

**2015 HOUSE HUMAN SERVICES**

**HB 1423**

# 2015 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Union Room, State Capitol

HB 1423  
2/2/2015  
Job #22985

☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature



### Explanation or reason for introduction of bill/resolution:

Relating to epinephrine auto-injectable pens.

### Minutes:

Testimonies 1-2

Chairman Weisz opened the hearing on HB 1423.

Rep. Alisa Mitskog: From District 25 introduced and supported the bill. (See Testimony #1)

7:50

Rep. Kiefert: Can the schools address a bee sting now?

Rep. Mitskog: I think there would be a comprehensive plan to address those allergies that are food born or insects or even latex that could be inclusive in that response in treatment plans.

Rep. Porter: On page 2 the new language, I don't know if I understand the wording. There is a significant difference between anaphylaxis and an allergy. Someone who has an allergy and is carrying an epipen may or may not have ever had an anaphylaxis reaction but still could have required an epipen injection. Is it your intent in the bill that they are diagnosed with an allergy? If you just limit it to just anaphylaxis; no one is walking around with that as a diagnosis.

Rep. Mitskog: Certainly anaphylaxis would be the result of a very serious allergic reaction. Personally I know food born and sensitivity you will not have an epipen prescribed for you for those situations.

Rep. Porter: That wording is wrong then. We want the situation that causes the terminal diagnosis.

Rep. Mitskog: The language needs to be cleaned up.

Rep. Porter: Let's go down a little farther. You are saying then that district that enrolls the student is required during regular school hours and all school sponsored events to have an epipen. If the school sponsors an all school band event in Bismarck; then the band instructor has to have been trained and have an epipen with them or is it the student's responsibility to have the epipen with them? How does that work?

Rep. Mitskog: That language may need to be discussed further. I would like to see a plan in place during the school day that could respond to potential emergency within a school.

Rep. Porter: Who is responsible for having the epinephrine, the school or the kid? On line 10, then the school district is committed in writing to assist the student in the event the student is unable to self-administer the contents of the pen. What happens to the person who is committed in writing fails to administer the epipen? Are you thinking that your next line holds them immune from liability if they failed in their contract?

Rep. Mitskog: They would be immune. I'm not reinventing anything. This is done in a lot of states. All I'm asking is that we have a response and we have trained personnel.

Rep. Porter: I don't think we have a mandate on CPR in schools that all teachers have to be trained in CPR.

Rep. Mitskog: I can't speak for that.

Rep. Mooney: Do other states have laws where we can draw off from their language?

Rep. Mitskog: Yes. I can provide that for your committee.

Rep. Mooney: Which legislative committee member helped you with this?

Rep. Mitskog: I can provide that for you.

Rep. Fehr: Can you explain is it permissive or required of emergency stockpiling, training administrative personnel in use of the epipens? What is being waived and what is in current law?

Rep. Mitskog: They should have stockpiled. We don't know if that is occurring or not.

Chairman Weisz: Line 18 makes the school not liable for civil damages for the self-administration of the student. The language added has to do with liability if the school does the injection.

Rep. Fehr: Currently schools are required to stockpile.

Rep. Mitskog: I believe they should.

Rep. Naomi Muscha: From District 24 testified in support of the bill. (See Testimony #2)

Rep. Kiefert: Are you in favor of first responders?

Rep. Muscha: In our daughter's case sometimes it was her friends that gave her an injection. It does not have to be that much of intense training.

Tim Weidrich: From the Dept. of Health: About 10 years ago a bill that was past that dealt with anaphylaxis shock. The concept then was bee stings. Two sessions ago food allergies came up and in this committee we said we didn't need to make modifications to the law. We have existing law that is permissive and deals with much more than just schools. It allows an entity to administer. The training requirements for that is a responsibility through administrative rule with the physician that is issuing. There are no mandates associated with that.

29:06

Chairman Weisz: (Read the section.) "The board of the school district or non-public may establish a program for providing medication to students that includes authorizing individuals to provide medication to a student if the individual has received education and training in medication administration and has received written consent of the student's parent or guardian."

Weidrich: This is a different statute I'm referring to. This has other entities besides school districts.

Chairman Weisz: What I just read, wouldn't this allow the school to train someone?

Weidrich: That is correct. The Statute I am referring to is 333701 entitled "Epinephrine Administration".

Rep. Porter: 33 is county justice court.

Weidrich: The actual Century Code is 230105.2

Rep. Porter: There was discussion by the bill sponsor that dealt with stockpiling of epipens in public schools. Is there a program you do to distribute epipens to public schools?

Weidrich: There is not.

Chairman Weisz: Would you know how many schools are doing that?

Weidrich: The Fargo system is and there may be others.

Rep. Mooney: The administrative rules vs. mandate. Is it your thought process that the concerns Rep. Mitskog and Rep. Muscha have described that all the schools are doing this?

Weidrich: We know for a fact that is not the case. It is not mandated only permissive. And this mandates which is different from what is currently in place in the law.

Rep. Fehr: In the code you referred to is there something about liability in there?

Weidrich: I'd have to go back and take a harder look. I know liability issues were addressed, but if specifically within that statute or more general I'm not remembering.

Chairman: (Read from statute.) "An individual is not civil or criminally liable for any act or admission of that individual when acting in good faith." And then it goes on. So that is specific to that 23015.2

NO OPPOSITION

Chairman Weisz closed the hearing on HB 1423.

# 2015 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Union Room, State Capitol

HB 1423

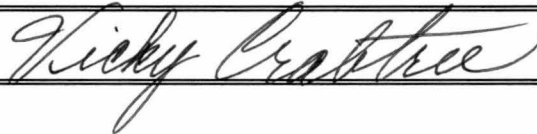
2/2/2015

Job #23033 and #23025

☐ Subcommittee

☐ Conference Committee

Committee Clerk Signature



### Minutes:

Job #23033 starts at 0:00

Chairman Weisz: Let's take up HB 1423

Rep. Porter: I move a Do Not Pass on HB 1423.

Chairman Weisz: Why?

Rep. Porter: I think the bill sponsor had the best intentions in the world in regards to this bill. I don't think she realized the level of mandate that she was dealing with out to the schools and issues it would create both with in school and outside sanctioned school situations. She was under the assumption that schools had a stockpile of epipens. Under the laws we have already passed that is referenced in Section 1 and the law in 2301 about the administration of epinephrine gives schools and individuals the ability to deal with the situation of an allergic reaction. I don't feel the measure is necessary.

Job #23025 starts at 0:00

Chairman Weisz: If my school asks the local physician to train four of our teachers to do it? Are they going to say no? Do they have to develop a plan or is it a simple visit to the office?

Rep. Porter: I'm thinking that was the component restrictly requiring for EMS training. It is for everybody.

Chairman Weisz: If we are trying to get schools to do this, it would be nice if it were easy enough for physicians.

Rep. Porter: I would agree. I think that is one of those administrative rules that the department should relook at. The effective date was December 1, 1996. That is antiquated to the technology of ease of administration of epinephrine. I think Mr. Weidrich should relook at that.

Rep. Rich Becker: Today versus 1996 there are an awful lot of little towns in the state that had doctors in 1996 that would not have doctors today. We are talking about our local schools that would have to have a doctor administer, be available or approve. That's another hurdle I don't see we can jump through.

Rep. Muscha: Couldn't a county nurse do it as far as training?

Chairman Weisz: I would think she could. The way the code reads it has to be a licensed physician or designee.

ROLL CALL VOTE: 11 y 2 n 0 absent

Bill Carrier: Rep. Porter

Date: 2-2-15  
Roll Call Vote #: /

2015 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1423

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation: ☐ Adopt Amendment  
☐ Do Pass ☒ Do Not Pass ☐ Without Committee Recommendation  
☐ As Amended ☐ Rerefer to Appropriations  
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ \_\_\_\_\_

Motion Made By Rep. Porter Seconded By Rep. Hofstad

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha		✓
Rep. Bert Anderson	✓		Rep. Oversen		✓
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 11 No 2

Absent 0

Floor Assignment Rep. Porter

If the vote is on an amendment, briefly indicate intent:



**REPORT OF STANDING COMMITTEE**

**HB 1423: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO NOT PASS** (11 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HB 1423 was placed on the Eleventh order on the calendar.

**2015 TESTIMONY**

**HB 1423**

#1

**Testimony for HB 1423 House Human Services Committee**

**February 2, 2015**

**Rep. Alisa Mitskog, District 25**

**Good Morning Chairman Weisz & Human Services Committee Members,**

**For the record, my name is Alisa Mitskog, I'm honored to represent District 25 and I live in Wahpeton. I work in the health care industry as a chiropractor. I have a food allergy as well as my youngest daughter.**

**HB bill 1423 would broaden our current law and allow for the emergency administration of an EpiPen if a student is unable to self-administer.**

**Anaphylaxis is a life-threatening medical condition occurring in allergic individuals after exposure to specific allergens. These symptoms and signs may include some of the following: hives, itching, difficulty swallowing, coughing, difficulty breathing, nausea, abdominal pain, change in mental status, drop in blood pressure or shock. Most anaphylactic reactions in schools are due to food allergies, although medications, stinging insects, or latex can also result in anaphylaxis. 24 % of first time food related allergic reactions occur in school. It is now estimated that between 4-6 percent of American children (6 million), 1 in 13 or 2 in every classroom now have food allergies. Food allergens are responsible for 300,000 emergency room visits annually by children under 18. The most common food allergens are peanuts and fish.**

**For students with known food allergies a management plan is essential. The risk of exposure to allergens for a child is reduced when the school, medical provider and parent/guardians work together to develop a management plan for the student that includes**

/

both prevention/avoidance of the allergen as well as treatment in the event of an accidental exposure.

Injection of epinephrine is the treatment of choice for anaphylaxis. Because anaphylaxis can lead to death or permanent damage within minutes, timely administration of epinephrine is vital. The risk of death from untreated anaphylaxis far outweighs the risk of administering epinephrine, even if administered inadvertently to someone that is not having an anaphylactic reaction. Treatment with an EpiPen, which is an auto-injector device designed for non-health personnel, is done with a single-dose epinephrine. It can be self-administered by children. Effects of epinephrine begin to wear off after 10-20 minutes; therefore immediate activation of the emergency medical system (911) is essential, since life-threatening symptoms can recur. The problem is for students who are not able to self-administer, timely injection of the epi pen is essential to avert a possible life threatening event.

Having trained school personnel to respond to a potential event is vital to keeping our children safe. School personnel have been trained in CPR and the use of AED/defibrillators in the event of cardiac events. We need to allow our school personnel to be trained in the administration of EpiPens. EpiPen training is simple and plans are readily available through such programs as EpiPens 4 Schools or through AllergyReady.Com.

I would ask that you consider this bill to ensure that we are doing as much as we can to keep our children healthy and safe.

Please consider supporting this important piece of legislation.

Thank you.

I stand for any questions.

Reference: Food Allergy Research & Education



## INJURY PREVENTION 50 State Compilation

### Summary Matrix of State Laws Addressing Epi-Pen Use in Schools

Enacted or adopted as of October 29, 2013

State	CITATION	STUDENT POSSESSION AND SELF- ADMINISTRATION	WRITTEN PHYSICIAN AUTHORIZATION	STUDENT COMPETENCY REQUIREMENT <sup>1</sup>	INDIVIDUALIZED WRITTEN TREATMENT PLAN	SCHOOL NURSE ADMINISTRATION	STAFF ADMINISTRATION	EMERGENCY STOCKPILE <sup>2</sup>	WAIVER/RELEASE FROM LIABILITY	ADDITIONAL COMMENTS
AL	Code of Ala. § 16-1-39	-	✓	✓	-	✓	✓	-	✓	- Personnel must have been recognized by the school nurse and have completed a twelve-hour course of instruction before administering EpiPen.
AK	Alaska Stat. Ann. §§ 14.30.141, 17.22.040	✓	✓	✓	✓	-	-	✓	✓	-Trained individuals may obtain a prescription for auto-injectable epinephrine - without a diagnosis of an allergy - and may administer auto-injectable epinephrine in the event of an emergency -Trained individuals may and should include school nurses and specific staff members.
AZ	Ariz. Rev. Stat. Ann. § 15-341	✓	✓	-	-	✓	✓	-	✓	- Each school district has specific policies and procedures, but in general, schools require written or oral request or authorization of a parent or legal guardian for student or staff administration, and the student's name must appear on the prescription label attached to the medication.
AR	Ark. Code Ann. § 6-18-707	✓	✓	✓	✓	✓	✓	✓	✓	- Effective January 2014, school nurses and trained personnel may administer epinephrine.
CA	Cal. Educ. Code § 49423 & 49414	✓	✓	✓	-	✓	✓	✓	✓	

Post  
#1  
HB1423  
Feb. 2, 2015

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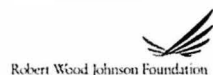
State	CITATION	STUDENT POSSESSION AND SELF- ADMINISTRATION	WRITTEN PHYSICIAN AUTHORIZATION	STUDENT COMPETENCY REQUIREMENT <sup>1</sup>	INDIVIDUALIZED WRITTEN TREATMENT PLAN	SCHOOL NURSE ADMINISTRATION	STAFF ADMINISTRATION	EMERGENCY STOCKPILE <sup>2</sup>	WAIVER/RELEASE FROM LIABILITY	ADDITIONAL COMMENTS
NV	Nev. Rev. Stat. Ann. § 392.425	✓	✓	✓	✓	✓	✓	✓	✓	- School nurses and trained school personnel are permitted to administer auto-injectable epinephrine to students thought to be experiencing anaphylaxis. Furthermore, schools are now required to store at least two doses of auto-injectable epinephrine at the school.
NH	N.H. Rev. Stat. Ann. §§ 200:42, 200:43, 200:44, 200:45	✓	✓	✓	✓	✓	-	-	✓	- Students must report to nurse or principal for follow-up care after self-administration.
NJ	N.J. Stat. Ann. §§ 18A:40-12.3, 18A:40-12.5, 18A:40-12.6	✓	✓	-	✓	✓	✓	-	✓	- School nurse shall designate employees who volunteer to administer.
NM	N.M. Stat. Ann. § 22-5-4.3	✓	✓	✓	✓	✓	✓	-	✓	
NY	N. Y. Public Health Law §2500-h and 3000-c; N.Y. Educ. Law § 6909	✓	✓	✓	✓	✓	✓	-	✓	-The Commissioner of Education must publish an anaphylaxis policy with guidelines and procedures, which all school boards are required to consider, but not adopt. - A certified nurse practitioner may prescribe and order a non-patient specific regimen to a registered professional nurse for the emergency treatment of anaphylaxis.
NC	N.C. Gen. Stat. Ann. § 115C-375.2	✓	✓	✓	✓	✓	✓	-	✓	
ND	N.D. Cent. Code Ann. §§ 15.1-19-16 & CH. 33-37-01	✓	✓	✓	-	-	-	✓	✓	
OH	Ohio Rev. Code Ann. §§ 3313.713, 3313.718	✓	✓	✓	-	✓	✓	-	✓	- School administrators must complete a drug administration program.
OK	Okla. Stat. Ann. tit. 70, § 1-116.3	✓	✓	✓	-	✓	✓	✓	✓	



[illegible]

State	CITATION	STUDENT POSSESSION AND SELF- ADMINISTRATION	WRITTEN PHYSICIAN AUTHORIZATION	STUDENT COMPETENCY REQUIREMENT <sup>1</sup>	INDIVIDUALIZED WRITTEN TREATMENT PLAN	SCHOOL NURSE ADMINISTRATION	STAFF ADMINISTRATION	EMERGENCY STOCKPILE <sup>2</sup>	WAIVER/RELEASE FROM LIABILITY	ADDITIONAL COMMENTS
VA	VA Code Ann. §§ <u>8.01-225, 22.1- 274.2, 54.1-3408</u>	✓	✓	✓	✓	✓	✓	✓	✓	- Stockpiling of epinephrine auto-injectors is required.
WA	Wash. Rev. Code Ann. §§ <u>28A.210.0001, 28A.210.370, 28A.210.380</u>	✓	✓	✓	✓	✓	✓	✓	✓	- Schools may maintain a supply of auto injectors of epinephrine based on the number of students enrolled.
WV	W. Va. Code Ann. §§ <u>18-5-22a, 18-5- 22c</u>	-	-	-	-	✓	✓	✓	✓	
WI	Wis. Stat. Ann. §§ <u>118.29, 118.292</u>	✓	✓	-	-	✓	✓	-	✓	
WY	Wyo. Stat. Ann. § <u>21-4-310</u>	✓	✓	✓	-	-	-	-	✓	

## SUPPORTERS



The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation with direction and technical assistance by the Public Health Law Center at William Mitchell College of Law.

This document was developed by Brett Baulsir, J.D. and Blair Inniss, J.D. in the Public Health Law Clinic at the University of Maryland Carey School of Law with assistance from Mathew Swinburne, staff attorney, and Cristina Meneses, senior staff attorney with the Network for Public Health Law – Eastern Region. The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

<sup>1</sup> A majority of states that allow students to possess and self-administer epinephrine require a physician to confirm as part of written physician authorization either that the student has been instructed in the correct and responsible use of the medication, that the student has demonstrated competence to the physician and/or school nurse, or both.

<sup>2</sup> Emergency stockpiling as used in this survey refers to a law that allows a school to maintain non-student-specific epinephrine to be used on any student believed to be experiencing an anaphylactic emergency; states where the requirement is mandatory are noted in the comments section.

## USAnaphylaxis

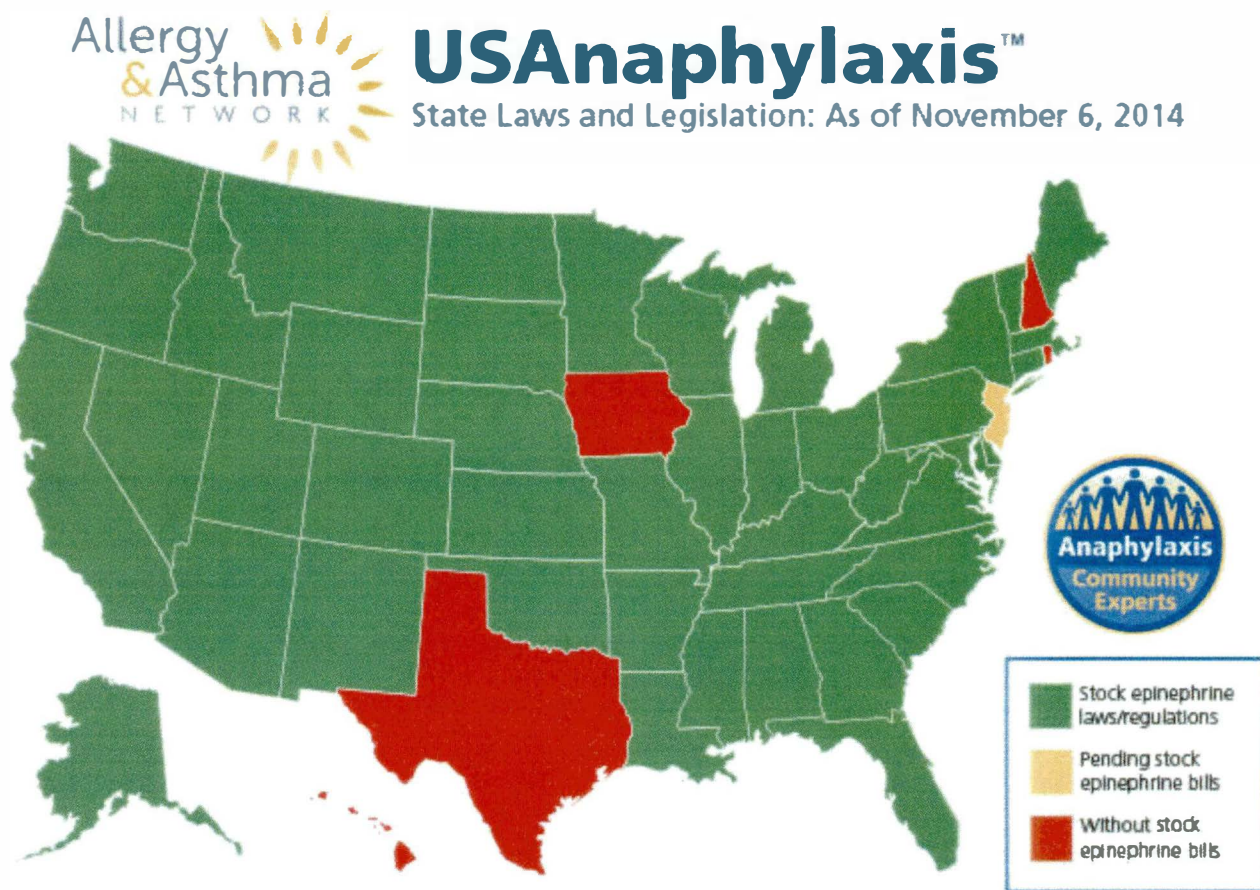
On June 27, 2013 @ 11:09 am In

Is your school prepared to identify and respond to a life-threatening allergic reaction for students with or without an allergy management plan?

Many states are passing laws requiring [anaphylaxis](#)<sup>[1]</sup> emergency preparedness plans that permit schools to stock emergency supplies of epinephrine auto-injectors.

Stock epinephrine laws across the country help save the lives of students who experience anaphylaxis at school and do not have a prescribed epinephrine auto-injector. Access at school is critical because 25 percent of anaphylaxis reactions at school occur in students previously undiagnosed with a severe allergy to food, insect venom, latex or medication.

**Click on your state below to learn more!**



[2]

### Green states have passed stock epinephrine laws or regulations:

[Alabama](#)<sup>[4]</sup>, [Alaska](#)<sup>[5]</sup>, [Arkansas](#)<sup>[6]</sup>, [Arizona](#)<sup>[7]</sup>, [California](#)<sup>[8]</sup>, [Colorado](#)<sup>[9]</sup>, [Connecticut](#)<sup>[10]</sup>, [Delaware](#)<sup>[11]</sup>, [Florida](#)<sup>[12]</sup>, [Georgia](#)<sup>[13]</sup>, [Idaho](#)<sup>[14]</sup>, [Illinois](#)<sup>[15]</sup>, [Indiana](#)<sup>[16]</sup>, [Kansas](#)<sup>[17]</sup>, [Kentucky](#)<sup>[18]</sup>, [Louisiana](#)<sup>[19]</sup>, [Maine](#)<sup>[20]</sup>, [Maryland](#)<sup>[21]</sup>, [Massachusetts](#)<sup>[22]</sup>, [Michigan](#)<sup>[23]</sup>, [Minnesota](#)<sup>[24]</sup>, [Mississippi](#)<sup>[25]</sup>, [Missouri](#)<sup>[26]</sup>, [Montana](#)<sup>[27]</sup>, [Nebraska](#)<sup>[28]</sup>, [Nevada](#)<sup>[29]</sup>, [New Mexico](#)<sup>[30]</sup>, [New York](#)<sup>[31]</sup>, [North Carolina](#)<sup>[32]</sup>, [North Dakota](#)<sup>[33]</sup>, [Ohio](#)<sup>[34]</sup>, [Oklahoma](#)<sup>[35]</sup>, [Oregon](#)<sup>[36]</sup>, [Pennsylvania](#)<sup>[37]</sup>, [South Carolina](#)<sup>[38]</sup>, [South Dakota](#)<sup>[39]</sup>, [Tennessee](#)<sup>[40]</sup>, [Utah](#)<sup>[41]</sup>, [Virginia](#)<sup>[42]</sup>, [Vermont](#)<sup>[43]</sup>, [Washington](#)<sup>[44]</sup>, [West Virginia](#)

[45], [Wisconsin](#) [46] and [Wyoming](#) [47]

**Yellow states have pending stock epinephrine bills:**

[48] [New Jersey](#) [49]

**Red states have no stock epinephrine bills:**

[50] [Hawaii](#) [51], [Iowa](#) [52], [New Hampshire](#) [53], [Rhode Island](#) [54], and [Texas](#) [55]

No matter what color your state, there is still work to be done in statehouses, legislatures and schools as lawmakers and policymakers develop law and implement policies.

**Contact Allergy & Asthma Network to get involved: [ace@aanma.org](mailto:ace@aanma.org) [56]**



**Community ACE Teams Offer Free Support**

[57]

Allergy & Asthma Network's [Anaphylaxis Community Expert](#) [58] (ACE) teams around the country offer free awareness and training programs for schools, parents, caregivers and community groups. Check state listings for teams where you live.

No team in your area? Allergists, school nurses and parents form our specially trained volunteer teams. Contact [ace@aanma.org](mailto:ace@aanma.org) [56] for information on setting one up! It's simple and we provide training and resources.

Anaphylaxis Community Experts is a national, award-winning education, advocacy and outreach program created, developed and hosted by Allergy & Asthma Network in partnership with the American College of Allergy, Asthma & Immunology, sponsored by Mylan Specialty L.P.

Sponsored by  **Mylan**  
Seeing is believing [59]

Article printed from Allergy and Asthma Network Mothers of Asthmatics: <http://www.aanma.org>

URL to article: <http://www.aanma.org/advocacy/usanaphylaxis/>

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- [3] Image: <http://www.aanma.org/wordpress/wp-content/uploads/GreenState.jpg>
- [4] Alabama: <http://www.aanma.org/advocacy/usanaphylaxis/alabama/>
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- [43] Vermont: <http://www.aanma.org/advocacy/usanaphylaxis/vermont/>
- [44] Washington: <http://www.aanma.org/advocacy/usanaphylaxis/washington/>
- [45] West Virginia: <http://www.aanma.org/advocacy/usanaphylaxis/west-virginia/>
- [46] Wisconsin: <http://www.aanma.org/advocacy/usanaphylaxis/wisconsin/>
- [47] Wyoming: <http://www.aanma.org/advocacy/usanaphylaxis/wyoming/>
- [48] Image: <http://www.aanma.org/wordpress/wp-content/uploads/YellowState.jpg>
- [49] New Jersey: <http://www.aanma.org/advocacy/usanaphylaxis/new-jersey/>
- [50] Image: <http://www.aanma.org/wordpress/wp-content/uploads/RedState.jpg>
- [51] Hawaii: <http://www.aanma.org/advocacy/usanaphylaxis/hawaii>
- [52] Iowa: <http://www.aanma.org/advocacy/usanaphylaxis/iowa>
- [53] New Hampshire: <http://www.aanma.org/advocacy/usanaphylaxis/new-hampshire/>
- [54] Rhode Island: <http://www.aanma.org/advocacy/usanaphylaxis/rhode-island/>
- [55] Texas: <http://www.aanma.org/advocacy/usanaphylaxis/texas/>
- [56] ace@aanma.org: <mailto:ace@aanma.org>
- [57] Image: <http://www.aanma.org/wordpress/wp-content/uploads/ACE1001.gif>
- [58] Anaphylaxis Community Expert: <http://www.aanma.org/2010/12/find-an-anaphylaxis-community-expert-ace/>
- [59] Image: <http://www.aanma.org/wordpress/wp-content/uploads/Mylan.gif>



**Human Services Committee****February 2, 2015****HB 1423**

Mr. Chairman and Members of the Human Services Committee, I am Representative Muscha from District 24. I'm here to testify in favor of HB 1423.

My daughter, Kelly, was diagnosed with Type I diabetes when she was eight years old. Everyone in our family learned early on how to give injections, especially if she would have needed a glucagon shot, which is what is administered if one goes into convulsions because of extremely low blood sugar levels. Thankfully we didn't have a need to use glucagon for many years, so we became too nonchalant about teaching others how to do so in case of an emergency. And that case did arise. Kelly was here in Bismarck for a Future Business Leaders of America state convention and went into convulsions. An ambulance was called and did arrive quickly, but in the meantime Kelly had bitten her tongue a few times and her classmates were given quite a scare.

I realize this is a bill for epi pens, but I think the concept is the same for allergies and diabetes. Immediate response in allergy cases and diabetic reaction cases are vital.

I urge you to vote "Do Pass" on this bill.