

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2163

2005 SENATE EDUCATION

SB 2163

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2163

Senate Education Committee

Conference Committee

Hearing Date January 17, 2005

Tape Number	Side A	Side B	Meter #
1	x		2150 - end
1		x	0 - 430
Committee Clerk Signature <i>Patricia Wilkins</i>			

Minutes:

Chairman Freborg opened the hearing on SB 2163, a bill relating to students' possession and self administration of medication for the treatment of asthma and anaphylaxis. All members were present.

Senator G. Lee introduced the bill. (written testimony) Senator G. Lee also distributed an amendment that would change physician to health care provider.

Senator Seymour asked why the idea has just come up in 2005.

Senator G. Lee said we learn as we go. It has been needed for some time. Some schools have recognized this, some have not.

Senator Flakoll asked, what are the legal ramifications if a child permits his medications to be used for someone else in an emergency situation

Senator G. Lee said he is not an attorney but his personal opinion is if someone is in need of emergency medication, medicate rather than not. Someone may have a more authoritative answer during testimony. (meter 2683)

Bev Nielson, North Dakota School Boards Association, testified in favor of the bill.. They met with all the interested parties and took it to their delegate assembly. Their first choice is to leave it to the local schools. Because of 504 issues and federal laws, they probably have liability on both ends of the stick, if a child has a fatal incident and had not been allowed to carry medication, they could be liable. If a parent gives permission, a physician signs off and there is liability protection for the school and school personnel for misuse, they have agreed not to oppose the bill. In Senator Flakoll's scenario, if a student allows his medication to be used by someone else, in an appropriate or inappropriate manner, according to this bill, the liability rests firmly with the student.

Senator Seymour asked if a school will have to put more time into their day to administer this.

Ms. Nielson said once the paperwork is on file, the student is responsible for administering the medication. Now they need to have lock up, this makes it easier. (meter 2920)

Senator Taylor asked what 504 is.

Ms. Nielson said it says you must accommodate handicapped or special needs children.

Terry Dwelle, State Health Officer for the North Dakota Department of Health and a pediatrician working with an asthma clinic at the Spirit Lake Nation, testified in favor of the bill.. (written testimony) meter 3040)

Missy Lutman, a parent of a child who will enter kindergarten next year, testified in favor of the bill.. (written testimony) (meter 3430)

Mike Runge, licensed respiratory therapist in North Dakota and parent of three children with asthma, testified in favor of the bill. (written testimony) (meter 3680)

Senator Taylor asked if he has seen an increase in asthma among children.

Mr. Runge said it is probably due to increased awareness as well as an increase in allergens.

Senator Flakoll asked if this is a lifetime affliction.

Mr. Runge said some children outgrow it, and it stays with some individuals throughout their lives. His wife is a severe asthmatic. (meter 4177)

Kora Dockter, program administrator for Children's Special Health Services, testified in favor of the bill. (written testimony) (meter 4300)

Valerie Fischer, Director of School Health for the Department of Public Instruction, testified in favor of the bill. (written testimony) (meter 4680)

Senator Seymour asked how many children have had fatal incidents because this bill was not in place.

Ms. Fischer said there have been student deaths but they have not happened at school.

Senator Erbele asked if this bill applies to insulin as well.

Ms. Fischer said at this time, they have not pursued self medication for diabetics, it is a different type of situation.

Janell Schmitz, executive director for the American Lung Association of North Dakota, testified in favor of the bill. (written testimony) (meter 5390)

Michelle Walker, North Dakota Society for Respiratory Care, testified in favor of the bill. (written testimony) (meter 5780)

Senator Seymour asked how many members in the society.

Ms Walker said 400.

Gloria Locken, President, North Dakota Education Association, testified in favor of the bill. As a classroom teacher she has seen the panic in her students eyes when they have an emergency asthma or allergy situation, On field trips, she fears an allergic reaction in her students. The bill is well presented and well thought out. (meter 5920)

Doug Johnson, assistant executive director of the North Dakota Council of Education Leaders, testified in favor of the bill.. This bill as amended helps administrators and teachers in the classroom address the issue of asthma and allergic reaction. At the middle school level, some administrators took the risk of letting a student carry their own medication because they knew it was the correct method.

Howard Anderson, executive director of the North Dakota State Board of Pharmacy submitted written testimony in favor of the bill.. (written testimony) (meter side B, 109)

Senator Flakoll had a question for Terry Dwelle. He asked if the epipens, are there adverse effects from using it, from using it accidentally

Dr. Dwelle said, as with any medication, there can be reactions, they are very active medications that stimulate certain things in the body. In most situations, greater than 95% of the time, an epipen could be administered to someone who didn't need it and it wouldn't cause a life threatening situation.. He said he was being very conservative, its probably greater than 99% of the time. When they work with patients and families they teach children the medication is not to be shared.

Chairman Freborg closed the hearing on SB 2163. (meter 283)

Senator G. Lee moved the amendment that would substitute the word health care worker for physician.

Senator Taylor seconded the motion.

The motion passed on a roll call vote 6-0-0.

Senator G. Lee moved a do pass as amended on the bill.

Senator Taylor seconded the motion

The motion passed as amended by a roll call vote 6-0-0. **Senator G. Lee** will carry the bill.

REPORT OF STANDING COMMITTEE (410)
January 17, 2005 3:59 p.m.

Module No: SR-10-0588
Carrier: G. Lee
Insert LC: 50297.0201 Title: .0300

REPORT OF STANDING COMMITTEE

SB 2163: Education Committee (Sen. Freborg, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2163 was placed on the Sixth order on the calendar.

Page 1, line 11, replace "physician" with "health care provider"

Renumber accordingly

2005 HOUSE EDUCATION

SB 2163

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2163

House Education Committee

Conference Committee

Hearing Date 1 March 2005

Tape Number	Side A	Side B	Meter #
1	X		3480 - end
		X	0 - 1333
Committee Clerk Signature <i>Jan Prindle</i>			

Minutes:

Chairman Kelsch opened the hearing of SB 2163.

Senator Gary Lee, District 22, introduced the bill. (Testimony attached.)

Rep. Horter: Under current statute if a student has an asthma attack they would have to walk themselves to the office to get their medication there. Is that right?

Senator Lee: In some school districts that is in fact the case. Others who have established a policy, allow self administration, others do not and they have to go to the office to get their medications.

Rep. Meier: Under this bill could a child of any age including kindergarten administer their own treatment.

Senator Lee: There is no age limitation in the bill. There is hopefully a working relationship between the provider, the parents and the school district to determine if that child is in fact able to manage their own medications and self administer. There is some subjective determination

that goes along with this but there is no age limitation and there are kids and you will probably hear from one today. Some young children are able to do this successfully.

Chairman Kelsch: I can tell you from experience Rep. Meier that I have two sons with asthma that had it from the time they entered grade school. What happened with one was he had an asthma attack and went down. The individual that was working with him, he kept saying I can only take two puffs at one time, and she kept telling him to puffs. By the time we got to him we had to take him to the emergency room because he was over medicated and he could have died from the over medication. He knew what he supposed to do. From the time he was 2 1/2 and started taking an inhaler he knew how many puffs and he knew how long in between. The person who was trying to administer the medicine to him didn't realize and she thought that more was better which wasn't the case. So I can attest to the fact that a lot of times those kids know a lot better than the people who are dealing with them.

Rep. Todd Porter, District 34, testified in favor of the bill. Most of you know in my real life I'm a paramedic and work for the ambulance service in Bismarck and Mandan. When Sen. Lee asked if I wanted to cosponsor this bill my first reaction was "you mean we have to have a law that says this?" I thought in emergency situations such as an acute asthma attack or anaphylaxis that those necessary medications and the technologies that have advanced themselves were readily available to everyone and that there wouldn't be a restriction on a place where you would go. I have a nephew who has severe food allergies and will spend his entire life watching what he eats. He is to the point that if even someone has a peanut butter sandwich and has peanut butter on their fingers and wipes their hand off and don't wash it and touch him he breaks out in hives. He is going to be one of those kids that is going to have to possess medications, not only

an inhaler for his asthma but also an EPIpen for his potential allergic reactions that he has.

These are true medical emergencies. When I went through my first EMT class in 1978 this is one of the things they taught us. These are true medical emergencies. They are way different from breaking out with a couple of hives. The upper airway closes down and there is no way for air to pass into the lungs and without immediate treatment, these people die. When we get called on these they're always exacerbated to the point that they are true emergency situation where we are giving the medication through an intravenous line because there's no more peripheral circulation to give an EPIpen injection and there's limited amounts of air moving that we can give a breathing treatment so we have to go to the next level in order to treat these patients. If they have the inhalers and the EPIpens available for their immediate treatment when they feel the instance coming on, it would make a world of difference and it would save lives. I certainly hope that you support this bill and give it a do pass recommendation.

Terry Dwelle, State Health Officer for ND, testified in favor of the bill. I am here primarily as a practicing pediatrician. **(Testimony attached.)**

Mike Runge, Licensed Respiratory Therapist, spoke in favor of the bill. **(Testimony attached.)**

Madison Runge, asthmatic child, spoke in favor of the bill. **(Testimony attached.)**

Chairman Kelsch: How long have you had asthma?

Runge: All my life.

Chairman Kelsch: So when you were a little girl did you know how to use your inhaler. Did your dad teach you how to use it? So you've been carrying the "puffer" for all those years?

Runge: Yes.

Rep. Meier: You did a good job of testifying. Thank you. In an average day how many times do you use your inhaler.

Munge: About two to four times.

Chairman Kelsch: Madison, have you thought becoming a swimmer? The reason I say is that is because our oldest who has severe asthma he got to the point where he couldn't play basketball or soccer because of the cold air. He decided to swim. They couldn't believe how much his lungs developed and how much his lung capacity grew. They said that was one of the best sports for kids with asthma. We would welcome you if you could come over to the club in Mandan. Thank you for appearing before us today. We really appreciate your testimony.

Kora Dockter, program administrator in Children's Special Health Services, testified in favor of the bill. (Testimony attached.)

Rep. Herbel: Of those 9 deaths, how many resulted because the kid wasn't carrying the inhaler? Or was it because of other complications?

Dockter: Because of the small numbers we have in ND, I was unable to get any further information because of the confidentiality rules. I was only able to get the ages of the children and then numbers.

Valerie Fischer, director of School Health, DPI, spoke in favor of SB 2163. (Testimony attached.)

Bev Neilson, ND School Boards Association, spoke in favor of the bill. We worked closely on this issue. We believe the major reason that schools have not had policies allowing children to carry was a liability issue and we think this bill the way it was written and amended is very helpful for school boards in that regard. We said we could support a bill that required a policy as

long it required parents' permission, a slip from their health care provider is necessary, and they are trained in the use of it, and it contained a liability protection for schools and school employees. The bill as it is before you contain all three of those components. We are happy to support it. We think the reason that schools didn't have it in the past wasn't that they didn't care but because they feared misuse or misapplication of them would be a liability issue for the school. **Jenel Schmitz, executive director, American Lung Association of ND**, testified in support of the bill. (Testimony attached.) Along with her testimony she submitted written testimony from **Missy Lutman, Donna Feist, Brandy Frei and Bernard Hoggarth**. (These are attached with her testimony.)

Courtney Kolbole, on behalf of Jack McDonald representing the ND Society for Respiratory Care and the State Association for Nonpublic Schools, testified in favor of the bill. (Testimony attached.) Both organizations strongly support this bill and urge your favorable consideration. We do ask for one small amendment and we it appears on the bottom of the written testimony. It's to help our nonpublic schools to have a similar policy and to allow them to have the same protection of the immunity provision.

Chairman Kelsch: What you are saying is that because it says "district" you believe it does not apply to nonpublic schools?

Kolbole: It could be argued that way. When it says "district" sometimes that is interpreted to mean just public schools and if we just use the word "schools" that would include nonpublic schools too.

Gloria Lokken, president of NDEA, testified in support of SB 2163. It simply makes sense. Most teachers who have had to struggle with watching a student struggle to breathe or to need

their medication as we look through the building to find that medication or the person who could open the locked case is not a good process. This process seems to have the safeguards in place to protect the student, the parents and the school and allow them to self medicate in times of need. We stand in support and urge your passage.

Howard Anderson, executive director of the ND State Board of Pharmacy, testified in support. **(Testimony attached.)** His testimony included guidelines now in place and is included. (Pages are missing.)

Michelle Walker, registered nurse and secretary for the ND Society for Respiratory Care, testified in support of the bill. **(Testimony attached.)**

Mary Wahl, ND Council of Educational Leaders, testified in favor of the bill. It does appear to be a very common sense approach to addressing the problem. The only new thing we would add is we appreciate what appears to have been a very good process in arriving at this solution of problem involving the principle people who were involved, studying the issues, and coming up with a comprehensive carefully developed plan. We appreciate that process and think it's the way problems ought to be solved.

Chairman Kelsch closed the hearing on SB 2163.

Rep Hunskor: If there is no objection to amend and change "district" to "school," **I so move the amendment.**

Rep. Sitte: I second.

Chairman Kelsch: Rep. Hunskor has moved and Rep. Sitte seconded the motion to replace the word "district" with "school."

Rep. Haas: I don't think we should do that. We should leave school district intact because that's the way we commonly refer to public schools. Perhaps we could use language that says **"neither a private school, school district, nor any employee of the private school or the school district is liable."** I would prefer that kind of language.

Chairman Kelsch: I think that would work.

Rep. Sitte: That seems unnecessarily cumbersome. If in line 10 we just say "school" it is understood public or private.

Rep. Haas: In line 10 that refers to parents filing a slip with an individual elementary school or a junior high or a high school or some such entity where in the other language we are talking about liability from the standpoint of all of the employees in a district whether it is the principal, teacher, or whatever. It's in a different context.

Chairman Kelsch: Would you Rep. Hunskor and Rep. Sitte take that as a substitute motion or would you like to retract your motion.

Rep. Hunskor: I would take it as a substitute motion.

A voice vote was taken. Carried.

Rep. Solberg: I move a **Do Pass as Amended.**

Rep. Meier: I second

A roll call vote was taken.

Yes: 11 No: 0 Absent: 0 (Johnson, Hawken, Mueller)

Rep. Hunskor will carry the bill.

Date: 17 Mar
 Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2163

House Education Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Amend as shown ^{neither private school, 501(c)(3) emp of priv sch or}

Motion Made By Hunskor Seconded By Sitte

Representatives	Yes	No	Representatives	Yes	No
Chairman Kelsch			Rep. Hanson		
Vice Chairman Johnson			Rep. Hunskor		
Rep. Haas			Rep. Mueller		
Rep. Hawken			Rep. Solberg		
Rep. Herbel					
Rep. Horter					
Rep. Meier					
Rep. Norland					
Rep. Sitte					
Rep. Wall					

Total (Yes) 11 No 0

Absent 31

Floor Assignment _____

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

Include private school as well as public schools in "hold harmless" section

Date: 1 Nov 05
 Roll Call Vote #: 2

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2163

House Education Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken do Pass as amended

Motion Made By Solberg Seconded By Meier

Representatives	Yes	No	Representatives	Yes	No
Chairman Kelsch	✓		Rep. Hanson	✓	
Vice Chairman Johnson	0		Rep. Hunsakor	✓	
Rep. Haas	✓		Rep. Mueller	0	
Rep. Hawken	0		Rep. Solberg	✓	
Rep. Herbel	✓				
Rep. Horter	✓				
Rep. Meier	✓				
Rep. Norland	✓				
Rep. Sitte	✓				
Rep. Wall	✓				

Total (Yes) 11 No 0

Absent 3 (Johnson, Hawken, Mueller)

Floor Assignment Hunsakor

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

REPORT OF STANDING COMMITTEE (410)
March 1, 2005 1:45 p.m.

Module No: HR-37-3856
Carrier: Hunskor
Insert LC: 50297.0301 Title: .0400

REPORT OF STANDING COMMITTEE

SB 2163, as engrossed: Education Committee (Rep. R. Kelsch, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (11 YEAS, 0 NAYS, 3 ABSENT AND NOT VOTING). Engrossed SB 2163 was placed on the Sixth order on the calendar.

Page 1, line 18, after "a" insert "private school or a" and after "the" insert "private school or"

Renumber accordingly

2005 TESTIMONY

SB 2163

SB 2163 -

*same
to House*

Chairman Freborg and members of the Senate Education Committee, for the record my name is Gary Lee, Senator from District 22. I am here to introduce SB 2163 and encourage your endorsement of the Bill.

This bill would allow a student to possess and self administer emergency medication, for the treatment of asthma and anaphylaxis. Confirmation of a medical diagnosis and completion of guidelines for treatment by the parent and school district would first be required.

Students with asthma and severe allergies are on the rise. Asthma is one of the most common chronic diseases of children, resulting in an estimated 14 million missed school days each year in this country. Many of these same children may also have severe allergies to food, latex, or insect stings that can cause serious or even fatal reactions. Some children can develop a reaction simply by smelling or touching a substance to which they are allergic. In a class of 30 children, about 2 will have food allergies. One out of five food-allergic kids will have a reaction while at school.

Schools have not always been well prepared to deal with asthma or allergy emergencies. "Zero tolerance" policies requiring medications to be secured in a central office and dispensed by school staff have been of benefit in controlling drug use and provided an orderly method of administering scheduled medications. But that policy may be of little value, and even seriously jeopardize the health and well being of students needing "rescue" medications, to treat their asthma symptoms or anaphylaxis.

Modern treatment plans for such medical conditions encourage the active participation of students in the self management of their disease. Plans which would include the ability for a student to carry and self-administer emergency medications.

Nationally, 38 states do allow self-medication among students at school.

Currently, several school districts in North Dakota have, through policy, working with parents and medical providers, adopted individual standards permitting self-administration of asthma medications. Many others continue with the "zero tolerance" standard.

It is vital that all students diagnosed with these conditions have ready access to medications that will support modern treatment plans and methods to thwart symptoms that can very quickly lead to life-threatening situations.

Thank you, and I again, encourage your support of SB 2163.

Definitions:

Asthma is a disease of the respiratory system. It is a narrowing of the airways of the lungs resulting in shortness of breath and difficulty breathing. Allergies, infections, exercise, changes in temperature and smoke may cause an attack. Long and short term medical management could include routine and emergency prescription medication.

Anaphylaxis is a severe, potentially life-threatening allergic response that is marked by swelling, hives, lowered blood pressure, and dilated blood vessels. In severe cases, a person will go into shock. Blood pressure drops severely and swelling occurs in the bronchial tissues of the lungs, causing the person to choke and lose consciousness. If anaphylactic shock isn't treated immediately, it can be fatal. There is only one effective treatment for anaphylaxis -- epinephrine by injection. Epinephrine is adrenaline and it rapidly reverses anaphylactic symptoms. It is typically given through an automatic injection device. The most common injection site is the thigh.

Thursday, Sept. 23, 2004

NUHS student dies at school

Asthma attack claims Nick Mueller

By KREMENA TODOROVA

NEW ULM -- Nick Mueller, 16, a senior at New Ulm High School, died after suffering a severe asthma attack, according to Superintendent Harold Remme.

Mueller suffered the attack at about 9:45 a.m. toward the end of a physical education class where the class had been running the mile. He collapsed as he was returning from the field to the school building.

Staff immediately called 911, while taking a pulse and administering CPR, Remme said. The ambulance arrived promptly and took Mueller to New Ulm Medical Center Hospital, but "he did not make it," Remme said.

The student's mother, Nancy Mueller, a 25-year veteran secretary at New Ulm Middle School, was also notified and immediately came to the scene.

Mueller's medical problem was known to staff, but he had never had an attack of similar severity before, said Remme.

The school crisis team met following the tragedy, launching the plan it has in place to address similar situations, said Remme.

The school district contacted all local schools, including non-public, the Law Enforcement Center and a local clergy association.

A student assembly was called at 1 p.m. and students were informed of what happened, Remme said.

Counselors and clergy were made available to the students, who were given the option of staying at the gym to meet with them, or returning to their classrooms.

Counselors and clergy were moving about through the building, offering support where needed, and will also be on-

Testimony

Senate Bill 2163

Senate Education Committee

Monday, January 17, 2005; 9:30 a.m.

North Dakota Department of Health

Good morning, Chairman Freborg and members of the Senate Education Committee. My name is Terry Dwelle, and I am the State Health Officer for the North Dakota Department of Health. I also am a practicing pediatrician working with an asthma clinic for children at the Spirit Lake Nation. I am here to testify in support of Senate Bill 2163.

Asthma is a serious, common disease affecting one out of every 10 children and adults in North Dakota.

A proven mechanism to effectively manage asthma is to teach patients – including school-age children – how to best manage their disease, including when and how to use a variety of medications to prevent and treat asthma attacks.

This makes sense, since it's the patient who manages the disease 99 percent of the time, not the doctor or nurse who sees that patient only occasionally in the clinic or hospital.

As a pediatrician working in an asthma clinic, I and my staff spend a significant amount of time teaching children how to manage their asthma. Once trained, school-age children generally do very well at self-administration of asthma medications.

For a person who has asthma, time is essential in ensuring appropriate treatment of an asthmatic attack. When children have been trained in self-management and have been approved by a clinician to carry and administer their own medication, it is essential they be allowed to do so. Delays incurred while the school staff person responsible for administering medication is out for lunch or at a meeting can and has been associated with unnecessary emergency room visits and even deaths.

The ability of children to self-carry and self-administer asthma medications in schools is inconsistent across North Dakota. We need a standard for the whole state. We cannot tolerate even one child experiencing asthma complications or dying because he or she was not allowed to self-carry or self-administer medications when approved to do so by his or her personal clinician.

This same argument applies to allowing children to self-carry and self-administer epinephrine (EPIpens) for life-threatening reactions to things like bee stings or nut allergies.

I suggest one amendment to the bill, inserting the words "nurse practitioner or a physician assistant" after the word "physician" on line 11. Because several communities in North Dakota don't have physicians, clinical services are provided by nurse practitioners and physician assistants instead. It's important they be able to sign the document giving authority for a child to self-carry and self-administer medication.

This concludes my testimony. I am happy to answer any questions you may have.

59th Legislative Assembly
2005

SENATE BILL NO. 2163

January 17th, 2005

Good Morning Senators,

My name is Mike Runge BS, RRT, I am a licensed Respiratory Therapist here in the state of North Dakota. I have been working in Respiratory Therapy for over 25 years. I am currently the Director of Respiratory Therapy at St. Alexius Medical Center and I am also the President-Elect of our national professional organization, the American Association for Respiratory Care. I am here today to testify in support of SENATE BILL NO.2163, but I am not here today to testify on behalf of my profession of Respiratory Therapy, I am here to testify as a dad of three children who suffer from severe Asthma. All three of my children, including my wife, have had near death experiences due to their Asthma, so many times in the past that I can no longer count them.

There is nothing more frightening than watching your child gasp for a breath. Breathing, what you and I take for granted each day, is something my 3 children and other children just like them through out the state of North Dakota fight every day to keep. Imagine trying to breath with a plastic bag over head, gasping to get your breath. That is what a severe Asthma attack is like. They are unpredictable and can happen any time and any place, and time is of the essence to save their lives. My children are lucky to have both their parents as Respiratory Therapists, they know exactly what to do when they have an Asthma attack. They attend Cathedral Grade School, where some of their teachers have had the misfortune of experience my children having a severe Asthma attack. We are fortunate that Cathedral Grade School was willing to let my children carry their emergency rescue inhalers. But in other schools, the asthmatic children are not so fortunate. I can not tell you the number of times, my children, have had severe attacks while out on the playground, just having fun. Without having their inhalers in their pockets, I truly believe, my children would not be here today. It is a matter of 3-4 minutes that their lungs will close up and they will stop breathing. By the time someone notices my children gasping for breath, and would have to figure out what is going on, and then would have to think where is my child's inhaler, I am afraid it would be to late. We have been fortunate that Cathedral Grade School, here in Bismarck, where my children attend school, recognized the importance of asthmatic children carrying their inhalers and allows them to do so. The school has also allowed us, as Respiratory Therapists, to come into the school and educate the teachers and staff in early recognition of the symptoms, and the triggers that can cause an Asthma attack and how to treat the children with their emergency rescue inhalers. I believe SENATE BILL NO. 2163 is a good bill and that I hope this committee votes unanimous as DO PASS! Do it for the children. Thank you for your time and consideration.

**TESTIMONY BEFORE THE SENATE EDUCATION COMMITTEE
REGARDING SENATE BILL 2163
JANUARY 17, 2005**

Chairman Freborg and members of the committee, I am Kora Dockter, a program administrator in Children's Special Health Services (CSHS). CSHS is a unit located within the Medical Services Division of the Department of Human Services. I appear before you in support of SB 2163.

As part of my nursing responsibilities within CSHS, I coordinate the North Dakota State Asthma Workgroup. Members of this workgroup collaborate to reduce the burden of asthma in North Dakota. I also serve as the Centers for Disease Control and Prevention (CDC) state asthma contact for North Dakota.

Based on data collected from the 2002 Behavior Risk Factor Surveillance System, the asthma rate among children in North Dakota is 9.7%. This translates to over 15,000 children under the age of 18. Asthma is a serious health problem that can lead to restricted activity, hospitalization, and death. It also takes a toll in direct medical expenses and indirect costs such as days missed from school or work.

Fortunately, many of the problems caused by asthma can be averted if the disease is effectively managed. Effective management includes controlling exposure to asthma triggers, taking appropriate medications, objective disease monitoring, and patient education so individuals can learn self-management skills.

People with asthma appear to have a higher risk of experiencing a severe allergic reaction, also known as anaphylaxis. Common causes of anaphylaxis include food, medication, insect stings, and latex. Quick access to epinephrine reduces the risk of life-threatening symptoms or death for students in need of such treatment.

Legislation to allow students to carry and self-administer emergency life-saving asthma and anaphylaxis medication supports effective management practices. If passed, this legislation would enable students to follow through with their physician's treatment recommendations by supporting immediate and consistent access to prescribed medications at all schools in North Dakota.

Over 30 states have passed similar legislation allowing students to carry and self-administer emergency lifesaving asthma medications. Nearly 20 states have expanded that right to carry and self-administer emergency lifesaving anaphylaxis medications.

In closing, I again urge you to support this Bill. This concludes my testimony. I would be happy to respond to any questions you may have.

American Lung Association of North Dakota: Testimony

SB No. 2163

Monday, January 17, 2005

Good morning, Chairman Freborg and members of the Senate Education Committee. My name is Janel Schmitz, and I am the executive director of the American Lung Association of North Dakota. I am here to ask for a "Do Pass" vote Senate Bill 2163.

The American Lung Association of North Dakota has collaborated with a number of organizations to come to a consensus on the need for this bill. The need for this bill is well stated in a letter I'll submit with my testimony, from Mrs. Donene Feist, a parent of children with asthma from Edgeley, North Dakota.

Mrs. Feist states, "I have personal experience growing up as a child being withheld the opportunity to go to the office or designated areas to receive my medication. My children have been educated from a very early age to use their inhalers with responsibility and fully understand their purpose. With this in mind, because of a lack of access to their medications, they now carry their inhalers without the knowledge of the school. Additionally, and this is not personal, I don't want the school secretary to make the determination on whether they can have their medication."

Mrs. Feist continues, "In our personal experience, we have had the incident when the instructor refused to let the child go to their locker to use their medication. As parents, we cannot have eyes and ears everywhere. We cannot predict the time or day that asthma episodes will occur. A child in distress may not have minutes, they may have seconds."

In addition to Mrs. Feist's letter that is attached to my testimony, I am submitting letters of support from the North Dakota Academy of Family Physicians and the North Dakota chapter of the American Academy of Pediatrics.

The American Lung Association is committed to assist in the development of physician training modules on developing asthma action plans, and will work with school personnel on policy development, implementation and education. A joint project of the American Lung Association and Centers for Disease Control developed the Asthma Friendly Schools Toolkit, an online tool available to assist schools with policy implementation.

This concludes my testimony. I am happy to answer any questions the committee may have.

Thursday, January 13, 2005

Mr./Madam Chair, Committee Members:

My name is Donene Feist, from Edgeley North Dakota. I want to thank you for the opportunity to testify in this very important matter. I am an asthmatic and the mother of three children. Two of which also have asthma. My concerns are many. I have personal experience growing up as a child being withheld the opportunity to go to the office or designated areas to receive my medication. My children have also had this unfortunate incident happen to them as well.

It is frightening to say the very least as the individual who feels like a 3000 pound gorilla is sitting on your chest and no matter what you try cannot get the air you need to breath. My children have been educated from a very early age to use their inhalers with responsibility and fully understand their purpose. With this in mind, because of a lack of access to their medications, they now carry their inhalers without the knowledge of the school. I have complete comfort that children can administer their own medication. Self-administration in my opinion is up to parent and child to monitor use and frequency. Although I do feel there should be a plan in place with the school in the event that there is difficulty and needs to be followed in the school setting. Again, I have done this primarily by myself since we have no school nurses. In some situations there is not enough adequately trained staff. Additionally, and this is not personal, I don't want the school secretary to make the determination on whether they can have their medication. That is ridiculous, and asking her to make a determination based on little knowledge.

I am sure the school would prefer that they have it turned in at the office. Quite honestly, we have never discussed it, as I am not comfortable with policy for this particular medication. I will not risk my child's health. When my children need their inhaler they need it at that moment. I cannot fathom the fact, that when they are already in distress, having to walk the length of the school in order to obtain their medication. It makes no sense to cause undo harm to a child already in distress when the answer is very simple.

If need be I will gladly sign a release of responsibility as I have that faith in when my child use the inhaler. In many of our rural settings, we do not have school nurses available. As a nurse, in reality, it really doesn't matter to me if there would be a school nurse. I would have my children carry their inhalers. Breathing is a right not a privilege.

Children are taught from the onset on how to utilize this medication. I suggest that the schools develop language and a release form that will allow children to carry their inhalers and releasing them of responsibility.

I also suggest that an inhaler be left at the school with administration office in the incidents of rural schools and/or the school nurses in the event that a child forgets their medication at home. The family could provide this.

I am sure, as I have heard discussion of the concern that some children may misuse their inhaler and squirt it at other students or misuse their inhaler in other ways. I would hope that this would not happen, but children are children and personally feel like this could be dealt with through disciplinary action and/or education by the school nurse.

In our personal experience we have had incident when the instructor refused to let the child go to their locker to use their medication. In another incident refused to allow them to rest to catch their breath. As parents and/or as medical professionals, we cannot have eyes and ears everywhere. Who knows what will trigger an asthma attack or allergic reaction. It could be stress related, environmentally related, sports related. We cannot predict the time or day that asthma episodes will occur. Again, in my humble opinion making it more imperative that with this as a lifeline to breathing, we allow our children to carry their medication. Again, breathing is a right not a privilege. We all need to do our part in removing barriers to assure that children receive the treatment they need, when the need it. A child in distress may not have minutes they may have seconds. I feel as nurse, our role is to assure that the physician order is carried out. I don't feel it is up to us to determine whether the child can or cannot be given their medication. Let us work together to insure they have the necessary seconds to breath.

Thank you

Donene Feist
PO Box 163
Edgeley, ND 58433
701-493-2333

THE NORTH DAKOTA ACADEMY OF FAMILY PHYSICIANS

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January 11, 2005

The Honorable Layton Freborg and Members of the Committee
% American Lung Association of North Dakota
PO Box 5004
Bismarck, North Dakota 58502-5004

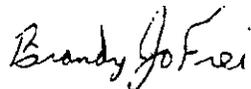
Dear Chairman Freborg and Members of the Committee:

The American Academy of Family Physicians - North Dakota Chapter would like to inform you of their support for Senate Bill 2163. This bill will allow students with asthma and anaphylaxis to carry their emergency medications and administer them immediately when needed.

Currently, school districts in North Dakota treat the self-carry of emergency medications differently. This inconsistency can mean the difference between life and death for a student in anaphylactic shock or experiencing an asthma attack. In addition, the trauma experienced by other students who observe a child in this condition is a concern.

In closing, on behalf of the American Academy of Pediatrics, I urge your support of Senate Bill 2163.

Sincerely,



Brandy Jo Frei
Executive Director,
NDAFP

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



January 11, 2005

North Dakota Chapter

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The Honorable Layton Freborg and Members of the Committee
% American Lung Association of North Dakota
PO Box 5004
Bismarck, North Dakota 58502-5004

Dear Chairman Freborg and Members of the Committee:

The American Academy of Pediatrics would like to inform you of their support for Senate Bill 2163. This bill will allow students with asthma and anaphylaxis to carry their emergency medications and administer them immediately when needed.

Currently, school districts in North Dakota treat the self-carry of emergency medications differently. This inconsistency can mean the difference between life and death for a student in anaphylactic shock or experiencing an asthma attack. In addition, the trauma experienced by other students who observe a child in this condition is a concern.

As you know asthma can be a life threatening illness. Rescue medications are effective if used promptly and properly.

In closing, on behalf of the American Academy of Pediatrics, I urge your support of Senate Bill 2163.

Sincerely,

A handwritten signature in black ink that reads "Bernard J. Hoggarth".

Bernard Hoggarth, MD



BOARD OF PHARMACY
State of North Dakota

John Hoeven, Governor

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Wahpeton, Treasurer

Senate Bill #2163

MONDAY - JANUARY 17, 2005 - 9:30 AM

Senate Education Committee - Missouri River Room

Chairman Freborg, members of the Senate Education Committee, for the record I am Howard C. Anderson, Jr. R.Ph., Executive Director of the North Dakota State Board of Pharmacy.

Thank you for the opportunity to comment on the need for children to be allowed to carry their asthma rescue inhalers and anaphylaxis devices in school.

Once children have developed an asthma plan with their provider, and have been taught to use these devices, they should be allowed to carry them with them when they are in school. The Board of Pharmacy was perhaps involved in developing the current policy, which many schools use to require students to bring their medications to the designated place in the school. This was originally to prevent the diversion of medications, typically oral medications, the student might have been taking.

Since the rescue inhalers and anaphylaxis devices are such an important item for immediate relief of an acute attack, and since they have a low possibility of diversion or injury to any other individual, this policy certainly makes good sense.

Thank you.

TESTIMONY ON (SB 2163)
SENATE EDUCATION COMMITTEE
Monday, January 17, 2005
by Valerie Fischer, Director of School Health
328.4138
Department of Public Instruction

Chairman Freborg and members of the Senate Education committee:
My name is Valerie Fischer, and I am the Director of School Health for the Department of Public Instruction. On behalf of the Department, I am here to speak in favor of SB 2163.

I receive calls from parents who express concern as they describe situations similar to the following scenario: their son or daughter has severe allergies or asthma and according to policy, the school secretary must keep their emergency medication under lock and key. However, during recess, an outside gym class or perhaps a field trip, the child experiences an asthma attack, or even worse, suffers an allergic reaction, (i.e., bee sting, food). The necessary asthma inhaler or anaphylaxis (often referred to as an epipen) is back in the secretary's office; the time it took to secure the medication in most cases only caused an exacerbation of symptoms, a visit to the physician or a missed day or two of school for recovery. However, in several incidents, the children required emergency room care and even hospitalization. Had these students been allowed to carry and self administer their asthma inhaler/epipen, treatment would have been minimal, if at all, and the need for further medical care and lost school days limited. Had the worse case scenario happened and death would have resulted, the school could have been held responsible. The U.S. Environmental Protection Agency (EPA) identifies asthma as the leading cause of school absenteeism due to chronic illness, accounting for more than 10 million missed school days per year.

The bill before you is not for all students who have asthma or allergies, but only for those whose condition is documented as such by a physician that they should have access to carry and administer their emergency medication whenever needed without requiring it be kept by the school staff in a separate location.

In June 2004, DPI sent a School Health Quick Response Survey via e-mail to building principals; sixty percent, representing 234 administrators responded. One question assessed policies to allow students to carry and self-administer asthma

and anaphylaxis medications. Slightly more than 1/3 of administrators identified they did not have a policy that would allow a student to carry life saving medication for the prevention or treatment of an asthma episode and almost 1/2 identified students were unable to carry emergency medications to protect them from an anaphylactic event. This demonstrates an inequity of policy and practice where standard guidelines clearly need to be implemented. Of particular concern to us are students of rural schools where emergency medical care is not always immediately available.

An asthma workgroup, consisting of several state and private agencies have worked to prepare this legislation; related school groups (NDEA, SBA and CEL) have been part of the dialogue. Training will be available statewide from the American Lung Association, Department of Human Services - Children's Special Health Services, DPI, Department of Health, school nurses, district health units, and medical practitioners.

This concludes my testimony supporting SB 2163. I'd be happy to answer any questions you may have.

**American Lung Association of North Dakota: Testimony
SB No. 2163
Monday, January 17, 2005**

Good morning, Chairman Freborg and members of the Senate Education Committee. My name is Missy Lutman, and I am a parent of a child who will enter kindergarten next year. I am here to ask for a "Do Pass" vote Senate Bill 2163.

It is a concern for me that my child who has asthma, may not be able to carry his inhaler with him in school, field trips, or in gym class. It is an unpredictable situation, when his asthma is going to flare up. If he has to go to the secretary's office to use his inhaler, there may be three or even four hallways away, which he would have to walk through to get to the secretary's office, to use his medication, and he may not have that long until his airways close up.

My son is very capable of using his inhaler himself. He has been using it by himself since he was four years old, with only me observing him. I think with proper education to the schools, children should be allowed to carry their inhalers with them, therefore they can use it when they need to, and not feel like they are going to interrupt the teacher if it is in the middle of class or feel like they are going to get into trouble, if they ask to go to the secretary's office.

This concludes my testimony. I am happy to answer any questions the committee may have.

SB 2163
17Mar05

Testimony

Senate Bill 2163

House Education Committee

Tuesday, March 1, 2005; 9 a.m.

North Dakota Department of Health

Good morning, Chairman Kelsch and members of the House Education Committee. My name is Terry Dwelle, and I am the State Health Officer for the North Dakota Department of Health. I also am a practicing pediatrician working with an asthma clinic for children at the Spirit Lake Nation. I am here to testify in support of Senate Bill 2163.

Asthma is a serious, common disease affecting one out of every 10 children and adults in North Dakota.

A proven mechanism to effectively manage asthma is to teach patients – including school-age children – how to best manage their disease, including when and how to use a variety of medications to prevent and treat asthma attacks.

This makes sense, since it's the patient who manages the disease 99 percent of the time, not the doctor or nurse who sees that patient only occasionally in the clinic or hospital.

As a pediatrician working in an asthma clinic, I and my staff spend a significant amount of time teaching children how to manage their asthma. Once trained, school-age children generally do very well at self-administration of asthma medications.

For a person who has asthma, time is essential in ensuring appropriate treatment of an asthmatic attack. When children have been trained in self-management and have been approved by a clinician to carry and administer their own medication, it is essential they be allowed to do so. Delays incurred while the school staff person responsible for administering medication is out for lunch or at a meeting can and has been associated with unnecessary emergency room visits and even deaths.

The ability of children to self-carry and self-administer asthma medications in schools is inconsistent across North Dakota. We need a standard for the whole state. We cannot tolerate even one child experiencing asthma complications or dying because he or she was not allowed to self-carry or self-administer medications when approved to do so by his or her personal clinician.

This same argument applies to allowing children to self-carry and self-administer epinephrine (EPIpens) for life-threatening reactions to things like bee stings or nut allergies.

This concludes my testimony. I am happy to answer any questions you may have.

59th Legislative Assembly
2005
SENATE BILL NO. 2163

SB 2163
17 Mar 05

February 29th, 2005

Good Morning Representatives,

My name is Mike Runge BS, RRT, I am a licensed Respiratory Therapist here in the state of North Dakota. I have been working in Respiratory Therapy for over 25 years. I am currently the Director of Respiratory Therapy at St. Alexius Medical Center and I am also the President-Elect of our national professional organization, the American Association for Respiratory Care. I am here today to testify in support of SENATE BILL NO.2163, but I am not here today to testify on behalf of my profession of Respiratory Therapy, I am here to testify as a dad of three children who suffer from severe Asthma. All three of my children, including my wife, have had near death experiences due to their Asthma, so many times in the past that I can no longer count them. There is nothing more frightening than watching your child gasp for a breath. Breathing, what you and I take for granted each day, is something my 3 children and other children just like them through out the state of North Dakota fight every day to keep. Imagine trying to breath with a plastic bag over head, gasping to get your breath. That is what a severe Asthma attack is like. Asthma attacks are unpredictable and can happen any time and any place, and time is of the essence to save their lives. We are fortunate that Cathedral Grade School is willing to let my children carry their emergency rescue inhalers. But in other schools, the asthmatic children are not so fortunate. I can't tell you the number of times, my children, have had severe attacks while out on the playground, just having fun. Without having their inhalers in their pockets, I truly believe, my children would not be here today. It is a matter of 3-4 minutes that their lungs will close up and they will stop breathing. By the time someone notices my child gasping for breath, and would try to figure out what is happening, I am afraid it would be to late.

I believe SENATE BILL NO. 2163 is a good bill and that I hope this committee votes unanimous as DO PASS! Do it for the children. Thank you for your time and consideration.

SB 2163
1/4/05

**59th Legislative Assembly
2005**

SENATE BILL NO. 2163

February 29th, 2005

Good Morning Representatives,

My name is Madison Runge and I have severe Asthma. I carry an Albuterol inhaler where ever I go. Cathedral Grade School, where I attend junior high, allows me to carry my inhaler on me to all my classes and even when I participate in sports. When I play sports at other junior high schools, they won't let me carry my inhaler and I don't feel safe. Sometimes I have Asthma attacks for no reason at all. When I have an attack, I can't breath or even talk, and my friends around me sometimes can't understand what I am trying to say. Having my Albuterol inhaler on me, allows me to take my medication that helps my breathing right away.

Please **"PASS"** SENATE BILL 2163 so I can always carry my inhaler and I can always feel safe. Thank you!

SB 2163
17 Mar 05

American Lung Association of North Dakota: Testimony

SB No. 2163

Tuesday, February 1, 2005

March

Good morning, Madame Chair and members of the House Education Committee. My name is Janel Schmitz, and I am the executive director of the American Lung Association of North Dakota. I am here to ask for a "Do Pass" vote Senate Bill 2163.

The American Lung Association of North Dakota has collaborated with a number of organizations to come to a consensus on the need for this bill. The need for this bill is well stated in a letter I'll submit with my testimony, from Mrs. Donene Feist, a parent of children with asthma from Edgeley, North Dakota and Missy Lutman, a Bismarck parent of a child with asthma, both of whom were unable to be present today.

Mrs. Feist states, "I have personal experience growing up as a child being withheld the opportunity to go to the office or designated areas to receive my medication. My children have been educated from a very early age to use their inhalers with responsibility and fully understand their purpose. With this in mind, because of a lack of access to their medications, they now carry their inhalers without the knowledge of the school. Additionally, and this is not personal, I don't want the school secretary to make the determination on whether they can have their medication."

Mrs. Feist continues, "In our personal experience, we have had the incident when the instructor refused to let the child go to their locker to use their medication. As parents, we cannot have eyes and ears everywhere. We cannot predict the time or day that asthma episodes will occur. A child in distress may not have minutes, they may have seconds."

In addition to Mrs. Feist's letter that is attached to my testimony, I am submitting letters of support from the North Dakota Academy of Family Physicians and the North Dakota chapter of the American Academy of Pediatrics.

The American Lung Association is committed to assist in the development of physician training modules on developing asthma action plans, and will work with school personnel on policy development, implementation and education. A joint project of the American Lung Association and Centers for Disease Control developed the Asthma Friendly Schools Toolkit, an online tool available to assist schools with policy implementation.

This concludes my testimony. I am happy to answer any questions the committee may have.

American Lung Association of North Dakota: Testimony
SB No. 2163
Tuesday, February 1, 2005

Good morning, Madame Chair and members of the House Education Committee. My name is Missy Lutman, and I am a parent of a child who will enter kindergarten next year. I am here to ask for a "Do Pass" vote Senate Bill 2163.

It is a concern for me that my child who has asthma, may not be able to carry his inhaler with him in school, field trips, or in gym class. It is an unpredictable situation, when his asthma is going to flare up. If he has to go to the secretary's office to use his inhaler, there may be three or even four hallways away, which he would have to walk through to get to the secretary's office, to use his medication, and he may not have that long until his airways close up.

My son is very capable of using his inhaler himself. He has been using it by himself since he was four years old, with only me observing him. I think with proper education to the schools, children should be allowed to carry their inhalers with them, therefore they can use it when they need to, and not feel like they are going to interrupt the teacher if it is in the middle of class or feel like they are going to get into trouble, if they ask to go to the secretary's office.

This concludes my testimony. I am happy to answer any questions the committee may have.

Thursday, January 13, 2005

Mr./Madam Chair, Committee Members:

My name is Donene Feist, from Edgeley North Dakota. I want to thank you for the opportunity to testify in this very important matter. I am an asthmatic and the mother of three children. Two of which also have asthma. My concerns are many. I have personal experience growing up as a child being withheld the opportunity to go to the office or designated areas to receive my medication. My children have also had this unfortunate incident happen to them as well.

It is frightening to say the very least as the individual who feels like a 3000 pound gorilla is sitting on your chest and no matter what you try cannot get the air you need to breath. My children have been educated from a very early age to use their inhalers with responsibility and fully understand their purpose. With this in mind, because of a lack of access to their medications, they now carry their inhalers without the knowledge of the school. I have complete comfort that children can administer their own medication. Self-administration in my opinion is up to parent and child to monitor use and frequency. Although I do feel there should be a plan in place with the school in the event that there is difficulty and needs to be followed in the school setting. Again, I have done this primarily by myself since we have no school nurses. In some situations there is not enough adequately trained staff. Additionally, and this is not personal, I don't want the school secretary to make the determination on whether they can have their medication. That is ridiculous, and asking her to make a determination based on little knowledge.

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Children are taught from the onset on how to utilize this medication. I suggest that the schools develop language and a release form that will allow children to carry their inhalers and releasing them of responsibility.

I also suggest that an inhaler be left at the school with administration office in the incidents of rural schools and/or the school nurses in the event that a child forgets their medication at home. The family could provide this.

I am sure, as I have heard discussion of the concern that some children may misuse their inhaler and squirt it at other students or misuse their inhaler in other ways. I would hope that this would not happen, but children are children and personally feel like this could be dealt with through disciplinary action and/or education by the school nurse.

In our personal experience we have had incident when the instructor refused to let the child go to their locker to use their medication. In another incident refused to allow them to rest to catch their breath. As parents and/or as medical professionals, we cannot have eyes and ears everywhere. Who knows what will trigger an asthma attack or allergic reaction. It could be stress related, environmentally related, sports related. We cannot predict the time or day that asthma episodes will occur. Again, in my humble opinion making it more imperative that with this as a lifeline to breathing, we allow our children to carry their medication. Again, breathing is a right not a privilege. We all need to do our part in removing barriers to assure that children receive the treatment they need, when the need it. A child in distress may not have minutes they may have seconds. I feel as nurse, our role is to assure that the physician order is carried out. I don't feel it is up to us to determine whether the child can or cannot be given their medication. Let us work together to insure they have the necessary seconds to breath.

Thank you

Donene Feist
PO Box 163
Edgeley, ND 58433
701-493-2333

SB 2163
14 Mar 05

March 1, 2005

HOUSE EDUCATION COMMITTEE
SB 2163

CHAIRMAN KELSCH AND COMMITTEE MEMBERS:

My name is Jack McDonald. I am appearing today on behalf of the North Dakota Society for Respiratory Care and the State Association for Nonpublic Schools (SANS). Both organizations strongly support SB 2163 and urge your favorable consideration.

This is a bill that makes sense and that could save lives. It will not involve any increased costs to the state or to the schools. It's a move that's requested by the parents of the children involved, by medical professionals and by many schools themselves.

Most of the state's 60 nonpublic schools now follow the policy and procedures outlined in SB 2163. SANS asks that its schools be included in the immunity provisions provided in subsection two starting at line 18 by the adoption of the simple amendment provided below.

Therefore, we respectfully request that you consider an amendment that would include the nonpublic schools in the grant of immunity and then give this bill a do pass.

If you have any questions, I will be happy to try to answer them. THANK YOU FOR YOUR TIME AND CONSIDERATION.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL 2163

On page 1, line 18, delete the first word "district" and replace the second word "district" with "school"

Renumber accordingly



BOARD OF PHARMACY
State of North Dakota

John Hoeven, Governor

SB 2163
19 Mar 05

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Hettinger
Rick L. Detwiller, R.Ph.
Bismarck
Bonnie J. Thom, R.Ph.
Granville
William J. Grosz, Sc.D., R.Ph.
Wahpeton, Treasurer

Senate Bill #2163

TUESDAY - MARCH 1, 2005 - 9:00 AM

House Education Committee - Pioneer Room

Chairman Kelsch, members of the House Education Committee, for the record I am Howard C. Anderson, Jr. R.Ph., Executive Director of the North Dakota State Board of Pharmacy.

Thank you for the opportunity to comment on the need for children to be allowed to carry their asthma rescue inhalers and anaphylaxis devices in school.

Once children have developed an asthma plan with their provider, and have been taught to use these devices, they should be allowed to carry them with them when they are in school. The Board of Pharmacy was perhaps involved in developing the current policy, which many schools use to require students to bring their medications to the designated place in the school. This was originally to prevent the diversion of medications, typically oral medications, the student might have been taking.

Since the rescue inhalers and anaphylaxis devices are such an important item for immediate relief of an acute attack, and since they have a low possibility of diversion or injury to any other individual, this policy certainly makes good sense.

Thank you.

Medication Usage in Schools

Do you, as a pharmacist, know which of your patients could benefit from a duplicate prescription bottle which could be taken to school for medication administration during school hours? Did you know that some students carry their medications to school wrapped in a napkin or an old envelope and then must turn it in to a central location at school for storage until their proper administration time?

The Board of Pharmacy and the Pharmacy Association have been working with Jan Schimke----
----. Jan is a trainer for school personnel from the Health Department. She works with schools on the proper and improved methods for them to pick up, store, and administer to children while they are attending school.

We have offered and Jan has communicated to the schools the option of hiring a consultant pharmacist to help with medication storage during the school year and destruction of unused medications at the end of the year. Consultant pharmacists also would be called upon if there were specific questions relative to medications during the year.

You as pharmacists are encouraged to work with parents to see if they need additional services such as a duplicate bottle for administration of their neuroleptic, anti-convulsive or other medications while the student is in school. The simple provision of a duplicate bottle goes a long way in helping school personnel to be sure that the

medication is properly labeled and administered according to the prescription directions. Schools are not allowed administer medications to children except on a specific order of a prescription which can be communicated to the school through your prescription label. If dosages are changed, a newly labeled bottle needs to be provided before school personnel can change the administration schedule.

This is another opportunity for pharmacy to serve the public and provide a service which others cannot or will not provide.

When you are approached by a school or if you make an overture to them, a very brief contract should be executed and the consulting fee should be stipulated. If you feel it necessary to make a small charge for the provision of a second bottle, that would certainly be appropriate. The bottom line here is that our patients, schools, and school children need our help and I encourage you to be proactive in providing it.

Published in Dec 1996

GUIDELINES:

**Serving Students
with Health Care
Needs**



The State of North Dakota

Department of Public Instruction

Dr. Wayne G. Sanstead, SUPERINTENDENT

Bismarck, North Dakota 58505

November 1996

1-79

POLICY AND PROCEDURES FOR ADMINISTRATION OF MEDICATION

POLICY FOR ADMINISTERING MEDICATION

The giving of pain relievers at school is not approved without the prior consent of a parent or legal guardian. Other over-the-counter medication may be administered only with written consent of the parent or legal guardian. Students who must depend on receiving prescription medication during school hours for medical reasons must have a written order from a physician, dentist, or other legally designated health care professional giving specific directions for taking the medication. Such written order may be the prescription label on the original pharmacy labeled container.

Any medication that is so ordered to be administered at school may only be given using procedures developed by the school administration and approved by the school board.

PROCEDURE FOR ADMINISTERING MEDICATION

A. Any medication that is ordered for administration at school should be given using the following procedures:

1. The medication sent or brought to the school must be accompanied by a signed request/consent from the parent or legal guardian. This consent must grant permission for school personnel to administer the medication.
2. The following information must be included on the ORIGINAL PHARMACY LABELED CONTAINER:
 - a. The student's name;
 - b. Amount of dosage;
 - c. Time of administration;
 - d. Name and strength of medication and route (i.e., oral, eye drops, ear drops, nebulizer);
 - e. The instructions for administration;
 - f. Special care, such as refrigeration; and
 - g. Name of physician or other legally designated health care professional.
3. Major side effects of the medication should be listed on the information accompanying the medication. The prescriber will provide this information. (NDCC 43:15)
4. Medication for emergency use. In emergency cases, such as acute allergic reactions, the school personnel shall promptly notify emergency medical personnel and the parent(s) or legal guardian.
 - a. If medication is for known acute allergic reactions, such as a bee sting kit, then it may be administered by the nurse who provides services in the school or a person



10. Medications must be picked up by the parent(s) or legal guardian at the end of each school year or when the medication is no longer needed by the student or when the student withdraws from school. If parent or guardian does not pick up medications by the end of the school year, the school will consult with the pharmacy that filled the medication or any local pharmacist for proper disposal of the medication. (NDAC 61-04-03-01)
11. A new pharmacy label/container must accompany any new prescription order, change in prescription, or refill. A parent request/consent must be on file for any new prescription or change in prescription. Parent request/consent must be current for each medication.

B. Personnel Responsible for Administering Medication

1. All personnel should be familiar with the policy and procedures for administering medication in the school.
2. All personnel having responsibility for supervising students shall be given adequate information about the student, including related medical problems, if any; suspected allergies; emergency contact persons; and shall be informed of anticipated circumstances for which school personnel may need to be in touch with out-of-school personnel (e.g., medical personnel, other agencies).
3. A list of personnel within the school building who are responsible for administering the medication should be kept on file. Personnel on the list must receive instruction about the administration of medication and a specific review of instructions for a given student's medication needs by the principal or by a nurse who provides services in the school.

C. Other Safeguards or Circumstances

1. Even when students are determined to be capable of independently administering their own medication, the student will be required to deposit the medication in the designated area. However, there may be exceptions that will be documented in the student's school record.
2. ALL PERSONNEL must be informed of proper procedures in emergencies and of circumstances in which they are expected to directly call the emergency medical assistance number.
3. When students require extensive medical and health related observations while in school or if medical-health related equipment or appliances must be monitored while the student is in school, ADDITIONAL PROCEDURES WILL NEED TO BE ESTABLISHED.





North Dakota Society for Respiratory Care

SB 2163
1 Mar

March 1, 2005

*sure given
to Senate*

The Honorable RaeAnn Kelsch and Members of the Committee
North Dakota State Capital
600 East Boulevard
Bismarck, North Dakota 58505

Dear Madam Chair Kelsch and Members of the Committee:

The North Dakota Society for Respiratory Care supports Senate Bill 2163. If passed, this bill will allow students with asthma and anaphylaxis to carry their emergency medications and administer them immediately when needed.

Currently, policies regarding self-carrying of emergency medications differ across school districts in North Dakota. This inconsistency can mean the difference between life and death for a student in anaphylactic shock or who is experiencing an asthma attack. In addition, the trauma experienced by other students who observe a child in this condition is a concern.

On behalf of the North Dakota Society for Respiratory Care, I urge your support of Senate Bill 2163.

Sincerely,

Michelle Walker
NDSRC Secretary

SB 2163
1 Mar 05

TESTIMONY ON SB 2163
HOUSE EDUCATION COMMITTEE
Tuesday, March 1, 2005
by Valerie Fischer, Director of School Health
328.4138
Department of Public Instruction

Chairman Kelsch and members of the House Education committee:
My name is Valerie Fischer, and I am the Director of School Health for the Department of Public Instruction. On behalf of the Department, I am here to speak in favor of SB 2163.

I receive calls from parents who express concern as they describe situations similar to the following scenario: their son or daughter has severe allergies or asthma and according to policy, the school secretary must keep their emergency medication under lock and key. However, during recess, an outside gym class or perhaps a field trip, the child experiences an asthma attack, or even worse, suffers an allergic reaction, (i.e., bee sting, food). The necessary asthma inhaler or anaphylaxis (often referred to as an epipen) is back in the secretary's office; the time it took to secure the medication in most cases only caused an exacerbation of symptoms, a visit to the physician or a missed day or two of school for recovery. However, in several incidents, the children required emergency room care and even hospitalization. Had these students been allowed to carry and self administer their asthma inhaler/epipen, treatment would have been minimal, if at all, and the need for further medical care and lost school days limited. The U.S. Environmental Protection Agency (EPA) identifies asthma as the leading cause of school absenteeism due to chronic illness, accounting for more than 10 million missed school days per year.

The bill before you is not for all students who have asthma or allergies, but only for those whose condition is documented as such by a physician that they should have access to carry and administer their emergency medication whenever needed without requiring it be kept by the school staff in a separate location.

In June 2004, DPI sent a School Health Quick Response Survey via e-mail to building principals; sixty percent, representing 234 administrators responded. One question assessed policies to allow students to carry and self-administer asthma and anaphylaxis medications. Slightly more than 1/3 of administrators identified they did not have a policy that would allow a student to carry life saving

medication for the prevention or treatment of an asthma episode and almost 1/2 identified students were unable to carry emergency medications to protect them from an anaphylactic event. This demonstrates an inequity of policy and practice where standard guidelines clearly need to be implemented. Of particular concern to us are students of rural schools where emergency medical care is not always immediately available.

An asthma workgroup, consisting of several state and private agencies have worked to prepare this legislation; related school groups (NDEA, SBA and CEL) have been part of the dialogue. Training will be available statewide from the American Lung Association, Department of Human Services - Children's Special Health Services, DPI, Department of Health, school nurses, district health units, and medical practitioners.

This concludes my testimony supporting SB 2163. I'd be happy to answer any questions you may have.

**TESTIMONY BEFORE THE HOUSE EDUCATION COMMITTEE
REGARDING SENATE BILL 2163
MARCH 1, 2005**

Chairman Kelsch and members of the committee, I am Kora Dockter, a program administrator in Children's Special Health Services (CSHS). CSHS is a unit located within the Medical Services Division of the Department of Human Services. I appear before you in support of SB 2163.

As part of my nursing responsibilities within CSHS, I coordinate the North Dakota State Asthma Workgroup. Members of this workgroup collaborate to reduce the burden of asthma in North Dakota. I also serve as the Centers for Disease Control and Prevention (CDC) state asthma contact for North Dakota.

Based on data collected from the 2002 Behavior Risk Factor Surveillance System, the asthma rate among children in North Dakota is 9.7%. This translates to over 15,000 children under the age of 18. Asthma is a serious health problem that can lead to restricted activity, hospitalization, and death. It also takes a toll in direct medical expenses and indirect costs such as days missed from school or work. According to the Division of Vital Records, over the last ten years, nine North Dakota children under the age of 18 have died with asthma listed as the underlying cause of death.

Fortunately, many of the problems caused by asthma can be averted if the disease is effectively managed. Effective management includes controlling exposure to asthma triggers, taking appropriate medications, objective disease monitoring, and patient education so individuals can learn self-management skills.

People with asthma may be at higher risk for experiencing a severe allergic reaction known as anaphylaxis. Common causes of anaphylaxis include food, medication, insect stings, and latex. Quick access to epinephrine reduces the risk of life-threatening symptoms or death for students in need of such treatment.

Legislation to allow students to carry and self-administer emergency life-saving asthma and anaphylaxis medication supports effective management practices. If passed, this legislation would enable students to follow through with their health care provider's treatment recommendations by supporting immediate and consistent access to prescribed medications at all schools in North Dakota.

Over 30 states have passed similar legislation allowing students to carry and self-administer emergency lifesaving asthma medications. Nearly 20 states have expanded that right to carry and self-administer emergency life saving anaphylaxis medications.

In closing, I again urge you to support this bill. This concludes my testimony. I would be happy to respond to any questions you may have.