



**Michigan Association of School Nurses (MASN)  
TESTIMONY IN SUPPORT OF HOUSE BILLS 4352 & 4353 (H-2)  
Legislation requiring auto-injectable epinephrine devices  
In schools**

**BEFORE THE SENATE EDUCATION COMMITTEE**  
October 30, 2013

Good Morning, Senator Pavlov and committee members, my name is Ronda Harrison and I am here today as the President of the Michigan Association of School Nurses, together with Lisa Smith, MASN's Legislative Committee Chair, to express our support for HB 4342 and HB 4353 (H-2), legislation to strengthen the safe care for students in school in the event of a life-threatening allergic emergency. The Michigan Association of School Nurses (MASN) is a statewide organization dedicated to the health, safe care, and optimal learning of all children and youth.

Food allergies are on the rise, with CDC statistics showing a 50% increase in diagnosed cases between 1997 and 2011. One out of every 13 children has a food allergy or roughly 2 kids in every classroom (FARE).

MASN feels that the need for HB 4352 and HB 4353 is supported by:

- The increasing number of students with severe allergies;
- The potential anaphylaxis poses for death;
- The increased risk of death when epinephrine is delayed;
- The failure of some parents to send prescribed epinephrine when it is ordered;
- The fact that severe allergy can develop at any time.

These bills specifically address those situations where an individual is experiencing a severe allergic reaction for the first time, what we would term a 'previously undiagnosed case.' A report from Massachusetts using school nurse data reported 20-25% of epinephrine administrations in schools involve individuals whose allergy was unknown at the time of the reaction.

HB 4352 and 4353 (H-2) will improve emergency response to anaphylaxis in schools for both undiagnosed and diagnosed individuals. It has been my experience as a school nurse that school staff are extremely reluctant to give epinephrine to a student experiencing a severe allergic reaction even when that student has a known allergy diagnosis, an allergy plan, and the student's epinephrine injector is available! Legislators must also be aware of a larger issue impacting school health and safety: the lack of access to school nurses in Michigan. Michigan ranks dead last in the nation in the

ratio of school nurses to students. Listening to testimony in the House hearings for these bills, I heard many references to the “school nurse.” The reality is that most school districts in Michigan do not have access to school nursing services.

Because of this, MASN recommended a number of changes to improve implementation and outcomes for students. The bill sponsor, Rep. Lyons, worked very hard with us to address these concerns. Because of that work and the resulting changes, MASN is pleased to give our support for HB 4353 (H-2).

These changes included:

- Data collection on epinephrine use
- Together with school health professionals, the development of guidelines for training needs
- Training to be conducted under the supervision and evaluation of a Licensed Registered Professional Nurse (RN)

MASN would like to stress the importance of these guidelines. They need to include uniform policies, standardized protocols and the required educational content necessary to understand what anaphylaxis is, how it can present, its possible causes and prevention strategies.

In closing, MASN believes that it is critical that schools be prepared to manage potentially life-threatening allergic reactions, even if a child does not already have a prescription for an epinephrine auto-injector. We are grateful to the bill’s sponsor for her interest in this issue and the changes made to HB 4353 which will improve implementation. We urge members of this committee to support these bills. Thank you for your consideration of our views. Please do not hesitate to contact us with any questions or concerns.

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# EpiPen4Schools™ Program

**25 YEARS** | **#1 PRESCRIBED**  
Epinephrine Auto-Injector<sup>1</sup>

## The Need

Anaphylaxis is a growing public health problem and a major safety issue in our nation's schools.

- It is crucial for schools to become aware of anaphylaxis and better prepared to respond during an emergency.
- Each school should have a comprehensive anaphylaxis action plan in place that emphasizes avoidance of the allergen. The plan also should include recognizing symptoms, having access to two epinephrine auto-injectors at all times and seeking immediate emergency medical care should anaphylaxis occur.<sup>2,3,4</sup>



## Mylan Specialty L.P. Response

To help address the need, Mylan Specialty introduced the EpiPen4Schools™ program on August 14, 2012.

- EpiPen4Schools (**EpiPen4Schools.com**) was created to help schools have improved access to epinephrine in the event a person experiences a life-threatening allergic reaction at school.
- Through this program, Mylan Specialty offers four free EpiPen® (epinephrine) or EpiPen Jr® (epinephrine) Auto-Injectors, upon qualification, which includes having a valid prescription, to public and private kindergarten, elementary, middle and high schools in the U.S.
- The products are available in the form of two EpiPen 2-Pak® cartons, two EpiPen Jr 2-Pak® cartons, or one 2-Pak of each kind.

More than 20,000 schools nationwide have enrolled in the program.<sup>5</sup>

### Indications

EpiPen® (epinephrine) 0.3 mg and EpiPen Jr® (epinephrine) 0.15 mg Auto-Injectors are indicated in the emergency treatment of type 1 allergic reactions, including anaphylaxis, to allergens, idiopathic and exercise-induced anaphylaxis, and in patients with a history or increased risk of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to body weight.

### Important Safety Information

EpiPen Auto-Injectors should only be injected into the anterolateral aspect of the thigh. DO NOT INJECT INTO BUTTOCK, OR INTRAVENOUSLY.

**Please see additional Important Safety Information on reverse side.**

**Please see enclosed full Prescribing Information.**

[epipen.com](http://epipen.com)

**EPIPEN 2-PAK® EPIPEN Jr 2-PAK®**  
(Epinephrine) Auto-Injectors 0.3/0.15mg

# EpiPen4Schools™ Program

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Epinephrine Auto-Injector<sup>1</sup>

## Participation Details

- Eligible schools can participate in the EpiPen4Schools™ program by having a school nurse or other authorized school representative visit [EpiPen4Schools.com](http://EpiPen4Schools.com), complete and print the order and certification form, and fax or e-mail the form with a valid prescription to 1-973-718-4328 or [info@bioridgepharma.com](mailto:info@bioridgepharma.com).
- To learn more and participate in the program, visit [EpiPen4Schools.com](http://EpiPen4Schools.com).
- There is no requirement for a school to purchase additional EpiPen® (epinephrine) or EpiPen Jr® (epinephrine) Auto-Injectors, or any other Mylan Specialty products.
- Additionally, Mylan Specialty offers a discount program through which schools can purchase, upon qualification, which includes having a valid prescription, EpiPen 2-Pak® cartons and EpiPen Jr 2-Pak® cartons at a discounted price.

## Important Safety Information (cont'd)

Epinephrine should be used with caution in patients with certain heart diseases, and in patients who are on drugs that may sensitize the heart to arrhythmias, because it may precipitate or aggravate angina pectoris and produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported in patients with underlying cardiac disease or taking cardiac glycosides or diuretics. Patients with certain medical conditions or who take certain medications for allergies, depression, thyroid disorders, diabetes, and hypertension, may be at greater risk for adverse reactions. Other adverse reactions include transient moderate anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties.

EpiPen and EpiPen Jr Auto-Injectors are intended for immediate self-administration as emergency supportive therapy only and are not intended as a substitute for immediate medical or hospital care.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**Please see enclosed full Prescribing Information.**

**References:** 1. Data on file. Mylan Specialty L.P. IMS data (1987-2012). 2. Sampson HA, Munoz-Furlong A, Campbell RL, et al. Second symposium on the definition and management of anaphylaxis: summary report—Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network Symposium. *J Allergy Clin Immunol.* 2006;117(2):391-397. 3. Simons FER. Anaphylaxis: recent advances in assessment and treatment *J Allergy Clin Immunol.* 2009;124(4):625-636. 4. Sicherer SH, Simons F. Quandaries in prescribing an emergency action plan and self-injectable epinephrine for first-aid management of anaphylaxis in the community *J Allergy Clin Immunol.* 2005;116(3):575-583. 5. Data on file. Mylan Specialty L.P., Basking Ridge, NJ.

[epipen.com](http://epipen.com)

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(Epinephrine) Auto-Injectors 0.3/0.15mg