5476.

THE CHAIR:

It is, sir.

SENATOR LOONEY:

It is on? Okay. Thank you. Thank you, Madam President. If the Clerk would now, finally, Agenda Number 4, Madam President, Agenda Number 4 one additional item ask for suspension to place up on Agenda Number 4 and that is, ask for suspension to place on the Consent Calendar an item from Agenda Number 4.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President, and that item is Substitute House Bill Number 5566 from Senate Agenda Number 4.

Thank you, Madam President. If the Clerk would now, if we might call for a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk. Will you please call for a Roll Call Vote on the Consent Calendar. The machine will be opened.

THE CLERK:

An immediate Roll Call has been ordered in the Senate.

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An immediate Roll Call on Consent Calendar Number 2 has been ordered in the Senate.

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed. Mr. Clerk will you please call the tally.

THE CLERK:

Consent Calendar Number 2.

Total number voting	36
Necessary for adoption	19
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The Consent Calendar passes. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Two additional items to take up before the, our final vote on the implementer. If we might stand for just, for just a moment.

The first item to mark Go is, Calendar, to remove from the Consent Calendar, Calendar Page 22, Calendar 536, House Bill 5546. If that item might be marked Go.

And one additional item, Madam President, and that was from Calendar, or rather from Agenda Number 4, ask for suspension to take it up for purposes of marking it Go, that is House Bill, Substitute for House Bill 5417. Thank you, Madam President.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

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expression, you know it's not so much what people say, it's what people hear that's important.

And what the teachers I'm hearing from are hearing, is that in fact, they will be given a target and basically there's really just one way to get to that target. That they have to get to a particular goal within the standards and they're not going to have the same opportunities that they've had up to now for their own creative ways to trying to teach children.

REP. ACKERT: Thank you. Thank you, Mr. Chairman.

REP. FLEISHMANN: Thank you. Other questions for the witness? If not, I just would like to observe, what we hear when it's incorrect it should be corrected. So I just want to share with you that I heard that there were people concerned that in taking the new Smarter Balance Assessment they would be required to give their political affiliation and religious affiliation. Ludicrous and wrong, I heard it.. You hear all sorts of things on the internet. So I would encourage you again, as a leader to make sure that you're correcting things you hear that are wrong. Thank you very much for being an advocate for your constituents as I know you are.

We will now hear from Donna Kosiorowski to be followed by Representative Kevin Ryan.

DONNA KOSIOROWSKI: Good afternoon, Senator Stillman and Representative Fleishmann and nice job with my last name. I'm here not to talk about Common Core. I'm going to talk about Raised Bill 5521, AN ACT

CONCERNING THE STORAGE AND ADMINISTRATION OF EPINEPHRINE AT PUBLIC SCHOOLS AND PUBLIC INSTITUTIONS. I'm the nursing supervisor for the West Haven Board of Ed; I'm associated with the Association of School Nurses, the Connecticut Nurses Association and AFT.

Medication -- the administration of medication especially emergency medication is a grave responsibility for the trainer as well as the trainee. Unlike daily medications with an anticipated administration and a controlled mode of administration, emergency medications are unplanned. Unlike daily medications, emergency medications are dependent on the assessment of the individual, signs and symptoms and the individual response to those symptoms and the response to the medication as well as the care that follows.

Nurses are trained to assess and provide a response to individual situations. Symptoms of anaphylaxis are not always what you typically think of -- difficulty breathing, hives, you know, noticeable things. They can be more subtle than that and they can also be mistaken for other emergency situations. They're not easily recognized, they're unique from individual to individual, and even in the same individual, each incident can be different.

You're going to hear from people, I would assume today, who are supporting or opposing this bill. At this time we believe that there's a need for specific qualifications and training. Last Legislative session you passed Legislation and we're very grateful that you did, that

convened a school nurse advisory council which is a multi-disciplinary group that's been meeting since 2013. One of your directives to the council was for us to come up with protocols for the administration of emergency medications.

We are asking you to delay passage of this Legislation until the school nurse advisory council brings you their recommendations in 2015. At that point, we will have more information as to the safety of the Legislation you're proposing now. We are definitely not opposed to having access to epinephrine in schools, but we are concerned that we're putting the cart before the horse. So please let the school nurse advisory council do their work and we'll be back here next year with recommendations for you that are safe for everyone involved. Thank you.

REP. FLEISHMANN: Thank you for your timely testimony. Questions from members of the committee? Representative Stillman.

SENATOR STILLMAN: Thank you.

REP. FLEISHMANN: Sorry, Senator Stillman.

SENATOR STILLMAN: That's okay. I was the Representative at one time and we are all representing whether it's in our title or not. The bill itself -- and first of all, thank you for being here and reminding us about the advisory council. Is this particular issue one that the advisory council is looking at?

DONNA KOSIOROWSKI: Yes. We made our recommendations for the due date of February first this year and the

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recommendations for emergency medications were not in there. That's our charge for next year. We'll be reconvening again this month and every month and we'll be presenting our recommendations to you by February first of 2015.

SENATOR STILLMAN: Thank you and we'll look forward to that. The bill also discusses storage of epinephrine in schools and not just the administration. Do you have any opinion on that part of the bill?

DONNA KOSIOROWSKI: As far as storage? We actually do have stock Epi -- epinephrine in our school district with an order from our physician our school medical advisor. We believe that the epinephrine shouldn't be locked in a cabinet. We keep it in an emergency bag so that we're ready to respond or in individual cases with children who have known allergies, either the child is allowed to carry the epinephrine with them, teachers carry it in a fanny pack because we want that epinephrine to be with that child so there's -- or adults for that matter, so there's no delay in administration.

SENATOR STILLMAN: Thank you very much and please thank the council for their work.

REP. FLEISHMANN: Thank you for your testimony. I just have a simple question. The bill that's before this committee is actually based on federal law that went into effect last year that essentially incentivized states to make epinephrine injections more widely available because we all know there are dangerous episodes that happen more and more often with the increased levels of allergies that we find among children. So

what the federal law said was, if you make epinephrine available in the following locations in the following ways, if you store it in the following ways, then you will qualify for additional federal immunization funds for children. So that's the basis for this bill because that statute went into effect late last year.

Given that context, might it not make sense for the state to move forward in order to broaden the access to epinephrine, access the federal funds and then potentially tweak what we do based on input from the school nurses next year?

DONNA KOSIOROWSKI: I think I want to be clear. It's not the access that we're concerned about. We believe that access is necessary. We're not opposing that. What we are concerned about is who is going to have access to that epinephrine for non-diagnosed reactors. The assessment of a first time reaction is not something that is easily managed or easily identified and it takes some training which nurses are trained to do, especially the subtle signs and symptoms. And that's the concern; it's the first time reactors that have never been diagnosed before. And I believe or we believe that the Legislation is indicating that non-medical people should be making that decision. That's an assessment decision that's definitely in the realm of the health professional.

REP. FLEISHMANN: Thank you. I'll check with our LCO attorneys. I think our goal is to make the epinephrine more widely available but not necessarily to fiddle with who has the power to make the decisions.

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12:00 P.M.

DONNA KOSIOROWSKI: Okay. Then if that's the case, I think access to epinephrine and my colleagues would agree that that is an important issue and we would definitely support that.

REP. FLEISHMANN: Thank you for the clarification and we'll work with you on that. Senator Bartolomeo.

SENATOR BARTOLOMEO: Thank you and I was going along the same lines and just trying to really understand what your exact objection was and I'm still a little bit confused about one thing. So I've actually had to administer epinephrine when a child went into anaphylaxis so I get that it can be extremely frightening and you're never quite sure, should I do it yet, should I wait, you know, do the Benadryl, not do the Benadryl, I get that. But isn't there somebody already in each school who would have to kind of had training to know that if there's a child with a prescription even? So is there not already somebody there who would be able to make that determination by training?

DONNA KOSIOROWSKI: I think, and if I misunderstand the Legislation, you can clarify that for me, but I think that the distinction between our support of this and our opposition to it lies with specifically what you said. Children that have prescriptions are known reactors. We already know that they have been diagnosed with anaphylactic reaction. Our concern is that this Legislation will open up the requirement that teachers and principals, coaches, paraprofessionals begin to make the decision that this child never had an anaphylactic reaction before, but we think

they're having one now so we're going to use that epinephrine on a child who doesn't have a prescription nor has been diagnosed by a health care provider. That's the concern.

SENATOR BARTOLOMEO: Thank you. And I'll look at it again more closely as well, but I guess to my point, there's got to be someone in your school right now who's already trained to kind of recognize and if you have two of the three kinds of symptoms in the category it's considered anaphylaxis and there's pretty much a protocol to go by. But I will look at it a little bit more closely myself as well. Thank you.

DONNA KOSIOROWSKI: Yeah, because assessment comes under the nurse description not a non-medical person. That's the key to the whole thing -- who's making the determination that this is for an unknown reactor. Who's making the decision that it is anaphylaxis? It could be something else.

REP. FLEISHMANN: Thank you. Any other questions for the witness? If not, thank you very much for your time and patience.

DONNA KOSIOROWSKI: Thank you very much.

REP. FLEISHMANN: We go to Representative Kevin Ryan to be followed by Melodie Peters.

KEVIN RYAN: Senator Stillman, Representative Fleishmann, members of the Education Committee, thank you for the opportunity to submit this testimony to your committee. Obviously I have a different view point from the previous presenter. I'm writing in support of House Bill 5521, AN ACT

CONCERNING THE STORAGE AND ADMINISTRATION OF EPINEPHRINE AT PUBLIC SCHOOLS AND PUBLIC INSTITUTIONS OF HIGHER EDUCATION. As noted, I'm State Representative Kevin Ryan of the 139th District.

Food allergies sometimes can lead to life threatening allergic reaction or anaphylaxis are a large and growing public health problem in the United States and in Connecticut. Experts have estimated that one out of 13 children in the U.S. have a food allergy, a considerably higher number than previously believed. A food allergy is one of the number of allergies that can result in a life threatening anaphylaxis.

Connecticut addresses this serious issue currently by allowing previously diagnosed children with anaphylaxis to receive life saving medication administered through an epinephrine auto injector by a school nurse other trained school personnel. This bill would expand current law by allowing nurses and trained school personnel to administer an epinephrine auto injector to a previously undiagnosed student.

Since 2011, 26 states have passed school access Legislation similar to House Bill 5521. Although there is a limited data on anaphylaxis, what we do know is very concerning. Massachusetts Department of Public Health survey of schools found that 24 percent of anaphylactic reactions occurred in individuals who were not known to be at risk of life threatening allergies.

Nearly six million or eight percent of children in the U.S. have food allergies, one in 13. The Centers for Disease Control

and Prevention report that food allergies result in more than 300,000 ambulatory care visits a year among children under the age of 18. Food allergies account for 30 percent of fatal cases of anaphylaxis. Anaphylaxis results in approximately 1,500 deaths annually. Over the past three years there have been a number of anaphylactic related tragedies around the country and schools and public places. Deaths in Illinois, Georgia and Virginia, California, Texas and New York resulted in significant attention to the issue and much discussion on how to best address it in schools and elsewhere.

At least 36 states now allow or required schools to stock and administer epinephrine auto injectors. Last year the American Red Cross launched a training program on anaphylaxis and the administration of epinephrine auto injectors and the U.S. Centers for Disease Control and Prevention issued voluntary guidelines for managing food allergies.

In 2010 the National Institute of Allergy and Infectious Diseases, a division of the National Institute of Health, introduced the guidelines for the diagnosis and management of food allergy in the United States. These guidelines state that epinephrine is the first line treatment for anaphylaxis. epinephrine works to relieve the life threatening symptoms of anaphylaxis giving affected individuals more time to seek additional emergency medical treatment.

The more rapidly anaphylaxis develops, the more likely the reaction is to be severe and potentially life threatening. It is

critical to have prompt recognition of signs and symptoms of anaphylaxis and be prepared with the epinephrine auto injector close at hand. This is why it is so important that the Connecticut schools stock epinephrine auto injectors and train school personnel to recognize anaphylaxis and to administer epinephrine auto injectors. Our schools need to be better prepared to help our students in the even of anaphylactic emergency. Thanks for your time and your consideration today and I ask the committee to support this bill.

REP. FLEISHMANN: Thank you for your time and the research that you clearly put into this issue. We appreciate it. Are there questions or comments from members of the committee? Senator Stillman.

SENATOR STILLMAN: Thank you. Thank you, Kevin for the details in your testimony, first of all. Second of all, I'd like to ask, have you heard from constituents in your district about this issue and the concern that the parents are having that their children might not be receiving attention?

KEVIN RYAN: No, not from my District specifically, but from people in the state, yes. It's become an issue I think that's been reported and kind of something when you saw how many other states have found it to be an important issue, it's something I thought we should be looking at.

REP. FLEISHMANN: Other questions for the distinguished Deputy Speaker? If not, thank you very much for your time.

KEVIN RYAN: Thank you.

REP. FLEISHMANN: Melodie Peters to be followed by Representative Terrie Wood if she's still in the area.

MELODIE PETERS: Good afternoon.

REP. FLEISHMANN: Good afternoon and welcome. And if you and your --

MELODIE PETERS: Senator Stillman, Representative Fleishman and members of the committee.

REP. FLEISHMANN: If you could in addition to introducing yourself, make sure the person you brought with you introduces herself that would be great.

MELODIE PETERS: I will, thank you, Mr. Chairman. I'm pleased to have Patty Fusco with me who is the Vice President for AFT Connecticut overseeing our Pre-K through 12 council and any specific sort of questions that you might have about education I thought would best come from a practitioner.

So I am Melodie Peters and President of AFT Connecticut. We're getting to be familiar with one another. I do represent 29,000 members; 15,000 of those are school related personnel, teachers, including paraprofessionals and school nurses. I'm going to be very brief because I have a number of comments to make and we'll start with Senate Bill 425, the state educational resource center. I'll simply say that 94 percent of its funding comes from public dollars whether it's national or state funding and it should operate, in my opinion, in our opinion, truly as a state agency and not a quasi-public agency. We

HB5520

HB5521

HB5523

HB5078

HB5331

were a bit disappointed that that was the choice that was taken by the State Department of Ed.

On House Bill 5520, which is the availability of online study skills curriculum, the bill doesn't specify how the instruction would be provided in this format. Generally students that need this kind of remediation need more of a one on one experience. And so we would welcome a study on the effectiveness of this in the K-12 settings and would appreciate your taking no action on House Bill 5520 unless you decide to study it further.

On House Bill 5521, the epinephrine, did a very good job representing all her constituents. I would just simply say that you know as an organization we have been promoting and championing a nurse in every school and this is a perfect example of why we do need a trained medical person on board.

Now the paraprofessional staffing levels, I thank you for recognizing this need and we would ask that you create a mechanism to understand the full impact of the losses that are created by our loss of paraprofessionals in the education system and make recommendations for improvement. I urge you to act favorable on House Bill 5523.

HB5523

Now, probably the two bills that everybody wants me to comment on, one would be House Bill 5078 and that's the moratorium on the Common Core state standards. I just love what Joe Cirsuola said. I really do. And we don't agree on all things, but I did love what he said, that not giving -- by

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**EDUCATION  
PART 2  
660 – 1034**

**2014**



Testimony of  
**Melodie Peters**  
President, AFT Connecticut, AFL-CIO

Education Committee Hearing  
March 12, 2014

**SB 425 An Act Concerning the State Education Resource Center**

**HB 5520 An Act Concerning the Availability of an Online Study Skills Curriculum**

**HB 5521 An Act Concerning the Storage and Administration of Epinephrine at Public Schools and Institutions of Higher Education**

**HB 5523 An Act Establishing a Task Force to Study Paraprofessional Staffing Levels**

**HB 5078 An Act Imposing a Moratorium on the Implementation of the Common Core State Standards**

**HB 5331 An Act Concerning the Implementation of the Revisions to the PEAC Guidelines**

Good afternoon Senator Stillman, Representative Fleischmann and members of the Education Committee. My name is Melodie Peters and I am the President of AFT Connecticut, a diverse state federation of more than 90 local unions representing nearly 29,000 public and private sector employees. Our members include more than 15,000 teachers, paraprofessionals, school nurses and other school personnel across the state. It is on their behalf that I appear before you to testify on a number of bills before you today.

**SB 425 An Act Concerning the State Education Resource Center**

Last session, the General Assembly acted to address concerns many of us shared about the lack of transparency in the State Education Resource Center (SERC). In 2012, in the name of expediency, the State Department of Education bypassed clean contracting requirements by awarding several no-bid contracts to private consultants through its non-profit, SERC. Though it is funded primarily by public funds received by the US and State Departments of Education, SERC was not required to follow these protocols.

Public Act 13-286 clarified that SERC was in fact a state agency for clean contracting purposes and required it to comply with state procurement and competitive bidding requirements. In addition, it required the Commissioner of Education to report annually to the General Assembly (1) all contracts issued to private contractors and RESCs; and (2) the amounts and sources of all private funding used to pay State Department of Education employee and consultant salaries. It also required the Commissioner to submit a plan to transition SERC to a quasi-public agency, state agency or nonprofit. We are disappointed that SERC, through SB 425, has decided to pursue quasi-public status.

We fear that SB 425 could allow SERC to undo the contracting provisions required in Public Act 13-286 unless Section 2 (c) is clarified:

(c) The State Education Resource Center shall be subject to rules, regulations or restrictions on purchasing, procurement, personal service agreements or the disposition of assets generally applicable to Connecticut state agencies, including those contained in titles 4, 4a and 4b of the general statutes, section 4e-19 of the 2014 supplement to the general statutes and the corresponding rules and regulations.

With a mission so central to futures of Connecticut's residents and more than 94% of its funding coming from public dollars, we believe that SERC should operate as it truly is – a state agency, rather than quasi-public agency.

**HB 5520 An Act Concerning the Availability of an Online Study Skills Curriculum**

As an organization of educators, we question the effectiveness of online coursework to provide remedial study skills to students. This bill does not specify how instruction would be provided in this format. Generally, students in need of remediation did not fully grasp the material being taught and require the assistance of an educator to present the material again, often in a different way. They greatly benefit from the personal instruction and interaction only a teacher or paraprofessional can give. There is a place for computers in education, but they cannot replace the one-on-one instruction that struggling students need.

Rather than require SDE to provide these unproven resources to districts, we would welcome a study on their effectiveness in K-12 settings before rolling them out for district use. I urge you to take no action on HB 5520.

**HB 5521 An Act Concerning the Storage and Administration of Epinephrine at Public Schools and Public Institutions of Higher Education**

AFT Connecticut appreciates the intent of HB 5521, but recognizes that this bill and others like it have been introduced over the last several years to circumvent the fact that we do not have enough nurses in our schools. HB 5521 would authorize epinephrine to be stored at schools so that it may be administered by unlicensed personnel to students who have no prior authorization for the drug. Nurses are trained to skillfully assess student needs. Even without a doctor's order, they could determine when it may be appropriate to administer epinephrine to a child who may be experiencing an allergic reaction for the first time. That much seems workable. It is troubling to suggest that all teachers, administrators, coaches or paraprofessionals are qualified to make these kinds of judgment calls.

We do not believe it is unreasonable for coaches, special education teachers and special education paraprofessionals who have received specialized first aid training to make appropriate determinations about using an epi-pen *if a student has been diagnosed with an allergic condition and has a standing doctor's order for its use*. HB 5521 removes the requirement of the doctor's note and puts students and unlicensed personnel in a very precarious situation. What a teacher without medical training may view as a student with an allergic reaction may in fact be a student experiencing something completely different, such as a seizure or a stroke. Administering epinephrine in a case like that could do more harm than good. No teacher, administrator, coach or paraprofessional should be giving drugs without a



Connecticut Association of  
Boards of Education, Inc.

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Testimony  
Submitted to the  
Education Committee  
March 12, 2014

**HB 5078 AN ACT IMPOSING A MORATORIUM ON THE IMPLEMENTATION OF THE COMMON  
CORE STATE STANDARDS**

**HB 5331 AN ACT CONCERNING THE IMPLEMENTATION OF THE REVISIONS TO THE PEAC  
GUIDELINES**

**HB 5521 AN ACT CONCERNING THE STORAGE AND ADMINISTRATION OF EPINEPHRINE AT  
PUBLIC SCHOOLS AND PUBLIC INSTITUTIONS OF HIGHER EDUCATION**

Senator Stillman, Representative Fleischman, members of the Education Committee, the Connecticut Association of Boards of Education (CABE) appreciates the opportunity to address these bills.

The Connecticut Association of Board of Education (CABE) opposes HB 5078, An Act Imposing a Moratorium on the Implementation of the Common Core State Standards (CCSS). Districts have collaborated with teachers, revised curriculum, and have begun the shift in leading students' outlook toward career and college ready. Many districts began this process when the State Board of Education adopted the standards in 2010. To stop this process now will be detrimental to educational improvement, and will be disrespectful of the years of time and resources that have been devoted to implementing CCSS. Like Connecticut's previous standards, the CCSS identify what students should know and be able to do at each grade level, in math and English language arts. However, the CCSS are aligned with college and work expectations in the 21<sup>st</sup> century. They prepare students to apply knowledge and solve problems – skills essential to success in college and career. The CCSS are standards. It is the curriculum – developed at the local level by the professional staff that determines how the skills and knowledge are taught.

We must also remember that implementation of CCSS is part of a NCLB waiver application. If CCSS is taken out, we may be forced back to NCLB. The result will be more schools found to be underperforming and punitive remedies could result.

The document prepared by the Center for Public Education, which is attached to our testimony, provides a clear view of what the standards are and what they are not.

We would ask that the legislature direct more resources from the Department of Education to those districts that are not as far along in the implementation of these rigorous standards, and to support professional development for educators to help them align their instruction to the new higher standards.

CABE opposes HB 5331, An Act Concerning the Implementation of the Revisions to the PEAC Guidelines. Placing the Performance Evaluation and Advisory Council's work in state statute will not allow for the flexibility to make changes in a timely manner and was the advantage in getting the implementation to run more smoothly for every district before major responsibility overloads could have prevented a successful implementation. This recent unanimous change recommended by PEAC and adopted by the State Board of Education was deliberated over many weeks, with PEAC members gathering input from their members.

PEAC, established by the legislature, should be allowed to continue the work it was charged with. In addition, rather than prohibit expenditures by the State Department of Education to assist school districts in educator evaluation, that support should be increased.

CABE opposes the additional mandates contained in HB 5521, An Act Concerning the Storage and Administration of Epinephrine at Public Schools and Public Institutions of Higher Education. The bill contains the mandate to purchase and the mandate to provide professional development in instructing those who would voluntarily seek to administer.

We appreciate your attention to these issues.

Donna Kosiorowski RN MS NCSN  
Association of School Nurses of Connecticut  
Connecticut Nurses Association  
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Shelton, Connecticut 06484  
[skosiorowski@snet.net](mailto:skosiorowski@snet.net)

**RB 5521 AN ACT CONCERNING THE STORAGE AND ADMINISTRATION OF  
EPINEPHRINE AT PUBLIC SCHOOLS AND PUBLIC INSTITUTIONS OF HIGHER  
EDUCATION**

***Committee on Education***

***Thank you to Senator Andrea Stillman and Representative Fleischmann and members of the Committee for the opportunity to submit testimony on RB 5521 An Act Concerning the Storage and Administration of Epinephrine at Public Schools and Public Institutions of Higher Education.***

I have been a school nurse and school nurse supervisor since 1985. Over my 29 years in school health, I have seen health care in our schools evolve.

Assessment of an emergency situation such as anaphylaxis requires knowledge and the ability to determine the cause of symptoms before interventions are made. Every health issue is individual specific and dependent on the needs of the individual and the situation. Signs of anaphylaxis may be subtle and lack recognizable symptoms. School nurses have the expertise to determine who, what, when, and how the health care of children can become the responsibility of a non-medical person.

Training for staff must be addressed in legislation for the safety and welfare of all involved. Training for persons making medical decisions must be defined. Districts must understand their responsibility and be accountable to insure that appropriate training is provided.

This bill, seemingly well intended, should be delayed until the School Nurse Advisory Council, created by Public Act No. 13-187 *An Act Concerning a School Nurse Advisory Council and An Advisory Council on Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections*, meets as scheduled during 2014. The Council will take that time to develop protocols for administration of epinephrine and other emergency medications. Recommendations by the Council will be forthcoming in 2015. I urge you to delay passage of this legislation while the Council addresses the issue. Thank you for your consideration.

## Resources Regarding Assessment of Anaphylaxis

### **World Allergy Organization Guidelines for the Assessment and Management of Anaphylaxis**

<http://www.waojournal.org/content/pdf/1939-4551-4-2-13.pdf>

"Anaphylaxis can sometimes be difficult to diagnose. Individuals with concomitant impaired vision or hearing, neurologic disease, psychiatric illness, such as depression, substance abuse, autism spectrum disorder, attention deficit hyperactivity disorder, or cognitive disorders, might have diminished awareness of anaphylaxis triggers and symptoms.

At any age, concurrent use of... medications such as sedatives, hypnotics, antidepressants, and first generation sedating antihistamines can interfere with recognition of anaphylaxis triggers and symptoms and with the ability to describe symptoms. In patients with concomitant medical conditions, for example, asthma, chronic obstructive pulmonary disease, or congestive heart failure, symptoms and signs of these diseases can also cause confusion in the diagnosis of anaphylaxis."

### **National Institute for Health Care and Excellence**

#### **Anaphylaxis: assessment to confirm an anaphylactic episode and the decision to refer after emergency treatment for a suspected anaphylactic episode**

<http://publications.nice.org.uk/anaphylaxis-assessment-to-confirm-an-anaphylactic-episode-and-the-decision-to-refer-after-emergency-cg134>

"After an acute anaphylactic reaction, it is believed that many people do not receive optimal management of their condition. One reason for this is healthcare professionals' lack of understanding when making a diagnosis, for example failing to differentiate anaphylaxis from less severe histamine-releasing reactions or from other conditions that mimic some or all of its clinical features. "

### **Johns Hopkins Nursing**

#### **Acute Hypersensitivity Reactions: What Nurses Need to Know**

<http://magazine.nursing.jhu.edu/2011/04/acute-hypersensitivity-reactions-what-nurses-need-to-know/comment-page-1/>

"The most extreme form of Hypersensitivity Reaction is anaphylaxis... .. serious reactions that require astute nursing assessment and critical thinking skills.

Testimony to Education Committee  
Wednesday, March 12, 2014  
Given by Stacy Kamisar

HB5521

My name is Stacy Kamisar. I live in Weston and I have a son with life threatening allergies to peanuts, tree nuts and seeds. Ben's first allergic reaction was in a school setting and I am here today to share my story so that you understand the importance of providing epi-pens in all school facilities so that all our children have immediate access to life saving treatment.

When Ben was four years old, I received a panicked call from the pre-school director, telling me to come to school immediately to get Ben and bring him to the doctor. She reported that he had large welts on his face and that his eyes were beginning to swell shut. I raced to the school and when I arrived, Ben's face was so swollen that he was barely recognizable. As I grabbed him and raced out the door, one of the teachers yelled after me....Make sure to tell the doctor

he was working with peanut butter. Apparently that morning, the children were making birdfeeders, which entailed rolling a pine cone in peanut butter and then seeds. Up to that point, Ben had never had an allergic reaction and had in fact, eaten many foods that had, at the very least, been cross-contaminated. We had no history of food allergy in the family and had no idea he had an allergy. Ben had not eaten the peanut butter that morning, but the touch alone – perhaps he touched his lips or his eyes – was enough to set off his reaction and each time I reflect on that morning, I realize how fortunate we were to have gotten him to the doctors office in time to get the appropriate treatment – epinephrine. That day started a new chapter in our life – one where we became educated about food allergies and anaphylaxis. The most important thing that we learned is that time is NOT on our side. Epinephrine is the only course of treatment when the body goes into anaphylaxis and the sooner epinephrine is given, the better the chance for survival. The terrible reality - one that haunts families of allergic kids every day – is the fact that once anaphylaxis progresses past a certain point, it is not always reversible with the epi-pen.

That means, theMy name is Stacy Kamisar. I live in Weston and I have a son with life threatening allergies to peanuts, tree nuts and seeds. Ben's first allergic reaction was in a school setting and I am here today to share my story so that you understand the importance of providing epi-pens in all school facilities so that all our children have immediate access to life saving treatment.

When Ben was four years old, I received a panicked call from the pre-school director, telling me to come to school immediately to get Ben and bring him to the doctor. She reported that he had large welts on his face and that his eyes were beginning to swell shut. I raced to the school and when I arrived, Ben's face was so swollen that he was barely recognizable. As I grabbed him and raced out the door, one of the teachers yelled after me...Make sure to tell the dr he was working with peanut butter. Apparently that morning, the children were making birdfeeders, which entailed rolling a pine cone in peanut butter and then seeds. Up to that point, Ben had never had an allergic reaction and had in fact, eaten many foods that had, at the very least, been cross-contaminated. We had no history of food allergy in the family and had no idea he had an allergy. Ben had not eaten the peanut butter that morning, but the touch alone – perhaps he touched his lips or his eyes – was enough to set off his reaction and each time I reflect on that morning, I realize how fortunate we were to have gotten him to the doctors office in time to get the appropriate treatment – epinephrine. That day started a new chapter in our life – one where we became educated about food allergies and anaphylaxis. The most important thing that we learned is that time is NOT on our side. Epinephrine is the only course of treatment when the body goes into anaphylaxis and the sooner epinephrine is given, the better the chance for survival. The terrible reality - one that haunts families of allergic kids every day – is the fact that once anaphylaxis progresses past a certain point, it is not always reversible with the epi-pen. That means, the longer one waits to administer treatment, the higher the chance for a fatal outcome.

To me, this is all so simple – There is no reason for children to die, simply because an epi-pen is unable to be administered. Recent studies have shown that 24 percent of first time anaphylactic reactions have occurred in school settings,. This means that those children have not yet been diagnosed, and therefore do not have a prescription for an epi-pen. Let's work together to protect these children by giving them immediate access to life saving treatment and ensure that there are no longer needless deaths because epinephrine was unable to be administered in time. Thank you.

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diagnosed, and therefore do not have a prescription for an epi-pen. Let's work together to protect these children by giving them immediate access to life saving treatment and ensure that there are no longer needless deaths because epinephrine was unable to be administered in time. Thank you.

HBSS21

My name is Deborah Findley and I am from Westport, CT. My testimony here today comes from my experiences in the role of Mother, advocate and School Nurse. My first role is as mother to Colin who is 18 and allergic to nuts, peanuts and sesame. My second role is as co-chair of the Advocacy Committee for FARE of CT. FARE (Food Allergy Research and Education) is the nation's largest non profit advocacy group for food allergies and the Fairfield County chapter represents over 100 families in Fairfield County. Finally, I am a substitute School Nurse in the Westport Public School system where I have worked for 4 1/2 years.

My story begins with my role as mother: When Colin was three years old, a friend offered him a cookie. After he took a bite, he reached for his throat and said "Mommy, I feel chokable." We were luckier than I can say that day because the Benadryl that I gave Colin was enough to reverse the reaction. I didn't know then that food allergies could be unpredictable. I didn't know that if individuals waited too long before receiving Epinephrine, they can go past a point of no return and then no amount of Epinephrine or medical intervention is effective. For many years we were able to keep Colin safe from allergen exposure. Then when he was 16 and on a college visit our luck ran out. We arrived late to a hotel one night and I ordered room service. I personally discussed Colin's allergies and the ingredients of the meal with the chef on the phone and he assured me the cheeseburger was safe. When the burger arrived Colin took one bite and realized something wasn't right. We later discovered that a mistake had been made and a veggie burger filled with cashews had been sent to our room in place of the cheeseburger. Colin immediately injected himself with Epinephrine and as we made our way to the hospital his swelling throat began to ease and we began to relax a little, hoping that he would be monitored briefly and sent on his way. But how wrong we were... it was about to be the longest and scariest night of our lives. After an hour of feeling better, Colin began experiencing what is known as a biphasic reaction. Biphasic reactions can occur in individuals from 1-8 hours after the initial reaction and they can require a second dose of Epinephrine. In Colin's case he began having difficulty breathing, suffered from severe nausea and his entire body was covered in hives. It was clear on the faces of the physicians and caregivers attending to Colin that they had deep concerns about his condition. The second dose of Epinephrine was administered and with some very effective treatments and good medical care we were grateful to leave the hospital the next morning with our Colin. I am convinced that given Colin's severe reaction that night, if he had not had an Epinephrine auto injector and been forced to wait for an Emergency Medical Response team or for a visit to the Emergency Room, the reaction would have been fatal.

1 in 13 children suffer from food allergies and as a school nurse I am constantly on alert for reactions. Chicago Public Schools recently adopted a stock Epinephrine program called Epipen4schools and some very powerful statistics were recently revealed: for the 2012-2013 school year alone 38 stock Epinephrine were administered to individuals and of those, 22 did not previously know they had an allergy. A three-year Massachusetts study showed the 24% of allergic reactions in schools were in previously undiagnosed individuals. On one occasion I recently

treated a ten-year-old student with Epinephrine for a reaction to peanut butter that was in a pancake another student shared with him. He was lucky to have Epinephrine prescribed and available in the health office and his stomachache and swelling throat were quickly treated and he was transported to the hospital. Other children like Amarria Johnson, a 7 year old who died of a peanut allergy at a school in Virginia and Katelyn Carlson who died of a peanut allergy in a Chicago School weren't so lucky. There was no Epinephrine available for them at school and by the time it was administered by Emergency Medical Services it was too late.

More than 30 other states have passed legislation to provide emergency access to Epinephrine in schools. I urge this committee to approve this bill. You may be responsible for saving a life.

HB 5521

My name is Jamie Kapel, and I am an attorney and a mother of 3 children. My youngest child, Lindsey, has a severe allergy to peanuts. I am also the co-chair of advocacy for FARE of CT. FARE, an acronym for Food Allergy Research and Education, is the largest non-profit advocacy group for food allergies in the nation and FARE of Connecticut represents over 100 families in Fairfield county.

While so many people are frequently hearing about the growing prevalence of food allergies among children in this country, I will share with you that I did not fully appreciate the magnitude and danger of this condition until my daughter Lindsey -- at the age of 4 years old -- was diagnosed with a life threatening food allergy. We had fed her a honey-roasted peanut, thinking it was a good snack and a good source of protein. After eating just a bit of the peanut she developed wheezing and shortness of breath. She recovered that day --- thankfully, my husband, a physician, recognized what was happening and treated her promptly. Other children, and adults, have not been as lucky.

I have been active in FARE for many years, but became specifically involved in advocacy - after the death of Amarrria Johnson, a 7-year old girl in Virginia. After a classmate gave her a peanut on the school playground, Ammaria developed hives and shortness of breath and went to the school nurse's office. The nurse promptly called 911, but did not have any medication to give her -- specifically an epinephrine auto-injector. Paramedics came to the school, and by the time she arrived at the hospital, she was pronounced dead as a result of anaphylaxis and cardiac arrest.

Amarria's death sparked a national concern about the availability of epinephrine-pens in schools. Virginia passed a law requiring schools to stock epinephrine and allow school employees to administer it to children without a prescription. Over 30 other states have passed similar legislation.

My daughter is now 15, doing great as a sophomore in high school, and vigilant about traveling everywhere with an epinephrine auto-injector in hand. In addition, Lindsey's school has epinephrine available in case of emergency.

So, I worry much less about Lindsey these days. But, I do worry about other kids – especially the child who doesn't even know that he or she has a life-threatening food allergy; or, the child who has a known food allergy, but has an accidental exposure in a school, and epinephrine is not readily available.

One in every 13 children in this country has a food allergy. Furthermore, a recent study out of Massachusetts concluded that 25% of first time reactions happen in schools. And we all understand what can happen when a child cannot get epinephrine in time.

Our allergist at Mt. Sinai Medical Center in New York recently used the analogy of driving over a cliff to explain the powerful need for using epinephrine. As a car is speeding towards a cliff, the driver can put on the break, up until the moment it hits the edge. After that, there is no way to stop it. Epinephrine must be used in time, or the consequences may be fatal. That is what happened to Ammaria Johnson. The bill before you does not solve all the problems for children facing food allergies. I am not here just to stir compassion, but to help make schools a safer

place for our children. This bill, and this legislative body, has the ability to have a huge impact on preventing the potentially fatal consequences of a food allergy reaction on school grounds in the state of Connecticut. Let us not allow any student in Connecticut to go over that cliff.

Thank you.

Respectfully submitted by:

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Senator Stillman, Representative Fleischman, and members of the Education Committee, thank you for the opportunity to submit testimony to your committee.

I am writing in support of **HB 5521**, An Act Concerning the Storage and Administration of Epinephrine at Public Schools and Public Institutions of Higher Education.

Food allergies, which can sometimes lead to a life-threatening allergic reaction, or anaphylaxis, are a large and growing public health problem in the United States and in Connecticut.<sup>1,3</sup> Experts have estimated that 1 out of 13 children in the U.S. has a food allergy, a considerably higher number than previously believe.<sup>2</sup> And food allergy is only one of a number of allergies that can result in a life threatening anaphylaxis.

Connecticut addresses this serious issue currently by allowing previously diagnosed children with anaphylaxis to receive life-saving medication administered through an epinephrine auto-injector by a school nurse or other trained school personnel. HB 5521 would expand current law by allowing nurses and trained school personal to administer an epinephrine auto-injector to a previously undiagnosed student.

Since 2011, 26 states have passed school access legislation similar to HB 5521.

Although there is limited data on anaphylaxis, what we do know is very concerning:

- A Massachusetts Department of Public Health survey of schools found that 24% of anaphylactic reactions occurred in individuals who were not known to be at risk of life-threatening allergies.<sup>4,11</sup>
- Nearly 6 million or 8% of children in the U.S. have food allergies (~ one in 13).<sup>2</sup>
- The Centers for Disease Control and Prevention report that food allergies result in more than 300,000 ambulatory-care visits a year among children under the age of 18.<sup>9</sup>
- Food allergens account for 30% of fatal cases of anaphylaxis.<sup>7</sup>
- Anaphylaxis results in approximately 1,500 deaths annually.<sup>8,10</sup>

Over the past three years, there have been a number of anaphylaxis-related tragedies around the country in schools and public places. Deaths in Illinois (in 2011), Georgia and Virginia (in 2012), California, Texas and New York (in 2013) resulted in significant attention to the issue and much discussion on how to best address it in schools and elsewhere.

At least 36 states now allow (or require) schools to stock and administer epinephrine auto-injectors. Last year, the American Red Cross launched a training program on anaphylaxis and administration of epinephrine auto-injectors, and the U.S. Centers for Disease Control and Prevention issued voluntary guidelines for managing food allergies in schools.

In 2010, the National Institute of Allergy and Infectious Diseases (NIAID), a division of the National Institutes of Health (NIH), introduced the "Guidelines for the Diagnosis and Management of Food Allergy in the United States." These guidelines state that epinephrine is the first-line treatment for anaphylaxis.<sup>5</sup> Epinephrine works to relieve the life-threatening symptoms of anaphylaxis, giving affected individuals more time to seek additional emergency medical treatment.<sup>6</sup>

The more rapidly anaphylaxis develops, the more likely the reaction is to be severe and potentially life-threatening. It is critical to have prompt recognition of signs and symptoms of anaphylaxis and to be prepared with an epinephrine auto-injector close at hand.<sup>12</sup> This is why it is so important that Connecticut schools stock epinephrine auto-injectors and train school personnel to recognize anaphylaxis and to administer epinephrine auto-injectors. Our schools need to be better prepared to help our students in the event of an anaphylactic emergency.

Thank you for your time and your consideration today. I urge this committee to support HB 5521 and continue to show leadership on this important issue.

Sincerely,

  
Kevin Ryan  
Deputy Speaker, 139<sup>th</sup> District

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